AQA

ASSESSMENT and
QUALIFICATIONS
ALLIANCE

General Certificate of Education

Psychology 5181/6181
Specification A

*PYA2 Physiological Psychology and Individual
Differences*

Mark Scheme
2006 examination – June series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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

2 marks	The work is characterised by some or all of the following:
	• clear expression of ideas
	• good range of specialist terms
	• few errors in grammar, punctuation and spelling
	• errors do not detract from the clarity of the material.
1 mark	The work is characterised by:
	• reasonable expression of ideas
	• use of some specialist terms
	• errors of grammar, punctuation and spelling
	• errors 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
	• errors obscure the clarity of the material.

ASSESSMENT OBJECTIVES ONE AND TWO

AO1	Assessment objective one = knowledge and understanding 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 evaluation of psychological theories, concepts, studies and methods and communication of knowledge and understanding of psychology in a clear and effective manner.

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SECTION A: PHYSIOLOGICAL PSYCHOLOGY

1 (a)   Outline **one** method of managing the negative effects of stress.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
Candidates may classify methods in a number of different ways. The specification refers generically to either physiological or psychological methods. Alternatively, at a similarly high level of generality, Lazarus & Folkman (1984) suggested that there are two basic types of coping strategies: • Problem-focused coping: An attempt is made to control stress by trying to change the event or situation that produces the stress. • Emotion focused coping: Focuses on changing the person's response to stress. This may be the only realistic option when the source of stress is outside the person's control. Within these classifications, there are a number of identifiably different methods (drugs, biofeedback, stress inoculation, hardiness training, etc). More detail should be expected if candidates choose one of these, rather than a generic method. In the latter case detail will necessarily be at the expense of breadth. Evaluation is not necessary but can be credited if it amplifies the description of the method.	6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline description of one method of managing the negative effects of stress that demonstrates relevant knowledge and understanding. For example, there is an account of the use of drugs in reasonable detail, or a number of different examples of a generic physiological method in less detail.
	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate outline description of one method of managing the negative effects of stress that demonstrates relevant knowledge and/or understanding. For example, the candidate offers an account of one method in reasonable detail, or a number of different examples of a generic physiological method in basic detail.
	3-2	**Basic** The candidate provides a basic outline description of one method of managing the negative effects of stress that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, the method is identifiable and accurate, but with little detail.
	1-0	**Very brief/flawed or inappropriate** The candidate provides an outline which is very brief/flawed or an inappropriate outline that fails to demonstrate any knowledge or understanding of a method of managing the negative effects of stress.

1 (b) Describe the findings and conclusions of **one** study of the workplace as a source of stress. *(6 marks)*

Marking Criteria	Marks	Performance Descriptions
There is an extensive literature into the causes of workplace stress. A number of of stressful job factors have been identified: • work overload/pressure: (eg: Breslow & Bell, 1960; Cobb, 1976; Sokejima & Kagamimori, 1998) • job insecurity • role conflict and role ambiguity • poor interpersonal relationships: (eg Cooper & Marshall, 1976; French, 1974) • lack of control over work: (eg Marmot et al, 1997) • shift work. The combined effect of many of these factors is illustrated by Johansen (1978). In jobs that were very dull and repetitive, where workers had little control over the pace of their work, where decisions had to be made very quickly, the environment was noisy, and where social contact was minimal, it was found that these workers had abnormally high levels of stress hormones. Particular occupations are known to be associated with higher stress levels than others, so a study that has shown this, including some of the above examples, is acceptable. However, studies focused solely on the consequences of job stress, or on ways of dealing with job stress, are not acceptable.	6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed description of the findings and conclusions of one study of the workplace as a source of stress that demonstrates relevant knowledge. For example, the candidate provides a detailed account of both conclusions and findings (though not necessarily balanced).
	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate description of the findings and conclusions of one study of the workplace as a source of stress that demonstrates relevant knowledge. For example, the candidate provides a detailed account of findings, with only a brief mention of conclusions, or a balanced account of both in less detail. *Note: If only findings or conclusions are given, maximum mark is 4.*
	3-2	**Basic** The candidate provides a basic description of the findings and conclusions of one study of the workplace as a source of stress that demonstrates some relevant knowledge, but lacks detail and may be muddled. For example, only a brief account of either findings or conclusions is given, or a very brief account of both.
	1-0	**Very brief/flawed or inappropriate** The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of the findings and conclusions of a study of the workplace as a source of stress.

