



## **General Certificate of Education**

# **Psychology 5181**

## *Specification A*

## **Unit 2 (PYA2) Physiological Psychology and Individual Differences**

# **Mark Scheme**

*2008 examination - January 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.

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

<b>2 marks</b>	<p>The work is characterised by some or all of the following:</p> <ul style="list-style-type: none"> <li>• clear expression of ideas</li> <li>• good range of specialist terms</li> <li>• few errors in grammar, punctuation and spelling</li> <li>• errors do not detract from the clarity of the material.</li> </ul>
<b>1 mark</b>	<p>The work is characterised by:</p> <ul style="list-style-type: none"> <li>• reasonable expression of ideas</li> <li>• use of some specialist terms</li> <li>• errors of grammar, punctuation and spelling</li> <li>• errors detract from the clarity of the material.</li> </ul>
<b>0 marks</b>	<p>The work is characterised by:</p> <ul style="list-style-type: none"> <li>• poor expression of ideas</li> <li>• limited use of specialist terms</li> <li>• errors and poor grammar, punctuation and spelling</li> <li>• errors obscure the clarity of the material.</li> </ul>

**ASSESSMENT OBJECTIVES ONE AND TWO**

<b>A01</b>	<p>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.</p>
<b>A02</b>	<p>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.</p>

**SECTION A: PHYSIOLOGICAL PSYCHOLOGY**

- 1 (a) Describe the procedures of **one** study of the relationship between stress and cardiovascular disorders. Give **one** criticism of this study. (3 marks + 3 marks)

Marking Criteria	Marks	Performance Descriptions
<p>The Friedman &amp; Rosenman material on Type A is clearly relevant to the question, in particular the Western Collaborative Group study. Another example is Harburg et al (1973), which looked at the correlation between raised BP and living in high-stress areas of Detroit (low income, high density housing, high mobility, high rates of marital break-up and high crime). Research into workplace stress could also be made relevant, as in many cases CVD is one of the pathologies investigated. More tenuous links could be made with Holmes and Rahe's work, but only in so far as CVDs are part of the general illness outcomes researched. However, the 'monkey studies' are definitely not relevant.</p> <p><b>Procedures</b> could typically encompass sampling, operationalisation of variables, measurement techniques, controls, etc (though not all of these need be included if there is otherwise good detail).</p> <p><b>Criticisms</b> will depend on the nature of the study chosen. In view of the question structure, these are likely to cover procedural issues (sampling, operationalisation, etc) but could also encompass contradictory findings or problems of interpretation. Basic statements such as 'The study lacked ecological validity' are likely to be just that: basic, and in some cases may even be incorrect.</p> <p>The criticism must be linked to the study described. If the study is inappropriate or not identifiable published research, then no marks can be given.</p>	<p><b>3</b></p>	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of procedures/criticism that demonstrates relevant knowledge. For example, for procedures the candidate might identify the type of participants used, the basic design of the study, and outline how the results were obtained. <b>Or</b> (criticism) pointing out that the sample was restricted and explaining the consequences for the interpretation of results.</p>
	<p><b>2</b></p>	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description of procedures/criticism that demonstrates knowledge. For example, there might be important omissions in procedures, such as who the participants were or how they were obtained, or there might be a lack of clarity about the description of the methods used to obtain the data. <b>Or</b> the basis of the criticism might be identified clearly, but the implications not fully explained.</p>
	<p><b>1</b></p>	<p><b>Basic</b></p> <p>The candidate provides a basic description of procedures/criticism that demonstrates some relevant knowledge but lacks detail and may be muddled. For example, the candidate might just state that the study involved comparing two groups of participants. <b>Or</b> the criticism may be identified but not explained.</p>
	<p><b>0</b></p>	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description that is very brief/flawed. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of a relevant study.</p>

1 (b) Outline findings of research into stress in the workplace.

