

GCE 2005
January Series



Mark Scheme

Psychology A Specification

PYA2 Physiological Psychology and Individual Differences

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Dr. Michael Cresswell Director General.

UNIT 2 (PYA2)**QUALITY OF WRITTEN COMMUNICATION (QoWC)**

2 marks	The work is characterised by clear expression of ideas, a good range of specialist terms and only few errors in grammar punctuation and spelling that detract from the clarity of the material.
1 mark	The work is characterised by reasonable expression of ideas, the use of some specialist terms and errors of grammar, punctuation and spelling that detract from the clarity of the material.
0 marks	The work is characterised by poor expression of ideas, limited use of specialist terms, errors and poor grammar, punctuation and spelling and legibility which obscures the clarity of the material.

ASSESSMENT OBJECTIVES ONE AND TWO

AO1	Assessment objective one = knowledge and <i>understanding</i> of psychological theories, terminology, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.
AO2	Assessment objective two = analysis and <i>evaluation</i> of psychological theories, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.

SECTION A - PHYSIOLOGICAL PSYCHOLOGY**1****Total for this question: 30 marks****(a)** Outline **two** ways in which the body responds to stressors.*(3 marks + 3 marks)***Marking criteria**

There are many ways in which the body responds to stressors, and most candidates will earn at least one mark by mentioning, for instance, increases in heart rate. The most effective way to provide two ways in sufficient detail would be to present the hypothalamus-pituitary-adrenal cortex and ANS-adrenal medulla systems. Alternatively candidates may describe Selye's GAS. If they do this and fail to **explicitly** differentiate two ways, the examiner should mark two ways that can be most easily extracted e.g. two of the stages, or, if described more effectively, two physiological systems. Psychological responses, such as anxiety or depression, can be seen to represent ways in which the body responds to stressors and can therefore earn marks. Although unlikely, references to stress-related illness (e.g. in the GAS) would be also be relevant. Non-human animal studies are not excluded by the question.

Marking allocation

For each way:

3 marks	Outline of one way the body responds to stress is accurate and detailed . For example, the candidate has described the ANS-adrenal medulla pathway mentioning the release of adrenaline and/or noradrenaline and their effects on arousal.
2 marks	Outline of one way the body responds to stress is limited . It is generally accurate but less detailed . For example, the candidate has described the ANS-adrenal medulla pathway mentioning the release of adrenaline and/or noradrenaline but not their effects on arousal.
1 mark	Outline of one way the body responds to stress is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic or muddled account of the ANS-adrenal medulla pathway.
0 marks	Outline of one way the body responds to stress is inappropriate (for example, the candidate describes psychological responses) or the description is incorrect .

(b) (i) Outline one way in which gender may modify the effects of stressors.	(3 marks)
(ii) Outline one way in which culture may modify the effects of stressors.	(3 marks)

Marking criteria

For gender candidates may select gender differences in physiological reactivity, where some research suggests that females respond less vigorously to stress and recover faster, or perhaps differences in coping strategies, with females having wider social support networks, although it has been suggested that males make more effective use of their smaller networks (e.g. Carroll, 1992). It is unlikely, but broader perspectives such as evolutionary approaches could be relevant.

For culture, descriptions of cultural variations in sources of stress (e.g. finding water versus paying the mortgage) will not earn credit as the specification refers to ‘modifying’ the effects of stressors. Variations in attitudes towards and use of social support across particular ethnic groups (e.g. relative dependence on religious groups, family structures etc), or in general lifestyle (e.g. Weg’s work on longevity) would be relevant, although explicit reference to stress would be necessary for the top band. Candidates may discuss *sub* cultures rather than culture; as long as these are *explicitly* justified e.g. the workplace, or even gender, this would be creditable.

Research studies are not required, although they would be an effective way of providing sufficient detail for 3 marks. They are also less accessible in relation to cultural effects, and here an informed discussion of the issues is a more likely way of achieving 3 marks.