1 (c) Outline and evaluate research into the effects of stress on the immune system. *(18 marks)*

Marking Criteria	
AO1 credit should be given for outline descriptions of relevant studies into the effects of stress on the immune system. It is also acceptable to give accounts of what the effects *are* and how they are *mediated*, since this would demonstrate knowledge of the findings of research and/or relevant theory. **AO2** credit should be given for analysis and evaluation of relevant research. There is both direct and indirect evidence from studies to link exposure to stress to the immune system. Many studies have focused on secretory immunoglobulin A (sIgA), not least because it can be easily measured in saliva. A number of theories have been proposed to explain the link: eg, excessive production of corticosteroids interferes with the creation of antibodies. Studies have shown that the immune system is not affected in the same way by all stressors. Only chronic stressors (eg bereavement, marital disharmony, serious problems at work, etc.) tend to result in impaired functioning of the immune system. Both Kiecolt-Glaser *et al.*, (1995) & Sweeney (1995) have found, for example, that caring for a relative with Alzheimer's disease affected the progress of wound healing in patients. Acute stressors do not have the same effect. Indeed, the evidence is that they can *increase* the number of natural killer cells as well as the levels of sIgA. (Evans, *et al.*, 1994; Jemmott & Magloire, 1988.) Other evidence suggests that susceptibility to virus infections such as influenza can be increased by the effects of stress on the production of *immunoglobulin A* (eg Stone *et al.*, 1987).	The above indicates the type of material that should be straightforward to credit in candidate responses. More problematic may be answers that focus on physical influence, but which do not make explicit reference to the immune system as the potential causal link. Where there is a clear implicit or potential link (eg in viral infections or cancer) such answers can gain credit. However, this would be very difficult with studies into CHD, for example.

1 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Outline of research into the effects of stress on the immune system.		**AO2:** Evaluation of research into the effects of stress on the immune system.
6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed description of research into the effects of stress on the immune system that demonstrates relevant knowledge and understanding. For example, there is an account of one research study/theory in detail, or a number of research studies in less detail.	12-10	**Informed commentary** - Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary. - Effective analysis and evaluation of material. - Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. - The structure is generally clear and coherent.
5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate description of research into the effects of stress on the immune system that demonstrates relevant knowledge and/or understanding. For example, there is an account of one research study/theory in reasonable detail, or a number of research studies in basic detail.	9-7	**Reasonable commentary** - There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. - Reasonable analysis and evaluation of material. - A range of issues and/or evidence in limited depth, or a narrower range in greater depth.
3-2	**Basic** The candidate provides a basic description of research into the effects of stress on the immune system that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, one or more research studies/theories are identifiable, but with little detail.	6-4	**Basic commentary** - The selection and use of material provides only a basic commentary. - Basic analysis and evaluation of material. - Superficial consideration of a restricted range of issues and/or evidence.
1-0	**Very brief/flawed or inappropriate** The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of research into the effects of stress on the immune system.	3-0	**Rudimentary/absent or irrelevant commentary** - The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. - Analysis and evaluation just discernible or absent.