(6 marks)

<b>Marking Criteria</b>	<b>Marks</b>	<b>Performance Descriptions</b>
<p>There is an extensive literature into the stress resulting from the workplace. A number of stressful job factors have been identified:</p> <ul style="list-style-type: none"> <li>• Work overload/pressure (eg Breslow &amp; Bell, 1960; Cobb, 1976; Sokejima &amp; Kagamimori, 1998)</li> <li>• Job insecurity</li> <li>• Role conflict and role ambiguity</li> <li>• Poor interpersonal relationships (eg Cooper &amp; Marshall, 1976; French, 1974)</li> <li>• Lack of control over work (eg Marmot et al, 1997)</li> <li>• Shift work</li> </ul>	<p><b>6</b></p>	<p><b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed description of the findings of research into the workplace stressors that demonstrates relevant knowledge. For example, the candidate provides a detailed account of the findings of one or more studies, or a less detailed account of a wider range.</p>
	<p><b>5-4</b></p>	<p><b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate description of the findings of research into the workplace stressors that demonstrates relevant knowledge. For example, the candidate provides an account of the findings of one or more studies, or a limited account of a wider range of findings.</p>
<p>The combined effect of many of these factors is illustrated by Johansson et al (1973). The researchers studied groups of workers such as sawyers, who have to cut timber into predetermined sizes. 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.</p>	<p><b>3-2</b></p>	<p><b>Basic</b> The candidate provides a basic description of the findings of research into the workplace stressors that demonstrates relevant knowledge. For example, the candidate provides a limited account of the findings of one study, or a brief account of a wider range.</p>
<p>Particular occupations are known to be associated with higher stress levels than others. Therefore findings from such research, including some of the above examples, are acceptable, as is research into how people cope with stress in the workplace.</p> <p>Studies that are potentially applicable to the workplace (eg Glass and Brady) could receive credit to the extent that their relevance is justified.</p> <p>There should be some reference to the actual results of the study to justify awarding marks for findings. Conclusions can be relevant to the extent that they amplify findings.</p>	<p><b>1-0</b></p>	<p><b>Very brief/flawed or inappropriate</b> The candidate provides a description that is very brief/flawed. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of the findings of research into the workplace stressors.</p>

1 (c) Describe and evaluate **one or more** psychological methods of stress management.

(18 marks)

<p><b>Marking Criteria</b></p>	
<p><b>AO1</b> credit should be given for a description of psychological approach(es) to stress management. This could include how the technique is used (with appropriate examples). It could also encompass the principles/assumptions on which it is based.</p> <p><b>AO2</b> credit should be given for analysis and evaluation of the approach(es), including appropriate research evidence (where this exists) on eg effectiveness. Comparison with other techniques, including non-psychological ones (eg drugs) would be appropriate.</p> <p>Psychological methods of stress management include various types of <b>cognitive therapy</b>. The aim of these predominantly emotion-focused techniques is to replace irrational and negative thoughts with more positive ways of thinking about a problem. The assumption is that in many cases there is little that a person can do about the objective situation, as stress is an inevitable consequence of modern life. Restructuring beliefs about a problem can make that problem disappear, or at least become more manageable.</p> <p>However, unlike many cognitive therapies, <b>stress inoculation training</b> (SIT) is a more problem-focused coping strategy (Meichenbaum, 1985). The basic idea is to prepare individuals to cope with potential stressors by trying to pre-empt them. People should try to anticipate sources of stress and have effective coping strategies ready to put in place.</p> <p>Although there were initially few studies that have evaluated SIT, recent research has shown it to be effective in a range of settings, including helping people deal with stressful jobs such as teaching, nursing and the police, as well as with professional athletes (eg Cox, 1991). However, SIT takes time and effort and, as clients have to go through a rigorous programme of training over a long period, it can only work with people who have a sufficiently high level of motivation and commitment. It also may not suit certain individuals, for example those whose basic personality makes them resistant to changing cognitions.</p>	<p>The existence of strong individual differences in the way that people respond to stress suggests that more effective ways of coping can be passed on to help those who are not as well prepared. Kobasa has identified such '<b>hardy</b>' individuals as those whose cognitive strategies are better suited to dealing with stress, for example by making more realistic assessments of stressors, including being aware of the positive aspects of stressors. Kobasa suggests that hardiness can be improved with appropriate training.</p> <p>The concept of hardiness has been linked to the idea of control, sometimes making it difficult to distinguish the two. There is also 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 other cultural groups. Also, like SIT, the approach requires lengthy training and strong commitment on the part of the client.</p> <p>Alternatives to CBT based methods are acceptable, including social support. However accounts must not be anecdotal to receive credit. Although unlikely, candidates can receive credit if the approach to stress management described is different from the one evaluated.</p>