Marking allocation

For (i) and (ii):

3 marks	Outline of one way in which either gender or culture may modify the effects of stressors is accurate and detailed . For example, the candidate has accurately described research findings showing females to be less physiologically responsive, or has discussed in detail the differential use of religious and social groupings across cultures.
2 marks	Outline of one way in which either gender or culture may modify the effects of stressors is limited . It is generally accurate but less detailed . For example, the candidate has described in less detail ways in which females could be less physiologically responsive, or has given only a limited discussion of the differential use of religious and social groupings across cultures.
1 mark	Outline of one way in which either gender or culture may modify the effects of stressors is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic outline of reduced reactivity in females or only a basic reference to differences in social support across cultures.
0 marks	Outline of one way in which either gender or culture may modify the effects of stressors is inappropriate (for example, the candidate refers to the effects of personality) or the description is incorrect .

(c) Outline and evaluate research (theories **and/or** studies) into the relationship between stress and physical illness. (18 marks)

Marking criteria

In this part of the question the **AO1** criteria are satisfied by the brief description of research (theories and/or studies) into the relationship between stress and physical illness. **AO2** criteria are satisfied by an evaluation of this research and/or by general commentary on the relationship between stress and physical illness.

Physical illness is exemplified in the specification by reference to cardiovascular disorders and to the effects of stress on the immune system, so candidates should have available studies from these two areas (e.g. Rosenhan's Western Collaborative study on Type A behaviour, stress, and heart disease; Cohen's work on stress and the common cold; Kiecolt-Glaser's studies on stress and the immune system). Additional studies could include Brady's monkeys and various investigations of workplace stress and physical illness. There can be a depth/breadth trade-off, as **detailed** accounts of one study, for instance, could earn marks in the top band.

Evaluation could be relatively general, in terms for instance of limited samples (in terms of numbers or of characteristics e.g. all male, non-human animals), or relatively specific e.g. Kiecolt-Glaser not actually studying illness, but reductions in immune efficiency. An important feature is that correlations between stress and physical illness are often small even if significant, so the relationship is less dramatic than some would have us believe.

Relevant general commentary could review other variables that may affect the link between stress and illness, making people more or less vulnerable e.g. personality, gender, culture. Discussion of these issues must be explicitly linked to the question to earn more than 2 marks. Candidates who offer no evaluation or commentary may still be judged to have selected appropriate material and thus commentary can be described as 'just discernible', earning a maximum of 2 marks.

Marking allocations

AO1

6-5 marks	Outline of research into the relationship between stress and physical illness is both accurate and detailed . For example, the candidate has summarized accurately findings of a number of studies, or described one study in detail, and/or given a detailed account of one explanation.
4-3 marks	Outline of research into the relationship between stress and physical illness is limited . It is generally accurate but less detailed . For example, the candidate has summarized findings from only two studies, or has described one study with less detail, or given a less detailed account of one explanation.
2-1 marks	Outline of research into the relationship between stress and physical illness is basic , lacking detail , and may be muddled and/or flawed . For example, the candidate has provided only a muddled outline of findings of one study or given a muddled account of one explanation.
0 marks	Outline of research into the relationship between stress and physical illness is inappropriate or incorrect .

AO2

12-11 marks	There is an informed commentary on the relationship between stress and physical illness, and reasonably thorough analysis of the relevant research. Material has been used in an effective manner, within the time constraints of answering this part of the question.
10-9 marks	There is an reasonable commentary on the relationship between stress and physical illness, and slightly limited analysis of the relevant research. Material has been used in an effective manner.
8-7 marks	There is a reasonable commentary on the relationship between stress and physical illness, but limited analysis of the relevant research. Material has been used in a reasonably effective manner.
6-5 marks	There is a basic commentary on the relationship between stress and physical illness, with limited analysis of the relevant research. Material has been used in a reasonably effective manner.
4-3 marks	There is superficial commentary on the relationship between stress and physical illness, and rudimentary analysis of the relevant research. There is minimal interpretation of the material used.
2-1 marks	Commentary on the relationship between stress and physical illness is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses.
0 marks	Commentary on the relationship between stress and physical illness is absent or wholly irrelevant to the problem it addresses.

2

Total for this question: 30 marks(a) Describe **two** ways in which personality may modify the effects of stressors.*(3 marks + 3 marks)***Marking criteria**

The two most likely examples are the Type A behaviour pattern and the hardy personality. For 3 marks candidates should be able to describe the relationship between the personality type and stress (i.e. vulnerable or resistant) and elaborate the description. This could be done most effectively using research findings, although these are not required for full marks. Alternatively candidates may describe the elements of each personality that contribute to their stress-modifying effects (e.g. challenge, control, commitment). If both Type A and Type B are presented, these can legitimately be treated as two personality types.