2 (a) Describe the General Adaptation Syndrome. *(6 marks)*

Marking Criteria	Marks	Performance Descriptions
This response, which was first identified by Selye (1936) comprises three stages: alarm reaction, resistance and exhaustion: • During the initial alarm stage, perceived threats to the organism make the hypothalamus produce the corticotrophic releasing hormone, which in turn stimulates the pituitary gland's production of adrenocorticotrophic hormone. Via the bloodstream, this then acts on the adrenal cortex, which produce corticosteroids. Simultaneously the hypothalamus also activates the sympathetic branch of the ANS to stimulate the production of adrenaline and noradrenaline from the adrenal medula. As a result of these two parallel processes the body is activated in many ways and is prepared for fight or flight. • During the resistance stage, the body's resources are fully mobilised to cope with the stressor. • If stressors persist and cannot be overcome, the resistance of the individual sooner or later gives way to exhaustion. The physiological consequences include effects on the adrenal glands, which are enlarged but depleted, and an endocrine system that is generally thrown into disarray. Ultimately, Selye argued that all body tissues and processes can be affected and, in extreme cases, become diseased.	**6**	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed description of the General Adaptation Syndrome (GAS) that demonstrates relevant knowledge and understanding. For example, there is an account of the 3 stages of the GAS with detail of each stage.
	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate description of the General Adaptation Syndrome that demonstrates relevant knowledge and/or understanding. For example, the 3 stages are identified but not all are fully elaborated.
	3-2	**Basic** The candidate provides a basic description of the General Adaptation Syndrome that demonstrates some relevant knowledge and/or understanding, but lacks detail and may be muddled. For example, only the 3 stages are identified and briefly described.
	1-0	**Very brief/flawed or inappropriate** The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of GAS. For example (for one mark) 2 or 3 stages are just named.

2 (b) Outline strengths and weaknesses of **one** method of stress management. *(6 marks)*

Marking Criteria	Marks	Performance Descriptions
The method of stress management needs to be clearly *identifiable* from the answer, otherwise no marks can be awarded. Candidates might consider physiological, psychological, problem focused or emotion focused coping; or one of the more discrete methods (drugs, biofeedback, hardiness, etc).	6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline of strengths and weaknesses of **one** method of stress management that demonstrates relevant knowledge and understanding. For example, the candidate provides a detailed account of both strengths and weaknesses (though not necessarily balanced).
Answers are as a consequence likely to vary in breadth and depth, and this should be allowed for. Some considerations might seem relatively trivial or obvious (cost, time, etc), but are creditworthy if accurate and reasonably well described.	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate outline of strengths and weaknesses of **one** method of stress management that demonstrates relevant knowledge and/or understanding. For example, the candidate provides a detailed account of strengths, with only a brief mention of weaknesses (or conversely), or a balanced account of both in less detail. Note if only strengths or weaknesses and it is accurately reasonable/detailed. (Max 4 marks)
For this question it is sufficient to state the strengths and weaknesses. They do not need to be evaluated. However, if candidates do this, they may be credited in so far as it demonstrates greater understanding of the issue. There is no need for a balanced account of strengths and weaknesses, but there must be some reference to both for full marks.	3-2	**Basic** The candidate provides a basic outline of strengths and weaknesses of **one** method of stress management that demonstrates some relevant knowledge and/or understanding, but lacks detail and may be muddled. For example, only a brief account of either strengths or weakness is given, or a very brief account of both.
Although there is a further plurality requirement implied in the question, it is phrased in this way for ease of legibility. It is not therefore necessary to do more than one strength and more than one weakness.	1-0	**Very brief/flawed or inappropriate** The candidate provides an outline which is very brief/flawed or an inappropriate outline that fails to demonstrate any knowledge or understanding of strengths and weaknesses of one method of stress management.

2 (c) 'Some individuals are more able than others to cope with stressful situations.'

Discuss research into the role played by personality in modifying the effects of stressors.

(18 marks)

Marking Criteria

AO1 is a description of research (theories or studies) into personality as a modifier of the stress response. Credit should also be given for explanations of how the effects are mediated, provided this is based on research.

AO2 is an evaluation of this research. This might involve criticisms of studies/theories, assessment of practical significance, comparisons and contrasts between explanations, etc.