1 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	<b>AO1:</b> Description of psychological methods of stress management		<b>AO2:</b> Evaluation of psychological methods of stress management
<b>6</b>	<b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed description of one or more psychological methods of stress management that demonstrates knowledge and understanding. For example, the candidate presents an accurate overview of both SIT and hardiness training, or one of these in more detail.	<b>12-10</b>	<b>Informed commentary</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
<b>5-4</b>	<b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate description of one or more psychological methods of stress management that demonstrates knowledge and/or understanding. For example, one approach may be clearly outlined, but with limited detail.	<b>9-7</b>	<b>Reasonable commentary</b> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul>
<b>3-2</b>	<b>Basic</b> The candidate provides a basic description of one or more psychological methods of stress management that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, one approach may be very briefly outlined.	<b>6-4</b>	<b>Basic commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
<b>1-0</b>	<b>Very brief/flawed or inappropriate</b> The candidate provides a description that is very brief/flawed. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of appropriate methods.	<b>3-0</b>	<b>Rudimentary/absent or irrelevant commentary</b> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation absent or just discernible.</li> </ul>

2 (a) Describe the General Adaptation Syndrome.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>According to Selye (1936) the GAS comprises three stages:</p> <ul style="list-style-type: none"> <li>• During the initial <b>alarm stage</b>, perceived threats to the organism make the hypothalamus activate the sympathetic NS, which in turn stimulates the production of catecholamines (adrenalin and noradrenalin) from the adrenal medulla. As a result of these two parallel processes - the <i>sympatho-adrenomedullary axis</i> (SAA) - the body is activated in many ways and is prepared for 'fight or flight' (Cannon).</li> <li>• During the <b>resistance</b> stage, the body's resources are fully mobilised to cope with the stressor. For example, the hypothalamus increases the production of corticotrophic-releasing hormone, which in turn stimulates the pituitary's release of adrenocorticotrophic hormone (ACTH). This acts on the adrenal cortex, which secretes corticosteroids. This reaction is known as the <i>hypothalamic-pituitary-adrenal axis</i> (HPAA) although some accounts include this in the alarm stage.</li> <li>• If stressors persist and cannot be overcome, the resistance of the individual sooner or later gives way to <b>exhaustion</b>. 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.</li> </ul> <p>Note that the above is intended to enable examiners to check the accuracy of answers. Not all this detail is required for 6 marks.</p>	<p><b>6</b></p>	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of the General Adaptation Syndrome that demonstrates relevant knowledge. For example, there is an account of the 3 stages of the GAS with detail of each stage.</p>
	<p><b>5-4</b></p>	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description/explanation of the General Adaptation Syndrome that demonstrates relevant knowledge. For example, the 3 stages are identified but not all are fully elaborated.</p>
	<p><b>3-2</b></p>	<p><b>Basic</b></p> <p>The candidate provides a basic description/explanation of the General Adaptation Syndrome that demonstrates some relevant knowledge, but lacks detail and may be muddled. For example, correctly identifying the 3 stages would be worth 2 marks. Some further detail on one of them could be worth 3 marks.</p>
	<p><b>1-0</b></p>	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description that is very brief/flawed. For example (for one mark), a stage is correctly named. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding.</p>



2 (b) Describe the findings and conclusions of **one** study into life changes as a source of stress.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>Candidates are likely to focus on the work of Holmes and Rahé and their development and use of the Social Readjustment Rating Scale (or, simply, the life events/changes scale). Findings and/or conclusions could cover their original work in developing the scale, or later studies applying the scale to eg naval personnel, and correlating life change scores with subsequent illness. General statements on the link between life changes and illness are technically related to findings and so creditworthy, but are likely to be basic and lacking detail and so restricted to 1-2 marks. Evaluation of Holmes and Rahé's development work and/or studies is not required and would not earn marks. Some candidates may introduce the hassles and/or uplift scales. These are not life changes scales and such material should not receive credit.</p> <p>There should be some reference to the actual results of the study to justify awarding marks for findings.</p> <p>Findings from case studies are acceptable, but the study must be identifiable as published research and not anecdotal.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of the findings and conclusions of one study into life changes as a source of stress that demonstrates relevant knowledge and understanding. For example, the candidate provides a detailed account of the main findings and overall conclusion of the Holmes and Rahé's study.</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description of the findings and conclusions of one study into life changes as a source of stress that demonstrates knowledge and/or understanding. For example, the candidate provides an account of findings in some detail, with only a brief mention of conclusions, or a balanced account of both in less detail. If only findings or conclusions maximum 4 marks.</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic description of the findings and conclusions and findings of one study into life changes as a source of stress that demonstrates some knowledge and/or understanding, 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.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description that is very brief/flawed. Or the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of a relevant study.</p>

**2 (c)** 'When faced with the same stressors, men and women may react differently.'

Discuss the role of gender in modifying the effects of stress.