Candidates may introduce gender as an aspect of personality. This is technically legitimate, but the two areas are differentiated in the specification, and unless gender is explicitly justified as an aspect of personality such answers cannot receive credit. This would also apply to any other material candidates may introduce e.g. cultural differences.

Marking allocation

For each way:

3 marks	Description of one way in which personality may modify the effects of stressors is accurate and detailed . For example, the candidate has outlined the Type A behaviour pattern and referred to those characteristics that increase vulnerability to stress, or described supporting research findings.
2 marks	Description of one way in which personality may modify the effects of stressors is limited . It is generally accurate but less detailed . For example, the candidate has outlined the Type A behaviour pattern but not specified how particular characteristics increase vulnerability to stress, or outlined supporting research findings.
1 mark	Description of one way in which personality may modify the effects of stressors is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic and muddled description of the Type A behaviour pattern.
0 marks	Description of one way in which personality may modify the effects of stressors is inappropriate (for example, the candidate has discussed gender without justification) or the description is incorrect .

(b) Describe the procedures and findings of **one** study of the relationship between stress and the immune system. (6 marks)

Marking criteria

Popular choices for this question would be Cohen’s work on stress-induced immunodeficiency and the common cold, or any of Kiecolt-Glaser’s studies of reduced immune function in highly stressed groups such as Alzheimer’s carers or students taking final examinations. In each case the procedures and findings are straightforward, although in Cohen’s work the range of stress measures used (life events, perceived stress, depression) may be a discriminator at the top end of the scale. There may be the usual problem of possible overlap between findings and conclusions. Although ‘findings’ refers clearly to the data collected from the study, ambiguous material should be treated sympathetically.

This is also a question where the weaker student may throw in Brady’s monkeys. It is unlikely but possible that ulceration was related to immunodeficiency, and if this link is made explicit such answers can be credited across the scale. Otherwise they cannot earn marks. Also note that the marking allocations allow for some imbalance between ‘procedures’ and ‘findings’.

Marking allocation

6-5 marks	Description of the procedures and findings of one study is both accurate and detailed . For example, the candidate has covered both the procedures and findings of Cohen’s study of stress and the common cold, although not necessarily in the same amount of detail.
4-3 marks	Description of the procedures and findings of one study is limited . It is generally accurate but less detailed . Alternatively, description of either the procedures or the findings is accurate and well-detailed.
2-1 marks	Description of the procedures and findings of one study is basic, lacking detail , and may be muddled and/or flawed . Alternatively, description of either the procedures or the findings is generally accurate but less detailed.
0 marks	Description of the procedures and findings is inappropriate (for example, the candidate has described a study not concerned with the immune system) or the description is incorrect .

(c) Outline and evaluate **two** methods of stress management.

(18 marks)

Marking criteria

In this part of the question the **AO1** criteria are satisfied by the outline of the two approaches to stress management. Evaluation of the two methods of stress management and appropriate commentary meets the **AO2** criteria for this question.

AO1 material should include, for instance, some detail of the stages of stress-inoculation, or specific drugs and an outline of how they act, for marks in the top band. Each method can be evaluated in terms of its strengths and weaknesses. Psychological methods address the causes of stress but are lengthy and expensive, and require substantial commitment. Drugs are cheap and can be rapidly effective, but have side effects, only target the symptoms of stress, and can lead to dependence and withdrawal. Considerations of effectiveness, perhaps with reference to studies, would be particularly impressive.

There is no requirement for a direct comparison of the two methods chosen, although this would earn marks as part of the overall commentary, as would comments on the possibility of combining approaches. Metacommentary on, for instance, the relative merits of psychological versus physiological methods, would also earn credit.

Some candidates may consider less specific approaches such as physical exercise or relaxation. Where such answers are not psychologically-informed they would qualify as ‘basic and lacking detail’ in the **AO1** marking allocations.

Two approaches must be covered, and candidates presenting only one (outline **and** evaluation) are offering partial performance and can receive a maximum of 4 marks for **AO1** and 8 marks for **AO2**. Similarly, candidates outlining two approaches but evaluating only one can receive a maximum of 6 marks for **AO1** and 8 marks for **AO2**.