Friedman and Rosenman's pioneering work first distinguished so-called **Type A and Type B personalities**. It was claimed that the former appears to be much more affected by stress than the latter. However, early studies indicating that Type A personalities have a higher risk of developing CHD have not been supported by latter research. To make sense of sometimes contradictory findings, it has been suggested that a critical factor is hostility. There is evidence that when this is combined with Type A personality, correlations with CHD are higher. Individual who repress rather than express their hostility may be particularly vulnerable. Temoshok (1987) describes such individuals in terms of a Type C personality.

Another personality trait which it is claimed is associated with responses to stress is **sensation seeking** (Zuckerman, 1979). High sensation seekers actively seek out activities that other people would find acutely stressful. The extent to which a person measures high or low in sensation seeking has been found to correlate with that of their partner in intimate relationships (Lesnick-Oberstein & Cohen, 1984). Zuckerman also suggests that high and low sensation seekers also tend to seek out the 'right' occupation, preferring high-pressure or more routine jobs respectively.

Kobasa has identified **'hardy' individuals,** who she describes as hardy, as those whose cognitive strategies are better suited to dealing with stress. For example, they are more able to identify the symptoms of stress (so avoiding action can be taken in time). They make more realistic assessments of stressors, including being aware of the positive aspects of stressful situations (opportunities and new challenges).

The concept of hardiness has linked to the idea of control and, critics would say, it is somewhat difficult to distinguish the two. Thus it is known that there are important individual differences in **locus of control** (Rotter, 1966). Hardy people are more likely to have an internal locus of control. While this question is not directly on stress management, it would be legitimate to consider such methods in so far as they offer support or otherwise to the underlying theory. Thus, Kobasa suggests that hardiness can be improved with appropriate training. There is little direct research evidence on the effectiveness of hardiness training and what research there is, has tended to be confined to white middle class managers, so may be difficult to generalise to women and cultural groups.

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 eg cultural differences.

2 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Description of research into role played by personality in modifying the effects of stressors.		**AO2**: Evaluation of research into role played by personality in modifying the effects of stressors.
6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed description of research into ways in which personality may modify the effects of stressors that demonstrates relevant knowledge and understanding. For example, there is an account of one research study/theory in detail, or a number of research studies in less detail.	**12-10**	**Informed commentary** • Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary. • Effective analysis and evaluation of material. • Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. • The structure is generally clear and coherent.
5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate description of research into ways in which personality may modify the effects of stressors that demonstrates relevant knowledge and/or understanding. For example, there is an account of one research study/theory in reasonable detail, or a number of research studies in basic detail.	**9-7**	**Reasonable commentary** • There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. • Reasonable analysis and evaluation of material. • A range of issues and/or evidence in limited depth, or a narrower range in greater depth.
3-2	**Basic** The candidate provides a basic description of research into ways in which personality may modify the effects of stressors that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, research studies/theories are identifiable but with little detail.	**6-4**	**Basic commentary** • The selection and use of material provides only a basic commentary. • Basic analysis and evaluation of material. • Superficial consideration of a restricted range of issues and/or evidence.
1-0	**Very brief/flawed or inappropriate** The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of research into role played by personality in modifying the effects of stressors.	**3-0**	**Rudimentary/absent or irrelevant commentary** • The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. • Analysis and evaluation absent just discernible.

SECTION B: INDIVIDUAL DIFFERENCES

3 (a)   Outline **one** explanation of anorexia nervosa.   *(6 marks)*

Marks	Performance Descriptions
6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline of an explanation of anorexia nervosa that demonstrates relevant knowledge and understanding. For example, there is an account of the specific explanation in detail, or a generic one in less detail.
5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate outline of an explanation of anorexia nervosa that demonstrates relevant knowledge and/or understanding. For example, there is an account of a specific explanation in reasonable detail, or a generic one in basic detail.
3-2	**Basic** The candidate provides a basic outline of an explanation of anorexia nervosa that demonstrates some relevant knowledge and/or understanding and/or understanding but lacks detail and may be muddled. For example, the biological explanation is identified and briefly described.
1-0	**Very brief/flawed or inappropriate** The candidate provides a explanation which is very brief/flawed or an inappropriate explanation that fails to demonstrate any knowledge or understanding of anorexia nervosa.