(18 marks)

<p><b>Marking Criteria</b></p>	<p><b>AO1</b> credit should be given for description of the role played by gender in modifying the effects of stress. It can also be given for description of mechanisms by which gender may affect the stress response (ie theory).</p> <p><b>AO2</b> credit should be given to any legitimate attempt to analyse and evaluate the possibility of a link between stress and gender, including relevant research studies (see below*) and comparisons between competing explanations.</p> <p>It has been suggested that men and women respond differently to stress because of biological make-up. For example, Frankenhaeuser et al (1976) compared boys and girls taking examinations and found that boys showed a more rapid rise in stress hormone levels, which took longer to return to normal. Performance in the exam was similar, as were reported levels of stress. This finding is echoed in a number of studies: men show more arousal when stressed than women. Other research has suggested that gender and personality may interact. Thus, women seem to be less likely to show Type A personality behaviour. Yet other research suggests that the differences have a social origin, rather than biological. For example, women have more extensive, and by implication more supportive, social networks, and this may account for lower mortality rates in women.</p> <p>The question is concerned with how gender modifies the effects of stress, so an answer that merely enumerates differences in the types of stress faced by men and women (eg lifestyle) is not appropriate. It is necessary, for example, to consider the interaction between the type of stress and how it is dealt with in order to gain credit.</p>
	<p>Candidates may attempt to introduce aspects of personality or cultural differences. Such material cannot receive credit unless it is clearly related to gender. This could be through arguing that gender differences may arise from, or interact with, cultural or personality factors. For example, women seem to be less likely to show Type A personality behaviour. Alternatively, candidates may attempt to compare the relative importance of gender with other factors (this would normally be credited as AO2).</p> <p>*Because of the wording of this question, using research studies will almost always be creditworthy as AO2 rather than AO1. This will include procedures. However, lengthy descriptions of procedures are unlikely to contribute significantly to the quality of the AO2 material.</p>

2 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
6	<p><b>AO1:</b> Description of the role of gender in modifying the effects of stress</p> <p><b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed description of the role of gender in modifying the effects of stress, which demonstrates relevant knowledge and understanding. For example, the candidate presents an overview of gender differences in coping with stress and/or appropriate description of mechanisms.</p>	12-10	<p><b>AO2:</b> Evaluation of the role of gender in modifying the effects of stress</p> <p><b>Informed commentary</b> 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.</p>
5-4	<p><b>Less detailed but generally accurate</b> The candidate provides a less detailed, but generally accurate, description of the role of gender in modifying the effects of stress, which demonstrates relevant knowledge and/or understanding. For example, only one aspect of gender differences may be considered, but with reasonable detail.</p>	9-7	<p><b>Reasonable commentary</b> 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.</p>
3-2	<p><b>Basic</b> The candidate provides a basic description of the role of gender in modifying the effects of stress that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, some gender differences may be listed, but with little further explanation.</p>	6-4	<p><b>Basic commentary</b> 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.</p>
1-0	<p><b>Very brief/flawed or inappropriate</b> The candidate provides a description that is very brief/flawed. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of the role of gender in modifying the effects of stress.</p>	3-0	<p><b>Rudimentary/absent or irrelevant commentary</b> 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.</p>

**SECTION B: INDIVIDUAL DIFFERENCES**

**3 (a)** Describe the findings and conclusions of **one** study into psychological explanations of eating disorders. (6 marks)

<p><b>Marking Criteria</b></p> <p>Studies that have investigated anorexia or bulimia are acceptable for this question. Some studies have looked at both.</p> <p>An example of a suitably psychologically-orientated study is Field et al (1999). This found that both peers and media influences were significant in the development of Bulimia. Tyrka et al (2002) studied predictors of both anorexia and bulimia. Relevant to the psychoanalytic perspective, Romans et al (2001) found evidence of a link between childhood sexual abuse and eating disorders. Other studies have looked at experiences in different cultures. For example, Fearn (1999) found evidence of increased eating disorders after American TV programmes emphasising thinness became available. All these studies conclude that psychological factors/processes are implicated in eating disorders to a greater or lesser degree.</p> <p>Findings from case studies are acceptable, but the study must be identifiable as published research and not anecdotal, as in, for example, the case of Princess Diana.</p>	<p><b>Marks</b></p> <p><b>6</b></p> <p><b>5-4</b></p> <p><b>3-2</b></p> <p><b>1-0</b></p>	<p><b>Performance Descriptions</b></p> <p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description of the findings/conclusions of research into psychological explanations of eating disorders that demonstrates relevant knowledge and understanding. For example, the candidate provides a detailed account of the main findings and overall conclusion of the study.</p> <p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description of the findings/conclusions of research into psychological explanations of eating disorders that demonstrates knowledge and/or understanding. For example, the candidate provides an account of findings in some detail, with only a brief mention of conclusions, or a balanced account of both in less detail. If only findings or conclusions maximum 4 marks.</p> <p><b>Basic</b></p> <p>The candidate provides a basic description of the findings/conclusions of one study into psychological explanations of eating disorders that demonstrates some 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.</p> <p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description that is very brief/flawed. Or the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of relevant findings.</p>
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(3 marks + 3 marks)