Marking allocations

AO1

6-5 marks	Outline of two methods of stress management is both accurate and detailed . For example, the candidate has outlined the stages of stress-inoculation with some detail of each and referred to specific drugs and how they act.
4-3 marks	Outline of two methods of stress management is limited . It is generally accurate but less detailed . For example, the candidate has outlined the stages of stress-inoculation with detail of only one stage, and referred to specific drugs but not how they act. <i>Alternatively, outline of one method is accurate and detailed (i.e. partial performance).</i>
2-1 marks	Outline of two methods of stress management is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has presented only a muddled account of stress-inoculation and of the use of drugs. <i>Alternatively, outline of one method is limited, generally accurate, but less detailed (i.e. partial performance).</i>
0 marks	Outline of two methods of stress management is inappropriate or incorrect .

AO2

12-11 marks	There is an informed commentary on two methods of stress management, and reasonably thorough analysis of the relevant research. Material has been used in an effective manner, within the time constraints of answering this part of the question.
10-9 marks	There is an reasonable commentary on two methods of stress management, and slightly limited analysis of the relevant research. Material has been used in an effective manner.
8-7 marks	There is a reasonable commentary on two methods of stress management, but limited analysis of the relevant research. Material has been used in a reasonably effective manner. <i>Partial performance is informed and reasonably thorough. Material has been used in an effective manner.</i>
6-5 marks	There is a basic commentary on two methods of stress management, with limited analysis of the relevant research. Material has been used in a reasonably effective manner. <i>Partial performance is reasonable but slightly limited. Material has been used in a reasonably effective manner.</i>
4-3 marks	There is superficial commentary on two methods of stress management, and rudimentary analysis of the relevant research. There is minimal interpretation of the material used. <i>Partial performance is basic with limited analysis. Material has been used in a reasonably effective manner.</i>
2-1 marks	Commentary on two methods of stress management is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses. <i>Partial performance is superficial and rudimentary. There is minimal interpretation.</i>
0 marks	Commentary on two methods of stress management is absent or wholly irrelevant to the problem it addresses.

3

Total for this question: (30 marks)

(a)	(i)	Explain the “deviation from ideal mental health” definition of abnormality.	(3 marks)
	(ii)	Give one limitation of the “deviation from ideal mental health” definition of abnormality.	(3 marks)

Marking criteria

This definition of abnormality is relatively distinct from the others, and candidates should be able to refer to some of Jahoda’s criteria in their outline. Weaker candidates may be restricted to vague comments on ideal mental health, but without further elaboration these answers are unlikely to earn more than one mark. A straightforward re-statement of the phrase from the question would not earn marks.

Candidates are often tempted to drift into evaluative comments, although the parted nature of this question should act against that tendency. If the answer is not parted, examiners should attempt to identify and assess material relevant to each section and mark accordingly.

Limitations of this definition include their ‘ideal’ nature (is anyone not abnormal ?), the problems of defining the criteria exactly, and their subjective nature. Most popular is likely to be cultural relativism. In this case, for full marks candidates should be able to outline cultural relativism in this context and provide a relevant example e.g. the rejection of ‘autonomy’ in collectivist societies.

Marking allocations

For outline definition:

3 marks	Explanation of the deviation from ideal mental health definition of abnormality is accurate and detailed . For example, the candidate has accurately explained the definition and made specific reference to Jahoda’s criteria.
2 marks	Explanation of the deviation from ideal mental health definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate has explained the definition but provided limited reference to Jahoda’s criteria.
1 mark	Explanation of the deviation from ideal mental health definition of abnormality is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic explanation of the definition without reference to any of the criteria.
0 marks	Explanation of the deviation from ideal mental health definition is inappropriate (for example, the candidate outlines another definition) or the description is incorrect .

For one limitation:

3 marks	Outline of one limitation is accurate and detailed . For example, the candidate outlines cultural relativism in relation to ideal mental health using different attitudes to ‘autonomy’ as an example.
2 marks	Outline of one limitation is limited . It is generally accurate but less detailed . For example, the candidate outlines cultural relativism in relation to ideal mental health but without a specific example.
1 mark	Outline of one limitation is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a vague and non-specific reference to the importance of cultural relativism.
0 marks	Outline of one limitation is inappropriate (for example, the candidate refers to a limitation of another definition) or the description is incorrect .