Marking Criteria

Biological models suggest a variety of factors, including:

- genetic influences
- hypothalamic dysfunction
- neurotransmitter imbalance (which may be linked to protein imbalances in diet)
- brain damage or infection.

Psychological models include:

- behaviourist (including SLT)
- psychodynamic.

The explanation chosen could be generic (eg biological), in which case a brief outline of the main factors as above would be appropriate. Alternatively it could refer to a specific mechanism (eg hormone imbalance). In this case rather more detail would be required for example along the lines of:

'AN has been explained in terms of neurotransmitters. Studies have shown correlations between anorexia and, for example, changes in noradrenaline and serotonin levels in the brain. It is suggested that noradrenaline can play a role in increasing appetite while serotonin may suppress it. Thus individuals suffering from eating disorders may have lower levels of the former and/or higher levels of the latter.'

Many explanations are common to both AN and bulimia. However, if the explanation is clearly referring to bulimia (eg an explanation of binge eating/purging) then this is not acceptable.

Evaluation is not necessary. However, citing research could be creditworthy if it amplified the description of the explanation.

3   (b)   Outline **one or more** assumptions of the cognitive model relevant to the causes of abnormality.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
The basic assumption of the cognitive approach holds that mental events cause behaviour in that we interpret our environment before we react to it. In the case of abnormal behaviour, it is the interpretations and disordered cognitions that lead to the behaviour. Emotional problems can be attributed to distortions in our cognitions or thinking processes. These distortions are typically in the form of overgeneralisations, irrational beliefs, illogical errors or negative thoughts. Some answers may be quite specific about causal mechanisms, for example in the case of attribution and depression. This is acceptable, providing underlying assumptions (eg role of cognitions) are clear from the account. Similarly, examples of cognitive explanations of specific disorders may be given (eg eating disorders). These can be credited to the extent to which they illustrate specific assumptions. However, this may be difficult if the candidate has not identified the assumptions in the first place. While related to, and frequently deriving from, assumptions about causality, assumptions about treatments are not asked for. Therefore, statements such as: 'The focus of treatment is on understanding the disordered thoughts and working with the patient to change these', cannot be credited. However they could be if they are explicitly related to causes in some way (eg implying non-biological causation).	**6**	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline of one or more assumptions of the cognitive model in relation to causes of abnormality that demonstrates knowledge and understanding. For example the candidate accurately explains a number of assumptions of the model (though not necessarily balanced), or one of these in more detail.
	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate outline of one or more assumptions of the cognitive model in relation to causes of abnormality that demonstrates knowledge and/or understanding. For example, the candidate provides a detailed account of one assumption in less detail.
	3-2	**Basic** The candidate provides a basic outline of one or more assumptions of the cognitive model in relation to causes of abnormality that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, only a brief account of one assumptions, or merely lists a number of assumptions without explanation.
	1-0	**Very brief/flawed or inappropriate** The candidate provides an outline which is very brief/flawed or an inappropriate explanation that fails to demonstrate any knowledge or understanding of the assumptions of the cognitive model relevant to the causes of abnormality.

12

3 (c)   'To define abnormality, we first have to be clear about what we mean by normality.'

Outline **two or more** definitions of abnormality and consider the limitations of these definitions.

(18 marks)