3 (b) Outline **one** definition of abnormality. Explain **one** limitation of this definition of abnormality.

Marking Criteria	Marks	Performance Descriptions
<p>Candidates are likely to outline one of the definitions listed in the specification: statistical, deviation from social norms, ideal mental health or failure to function adequately. However, alternatives would also be relevant. For example, abnormality can also be defined in terms of classification systems such as DSM and ICD, which are not on the AS specification but candidates also attempting Module 5 could refer to them. However, models of abnormality (eg behaviourist) are clearly separated from definitions in the specification and cannot receive credit.</p> <p>All definitions have significant limitations. These drawbacks may be specific (eg the difficulties of deciding cut-off points in the statistical deviation definition) or generic. For example, cultural relativism affects the different approaches to some degree or other.</p>	3	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed description/explanation of the definition/limitation that demonstrates knowledge and understanding. For example, there is either a clear <b>outline</b> of the definition based on deviation from statistical norms, or a clear explanation of a <b>limitation</b> in terms of the inability to decide a cut-off point (perhaps using an appropriate example).</p>
	2	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description/explanation of the definition/limitation that demonstrates knowledge and/or understanding. For example, the outline/limitation lacks clarity (perhaps through lack of an appropriate example).</p>
	1	<p><b>Basic</b></p> <p>The candidate provides a basic description/explanation of the definition/limitation that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, the definition or limitation is identifiable, but with little detail.</p>
	0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a flawed or inappropriate description/explanation that fails to demonstrate any knowledge or understanding of the definition/limitation.</p>

**3 (c) Outline the biological (medical) model of abnormality and consider strengths and limitations of this model. (18 marks)**

**Marking Criteria**

**AO1** is the outline of the biological (medical) model of abnormality. This will 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. This would include identification of the strengths/limitations, consideration of applicability (eg success or otherwise of treatments), as well as research studies used as evaluation.

The underlying assumption of this model is that mental illnesses resemble physical illnesses, and can therefore be diagnosed and treated in a similar way. Genetic factors, biochemical imbalances or changes to the nervous system are assumed causes of mental illnesses, hence the medical model is also a biological model.

Assuming that psychological disorders are the result of biological factors is not without its problems. The classification of physical illnesses involves observation and measurement of objective symptoms, whereas with mental illnesses, the symptoms are much more subjective — eg feelings of despair, lack of energy or hearing voices. These cannot be easily measured, so the clinician must make a judgement based largely on experience.

Another difference between physical and mental illness is that diagnosis of physical illness can normally relate to the causes of the problem (aetiology). However, the causes of many mental illnesses are still largely hypothetical. This has an important consequence for treatments based on the biomedical model, as they can be criticised as focusing only on the symptoms.

A further criticism directed at the medical model, particularly by the humanistic and existentialist position, is that, in encouraging the view that people who suffer from mental disorders are ‘patients’, responsibility is handed over to doctors and other professionals. The individual is discouraged from taking control of his or her own life and as a consequence his or her problems will ultimately remain unresolved.

Against these negative criticisms could be set the undeniable progress that has been made in understanding the biological basis of many mental disorders (especially schizophrenia) and the successful development of bio-medical treatments.

In summary, the **strengths** of the medical model are:

- The model is based on well-established sciences such as medicine
- There is evidence that biochemical and genetic factors are associated with some mental illnesses: schizophrenia, for example
- It provides a structured and logical system of diagnosis and treatment
- If mental illness has a physical cause, patients cannot be blamed – the person is not responsible for the abnormal functioning.

The **weaknesses** of the medical model are:

- The model does not explain the success of purely psychological treatments for mental illnesses
- For most mental illnesses, there is no definite proof of a physical cause
- The model does not include consideration of social and cultural factors which do seem to be statistically linked to mental illness, eg higher rates of mental illness amongst the poor
- Even if physical changes are associated with mental disorders, it is not clear whether they are the cause or the effect of the illness.