(b) Describe the procedures and conclusions of **one** study of bulimia nervosa.

(6 marks)

Marking criteria

Although psychological studies of bulimia are becoming increasingly accessible in textbooks (e.g. Field et al, 1999, peer and media influences on bulimia nervosa), it is likely that most candidates will present Kendler et al's (1991) study of MZ/DZ twins. Procedures could include sample size (note that although over 2000 twins took part, only 58 had clear signs of bulimia), assessment of bulimic symptoms, assessment of monozygosity, and measures of concordance.

Conclusions were that as concordance rates were significantly higher in MZ twins (23% v. 9%) there is a significant genetic component in bulimia nervosa, but that as the concordance rate (CR) for MZ twins is relatively low (well below 100%) and the MZ/DZ difference not great in absolute terms, bulimia also involves other non-genetic factors. It would also be creditable to compare the CR with Holland et al's results for anorexia (56% for MZ twins, 5% for DZ), and conclude that there may be a higher genetic loading for anorexia than for bulimia; this would not be necessary for marks in the top band. Some candidates may actually confuse the two studies. Switching names would not affect the marks awarded, but reporting inappropriate conclusions would. Candidates may introduce evaluation of the study, but this cannot receive credit. However, procedures and conclusions need not be perfectly balanced for marks in the top band.

If other studies are described, they should be marked on their merits, and single case studies would be acceptable as long as procedures and conclusions are described. There can be confusion over findings and conclusions. Findings refer to the data from the study ('they found that..'), while conclusions refer to the interpretation of the data. If there is still confusion, we clearly take a sympathetic approach, but findings alone cannot receive credit. As the focus is on conclusions, incorrect reporting of concordance rates will not necessarily invalidate sound conclusions.

Marking allocations

6-5 marks	Description of the procedures and conclusions of one study of bulimia nervosa is both accurate and detailed . For example, the candidate has given an accurate and detailed account of the procedures and conclusions of Kendler's MZ/DZ twin study, but not necessarily in the same amount of detail.
4-3 marks	Description of the procedures and conclusions of one study of bulimia nervosa is limited . It is generally accurate but less detailed . For example, the candidate may give a less detailed but generally accurate account of the procedures and conclusions of Kendler's MZ/DZ twin study. Alternatively, description of either the procedures or the conclusions is accurate and well-detailed.
2-1 marks	Description of the procedures and conclusions of one study of bulimia nervosa is basic, lacking detail , and may be muddled and/or flawed . Alternatively, description of either the procedures or the findings is generally accurate but less detailed.
0 marks	Description of the procedures and conclusions of one study of bulimia nervosa is inappropriate (for example, the candidate has described conclusions related to anorexia nervosa) or the description is incorrect .

(c) Outline and evaluate one model of abnormality.	(18 marks)
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Marking criteria

In this question **AO1** criteria are satisfied by an outline of one model of abnormality. **AO2** criteria consist of an evaluation of the model, which might include the level of support from research evidence and/or treatment effectiveness, or perhaps by comparison with other models.

Popular choices of model are likely to be the psychodynamic or the biological/medical. Both have clear characteristics, but especially in the case of the psychodynamic model it is important that candidates focus on *abnormal* behaviour rather than the general structure of personality and the psychosexual stages. If a model is outlined with no reference specifically to abnormality it can receive a maximum of 2 marks for **AO1** and 4 for **AO2**.

Candidates may introduce alternative models/theories as a form of commentary and evaluation. The degree to which they use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for **AO2**. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as ‘just discernible’.

Marking allocations**AO1**

6-5 marks	Outline of the key features of one model of abnormality is both accurate and detailed . For example, the candidate has outlined Freud’s components of personality and/or the psychosexual stages in the context of abnormality.
4-3 marks	Outline of the key features of one model of abnormality is limited . It is generally accurate but less detailed . For example, the candidate has given a generally accurate but less detailed account of Freud’s components of personality and/or the psychosexual stages in the context of abnormality.
2-1 marks	Outline of the key features of one model of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has given only a muddled account of the components of personality and/or the psychosexual stages in the context of abnormality, or has provided an account that does not mention abnormality.
0 marks	Outline of the key features of one model of abnormality is inappropriate or incorrect .