Marking Criteria
AO1 for this question is an outline description of two or more definitions of abnormality. **AO2** is an analysis and evaluation of these, in terms of their limitations as definitions of abnormality. This could also include a generic discussion of the problems of defining abnormality. The concept of abnormality is very imprecise and difficult to define. Examples of abnormality can take many different forms and involve different features, so that what at first sight seem quite reasonable definitions turn out to be quite problematical. Perhaps the least satisfactory definition of abnormality from a psychological point of view is in terms of a **deviation from social norms** – well illustrated by changing perspectives on homosexuality. Another criteria that has generally failed the test of time is '**deviation from statistical norms**'. One of the main problems with the idea of defining abnormality as statistical infrequency, deviation from ideal mental health or deviation from social norms is the fact that none of these criteria copes well with cultural variations – what is considered perfectly acceptable (or very common) behaviour in one culture, may be seen as abnormal in another. Defining abnormality as '**the deviation from ideal mental health'** (as the quotation implies) has similar problems in explaining cross-cultural variations. Jahoda (1958) identified a number of characteristics (individual choice, resistance to stress, an accurate perception of reality, and self actualisation) that people should possess in order to be considered normal. Despite some intuitive appeal, it is generally considered an unsatisfactory definition.	The main problem is probably that such ideals are so demanding that almost everyone would be considered abnormal to some degree. Lists of ideals defining mental health are essentially value judgements that are both context and era-dependent. A more promising approach to defining abnormality recognises that a number of criteria might contribute abnormality – the so-called '**failure to function adequately**' definition. Rosenham & Seligman (1989) offered one list of such criteria. For them, abnormality was indicated when it could be seen to involve the following: • suffering • maladaptiveness • vividness and unconventionality • unpredictability and loss of control • irrationality and incomprehensibility • observer discomfort • violation of moral and ideal standards. It is suggested that the more of these features that are in evidence, the more likely is the behaviour to be defined as abnormal. However, this approach to defining abnormality has also been criticised. Firstly, it is suggested that it depends too heavily on subjective assessments, and secondly, it does not sufficiently differentiate abnormal behaviour from behaviour that is non-conformist, unconventional or just plain eccentric. Note that some limitations are generic to the major definitions, for example culture. Strengths are not required by this question but could gain credit to the extent that they highlight the limitations of definitions.

3 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Outline of two or more definitions of abnormality.		**AO2:** Limitations of definitions.
6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline of two or more definitions of abnormality that demonstrates knowledge and understanding. For example, there is an account of two definitions in detail, or a number of definitions in less detail.	**12-10**	**Informed commentary** • Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary. • Effective analysis and evaluation of material. • Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. • The structure is generally clear and coherent.
5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate outline of two or more definitions of abnormality that demonstrates knowledge and/or understanding. For example, there is an account of two definitions in reasonable detail, or a number in basic detail. If only one definition is outlined, this is accurate and reasonably detailed. (Max 4 marks)	**9-7**	**Reasonable commentary** • There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. • Reasonable analysis and evaluation of material. • A range of issues and/or evidence in limited depth, or a narrower range in greater depth. If only one definition is considered, and this is informed. (Max 8 marks)
3-2	**Basic** The candidate provides a basic outline of two or more definitions of abnormality that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, at least two definitions are identifiable but with little detail.	**6-4**	**Basic commentary** • The selection and use of material provides only a basic commentary. • Basic analysis and evaluation of material. • Superficial consideration of a restricted range of issues and/or evidence.
1-0	**Very brief/flawed or inappropriate** The candidate provides an outline which is very brief/flawed or an inappropriate outline that fails to demonstrate any knowledge or understanding of definitions of abnormality.	**3-0**	**Rudimentary/absent or irrelevant commentary** • The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. • Analysis and evaluation absent or just discernible.

4 (a)   Outline the clinical characteristics of bulimia nervosa.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
The main clinical characteristics of bulimia nervosa can be summarised as: • Preoccupation with food: 'binge' eating followed by purging, either by self-induced vomiting or the use of laxatives. A non-purging type of bulimia attempts to counteract the effects of food by strict dieting and/or vigorous exercise. Other symptoms tend to be shared with anorexia, but are usually less severe: • Cognitive disturbances: distorted body image, distorted internal perceptions, maladaptive attitudes and illogical thinking. • Personality and mood problems. Depression and mood problems and/or obsessive compulsive patterns of behaviour. • Medical problems: eg. irregular periods, low blood pressure, body swelling, changes in appearance of skin, hair, nails etc. Not all of these are required for full marks. However, a satisfactory answer would encompass the first, since this is the primary distinguishing characteristic. For the record, anorexia nervosa is characterised by a prolonged refusal to eat adequate amounts of food, resulting in weight loss (to less than 85% of normal body weight). Anorexics are usually less aware of their disorder, often denying it altogether. Candidates who offer such an account for bulimia would clearly be wrong, however they may gain some limited credit if they provide reference to shared characteristics such as distorted body image.	6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline of the clinical characteristics of bulimia nervosa that demonstrates relevant knowledge. For example, there is an account of the findings of the distinctive characteristics in detail, or a wider range in less detail.
	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate outline of the clinical characteristics of bulimia nervosa that demonstrates relevant knowledge. For example, there is an account of the main characteristic in reasonable detail, or a wider range in basic detail.
	3-2	**Basic** The candidate provides a basic outline of clinical characteristics of bulimia nervosa that demonstrates some knowledge but lacks detail and may be muddled. For example, the characteristics are identifiable, but with little detail.
	1-0	**Very brief/flawed or inappropriate** The candidate provides an outline which is very brief/flawed or an inappropriate outline that fails to demonstrate any knowledge of the clinical characteristics of bulimia nervosa.

4 (b) Describe the procedures and findings of **one** study of eating disorders. *(6 marks)*

Marking Criteria	Marks	Performance Descriptions
In the case of bulimia, it is likely that most candidates will present Kendler *et al's* (1991) study of 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. Other studies include Field *et al*, (1999) on peer and media influences on bulimia nervosa), and Halmi's (1995) investigation of hunger perception. Findings of the Kendler study were that concordance rates were significantly higher in MZ twins (23% *v.* 9%). However the concordance rate (CR) for MZ twins is relatively low (well below 100%) and the MZ/DZ difference not great in absolute terms. In the case of AN, a relevant choice would be Holland et al's twin study (findings: 56% for MZ twins, 5% for DZ). Experience suggests that some candidates may actually confuse this study with Kendler's. Switching names would not affect the marks awarded, but reporting inappropriate findings would. Non-biological studies of AN include Garner et al's (1980) study of centrefolds and Fallon & Rozin (1985) on body image. Since the question asks for findings there should be some reference to the actual results of the study. Some candidates may offer conclusions. These could be credited insofar as they amplify findings.	6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed description of the procedures and findings of one study of eating disorders that demonstrates relevant knowledge. For example, the candidate provides a detailed account of both procedures and findings (though not necessarily balanced).
	5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate description of the procedures and findings of one study of eating disorders that demonstrates relevant knowledge. For example, the candidate provides a detailed account of procedures, with only a brief mention of findings, or a balanced account of both in less detail. If only procedures or findings are given. (Max 4 marks)
	3-2	**Basic** The candidate provides a basic description of the procedures and findings/conclusions of one study of eating disorders that demonstrates some knowledge but lacks detail and may be muddled. For example, only a brief account of either procedures or findings is given, or a very brief account of both.
	1-0	**Very brief/flawed or inappropriate** The candidate provides a description which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge of the procedures and findings of one study of eating disorders.

Single case studies would be acceptable as long as procedures and findings are accurately described, and the study is an identifiable piece of published research.

4 (c)   Outline the behavioural model of abnormality and consider its strengths and limitations.

(18 marks)