AO2

12-11 marks	There is an informed commentary on one model of abnormality, and reasonably thorough analysis of the relevant research. Material has been used in an effective manner , within the time constraints of answering this part of the question.
10-9 marks	There is an reasonable commentary on one model of abnormality, and slightly limited analysis of the relevant research. Material has been used in an effective manner .
8-7 marks	There is a reasonable commentary on one model of abnormality, but limited analysis of the relevant research. Material has been used in a reasonably effective manner .
6-5 marks	There is a basic commentary on one model of abnormality, with limited analysis of the relevant research. Material has been used in a reasonably effective manner .
4-3 marks	There is superficial commentary on one model of abnormality, and rudimentary analysis of the relevant research. There is minimal interpretation of the material used.
2-1 marks	Commentary on one model of abnormality is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses.
0 marks	Commentary on one model of abnormality is absent or wholly irrelevant to the problem it addresses.

4

Total for this question: 30 marks

(a) (i)	Explain the “statistical infrequency” definition of abnormality.	(3 marks)
(ii)	Explain the “deviation from social norms” definition of abnormality.	(3 marks)

Marking criteria

A possible problem for candidates on this question is to clearly distinguish the two definitions. An effective way of doing this is by the appropriate use of examples, although these are not required for marks in the top band. They must be able to detach statistical infrequency from the notion of social desirability, and conversely be able to outline the idea of social norms as socially acceptable behaviour. To move beyond 1 mark they must offer at least some extension or elaboration of the basic explanation. Criticisms and limitations are likely to be mentioned, but cannot receive marks, unless they inform the explanation.

Some candidates may not number their answers. In such cases assume the first explanation offered is (i) unless they make their intention clear, in which case give credit wherever it is earned.

Marking allocations

For each definition:

3 marks	Explanation of one definition of abnormality is accurate and detailed . For example, the candidate has defined statistical infrequency or social norms and given an example of how infrequency/deviation can reflect abnormality.
2 marks	Explanation of one definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate may offer a less detailed but generally accurate account of statistical infrequency or social norms and how infrequency/deviation can reflect abnormality.
1 mark	Explanation of one definition of abnormality is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may offer only a basic explanation of statistical infrequency or social norms without reference to abnormality.
0 marks	Explanation of one definition of abnormality is inappropriate (for example, the candidate may explain an inappropriate model) or the description is incorrect .

(b) Outline **one or more** assumptions of the psychodynamic model in relation to the treatment of abnormality. (6 marks)

Marking criteria

Because of the way the specification is phrased description alone of one or more treatments cannot receive full marks unless explicitly linked to assumptions of the model. Description of treatments with no linkage can receive a maximum of 2 marks.

Assumptions of the psychodynamic model in relation to the treatment of abnormality include the role of unconscious or repressed material which can be recovered during therapy. Other ego-defence mechanisms the person may use include projection, denial, displacement, and regression. The therapist uses various techniques to identify these and helps the client resolve any underlying conflicts. Candidates are likely to describe treatments at the expense of assumptions, in which case the linkage guide above should be used. Answers that concentrate on causes rather than treatments can receive little credit unless used explicitly as part of the linkage between assumptions of the model and treatments (e.g. fixation at a particular psychosexual stage needing to be uncovered before resolution can occur).

Given the amount of available material, candidates can make a breadth/depth trade-off, either dealing in detail with one or two assumptions, or covering several with less detail. Either approach is acceptable.

Marking allocations

6-5 marks	Outline of one or more assumptions of the psychodynamic model in relation to the treatment of abnormality is both accurate and detailed . For example, the candidate has outlined the role of repressed conflict in the unconscious and the use of hypnotic regression to uncover it (i.e. one assumption in detail).
4-3 marks	Outline of one or more assumptions of the psychodynamic model in relation to treatment of abnormality is limited . It is generally accurate but less detailed . For example, the candidate has provided only a limited account of the role of repressed conflicts and the use of hypnotic regression to uncover it. Alternatively, outline of treatments is accurate and detailed with some implicit link to assumptions of the model.
2-1 marks	Outline of one or more assumptions of the psychodynamic model in relation to the treatment of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has provided only a muddled account of repression and the use of hypnotic regression. Alternatively, outline of treatments is accurate and detailed but has no link to assumptions of the model.
0 marks	Outline of one or more assumptions of the psychodynamic model in relation to the treatment of abnormality is inappropriate (for example, the candidate has referred to a different model) or the outline is incorrect .

(c) “Psychologists disagree on whether anorexia nervosa has psychological or biological origins.”

Outline and evaluate **one** explanation of anorexia nervosa.

(18 marks)

Marking criteria

For this question, **AO1** criteria are satisfied by the outline of one explanation of anorexia nervosa. Descriptions of the symptoms of AN would not receive credit unless embedded in the discussion of explanations. **AO2** criteria are likely to be met by the use of relevant research findings and by a consideration of alternative explanations and research evidence.

The most likely explanation to be chosen will be the biological approach, involving genetics, brain structures, and neurotransmitters. Supporting evidence can come from MZ/DZ twin studies, findings from animal studies on brain mechanisms of feeding, and possible effects of diet on brain chemistry. Other possible explanations include social learning/media influences and psychodynamic perspectives, although these could be legitimately presented as the ‘psychological approach’.

In each case evaluation could include the weight of research support (including evaluation of individual studies). More general commentary could refer to a multifactorial approach and/or diathesis-stress models, the need to account for the gender bias and age of onset, the lack of effective treatments, or the difficulty of separating the effects of weight loss itself on the body from possible causative biological factors.

Alternative explanations are likely to be presented, and the extent to which they are used as part of a critical commentary on the chosen explanation will constitute the *effectiveness* of the evaluation and the number of marks awarded for AO2. Candidates who offer no *relevant* commentary on these explanations may still be judged to have *selected* appropriate material, and thus commentary can be described as ‘just discernible’.

Marking allocations

AO1

6-5 marks	Outline of one explanation of anorexia nervosa is both accurate and detailed . For example, the candidate has outlined the possible roles of genes, brain structures, and neurotransmitters as part of the biological explanation.
4-3 marks	Outline of one explanation of anorexia nervosa is limited . It is generally accurate but less detailed . For example, the candidate has presented a less detailed outline of the role of genes and/or brain structures and/or neurotransmitters as part of the biological explanation.
2-1 marks	Outline of one explanation of anorexia nervosa is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has presented only a muddled account of the role of genes as part of the biological explanation.
0 marks	Outline of one explanation of anorexia nervosa is inappropriate (for instance, the candidate outlines an explanation of bulimia nervosa) or incorrect .

AO2

12-11 marks	There is an informed commentary on one explanation of anorexia nervosa, and reasonably thorough analysis of the explanation. Material has been used in an effective manner , within the time constraints of answering this part of the question.
10-9 marks	There is an reasonable commentary on one explanation of anorexia nervosa, and slightly limited analysis of the explanation. Material has been used in an effective manner .
8-7 marks	There is a reasonable commentary on one explanation of anorexia nervosa, but limited analysis of the explanation. Material has been used in a reasonably effective manner .
6-5 marks	There is a basic commentary on one explanation of anorexia nervosa, with limited analysis of the explanation. Material has been used in a reasonably effective manner .
4-3 marks	There is superficial commentary on one explanation of anorexia nervosa, and rudimentary analysis of the explanation. There is minimal interpretation of the material used.
2-1 marks	Commentary on one explanation of anorexia nervosa is just discernible (for example, through appropriate selection of material). Analysis of the relevant research is weak and muddled . The answer may be mainly irrelevant to the problem it addresses.
0 marks	Commentary on one explanation of anorexia nervosa is absent or wholly irrelevant to the problem it addresses.

ASSESSMENT GRID: JANUARY 2005

Question	Part	AO1	AO2
1	(a)	6	-
	(b)	6	-
	(c)	6	12
Total for Q.1		18	12
2	(a)	6	-
	(b)	6	-
	(c)	6	12
Total for Q.2		18	12
3	(a)	6	-
	(b)	6	-
	(c)	6	12
Total for Q.3		18	12
4	(a)	6	-
	(b)	6	-
	(c)	6	12
Total for Q.4		18	12
QoWC		2	-
Total for unit		38	24
% weighting AS		20.4	12.9
% weighting A Level		10.2	6.5