Marking Criteria
AO1 is the outline of the behavioural model of abnormality. This could most likely be in terms of its assumptions about the causes of abnormality, but need not be restricted to this. **AO2** is an analysis and evaluation of the model in terms of its strengths and limitations. Note that this would also include description of research studies used as evaluation, though the mark may be restricted if the studies are not used effectively. The fundamental **assumption** of the behavioural model is that behaviour is primarily the result of the environment rather then genetics (or instincts) and the rejection the view that abnormal behaviour has a biological basis. Like the psychodynamic theorists, behaviourists have a deterministic view of mental disorders, however, unlike Freud, they see abnormal behaviour as a learned response (through conditioning) and not as the result of mysterious (and they would argue unknowable) unconscious processes. While much of our behaviour is adaptive, helping us to cope with a changing world, it is also possible to learn behaviours that are abnormal and undesirable. However, such maladaptive learning can be **treated** by changing the environment so that un-learning could take place. Commonly recognised **strengths** of the behavioural model are: • The model led to the development of specific behavioural therapies, many of which have had high success rates. • The model lends itself to empirical study and evaluation. • Proponents of the model argue that once the symptoms of an illness are alleviated, the complaint disappears.	**Limitations** of the behavioural model include: • The model is reductionist in the sense that it reduces the complexity of human behaviour to behavioural responses to environmental stimuli. • Only the symptoms of illnesses are treated, not the underlying causes. • The model provides a limited view of the causes of mental illness and does not explain the evidence relating to genetic predispositions to mental illness. • Environmental causes of abnormal behaviours are only rarely discovered in patients. One important extension of the behaviourist approach is **social learning theory** (SLT). Theorists such as Bandura argued that observation and imitation are important forms of learning neglected by the early behaviourists. Thus maladaptive behaviour can be learned from poorly functioning parents through imitation, but it can also be treated by therapies based on modelling. Such SLT explanations are sometimes referred as cognitive-behavioural, but are acceptable for this question. In fact the specification assumes a rather rigid demarcation between different models which is contradicted by modern practice, especially in the case of CBT. Most therapists adopt an eclectic account of causation and treatment. Such a point is creditworthy as AO2, since the implication is that no one model can explain complex mental disorders, particularly ones that originated at a very early stage in the development of psychology. Presenting only strengths or limitations is partial performance. However, as is usual in questions worded in the way this is, there is no requirement to cover more than one of each. Reference to treatments *may* be creditworthy insofar as it provides further detail to the outline of the model (A01) or the strengths and/or limitations (AO2).

4 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Outline of behavioural model of abnormality.		**AO2**: Strengths and limitations.
6	**Accurate and reasonably detailed** The candidate provides an accurate and reasonably detailed outline of the behavioural model of abnormality that demonstrates knowledge and understanding. For example, there is an account of the main aspects of the model in detail or selected aspects in more detail.	**12-10**	**Informed commentary** • Within the time constraints for this part of the question, there is effective use of material to address the question and provide an informed commentary. • Effective analysis and evaluation of material. • Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. • The structure is generally clear and coherent.
5-4	**Less detailed but generally accurate** The candidate provides a less detailed but generally accurate of the behavioural model of abnormality that demonstrates knowledge and/or understanding. For example, there is an account of the main aspects in reasonable detail.	**9-7**	**Reasonable commentary** • There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary. • Reasonable analysis and evaluation of material. • A range of issues and/or evidence in limited depth, or a narrower range in greater depth. If only strengths or limitations are considered, this is informed. (Max 8 marks)
3-2	**Basic** The candidate provides a basic outline of the behavioural model of abnormality that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, there is an account of one aspect in limited detail.	**6-4**	**Basic commentary** • The selection and use of material provides only a basic commentary. • Basic analysis and evaluation of material. • Superficial consideration of a restricted range of issues and/or evidence.
1-0	**Very brief/flawed or inappropriate** The candidate provides an outline which is very brief/flawed or an inappropriate description that fails to demonstrate any knowledge or understanding of the behavioural model of abnormality.	**3-0**	**Rudimentary/absent or irrelevant commentary** • The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. • Analysis and evaluation just discernable.

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Assessment Grid

Question	Part	AO1	AO2	Total
1	(a)	6		6
	(b)	6		6
	(c)	6	12	18
Total for Q.1		**18**	**12**	**30**
2	(a)	6		6
	(b)	6		6
	(c)	6	12	18
Total for Q.2		**18**	**12**	**30**
3	(a)	6		6
	(b)	6		6
	(c)	6	12	18
Total for Q.3		**18**	**12**	**30**
4	(a)	6		6
	(b)	6		6
	(c)	6	12	18
Total for Q.4		**18**	**12**	**30**
QoWC		2		2
Total for unit		**38**	**24**	**62**
% weighting AS		20.4	12.9	
% weighting A2		10.2	6.5	