Strictly speaking, both strengths and limitations are required for full marks. However, a balanced account of both is not required, though if this is not evident, this may indicate a lack of effective analysis in AO2.

Examples of biological explanations of specific disorders may be given (eg schizophrenia). These can be credited (AO1) to the extent to which they illustrate the main features of the model.

3 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
6	<p><b>AO1:</b> Outline description of biological model</p> <p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed outline of the biological/medical model of abnormality that demonstrates knowledge and understanding. For example, there is a detailed account of core assumptions/features in detail, or a greater number in less detail.</p>	12-10	<p><b>AO2:</b> Strengths and limitations of biological model</p> <p><b>Informed commentary</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate description/explanation of the biological/medical model of abnormality that demonstrates knowledge and/or understanding. For example, there is an account of one or two basic assumptions/features in some detail, or a number in basic detail.</p>	9-7	<p><b>Reasonable commentary</b></p> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul>
3-2	<p><b>Basic</b></p> <p>The candidate provides a basic outline of the biological/medical model of abnormality that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, the model is identifiable and correctly described but with little detail.</p>	6-4	<p><b>Basic commentary</b></p> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description that is very brief/flawed. Or the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of the biological/medical model.</p>	3-0	<p><b>Rudimentary/absent or irrelevant commentary</b></p> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation just discernible.</li> </ul>

4 (a) Explain **one or more** assumptions of the cognitive model in relation to causes of abnormality. (6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>A reasonable answer to this question might state that 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. An appropriate example (say of eating disorders) could be to amplify the description of the assumptions, but is not necessary.</p> <p>Some answers may be quite specific about causal mechanisms; for example, the link between 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 that they illustrate specific assumptions. However, this may be difficult if the candidate has not identified the assumptions in the first place.</p> <p>Assumptions about treatments are not required. However, since they frequently derive from assumptions about causality, assumptions about treatments can in some circumstances be relevant. Mere descriptions of treatment methods are unlikely to gain credit.</p>	6	<p><b>Accurate and reasonably detailed</b></p> <p>The candidate provides an accurate and reasonably detailed explanation of assumption(s) of the cognitive model that demonstrates knowledge and understanding. For example, the candidate accurately explains a number of assumptions of the model, or one of these in more detail.</p>
	5-4	<p><b>Less detailed but generally accurate</b></p> <p>The candidate provides a less detailed but generally accurate explanation of assumption(s) of the cognitive model that demonstrates knowledge and/or understanding. For example, one assumption is explained with limited detail.</p>
	3-2	<p><b>Basic</b></p> <p>The candidate provides a basic explanation/outline description of assumption(s) of the cognitive model that demonstrates some knowledge and/or understanding but lacks detail and may be muddled. For example, the candidate may give an example of distorted thinking, without explaining the assumption.</p>
	1-0	<p><b>Very brief/flawed or inappropriate</b></p> <p>The candidate provides a description that is very brief/flawed. Or the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of the cognitive model's assumption(s).</p>



4 (b) Outline **one** explanation of eating disorders.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p><b>Biological</b> models suggest a variety of factors, including:</p> <ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Hypothalamic dysfunction</li> <li>• Neurotransmitter imbalance (which may be linked to protein imbalances in diet)</li> <li>• Brain damage or infection</li> </ul>	<p><b>6</b></p>	<p><b>Accurate and reasonably detailed</b> The candidate provides an accurate and reasonably detailed outline of an explanation of eating disorders that demonstrates relevant knowledge and understanding. For example, there is an account of one aspect of the biological explanation (hypothalamic dysfunction) in detail, or the generic biological explanation in less detail.</p>
<p><b>Psychological</b> models include:</p> <ul style="list-style-type: none"> <li>• Behaviourist (including SLT)</li> <li>• Psychodynamic</li> </ul>	<p><b>5-4</b></p>	<p><b>Less detailed but generally accurate</b> The candidate provides a less detailed but generally accurate outline of an explanation of eating disorders that demonstrates relevant knowledge and/or understanding. For example, a number of biological factors associated with an ED might be outlined, but mechanisms are not discussed.</p>
<p>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:</p>	<p><b>3-2</b></p>	<p><b>Basic</b> The candidate provides a basic outline of an explanation of eating disorders that demonstrates some relevant knowledge and/or understanding, but lacks detail and may be muddled. For example, the factors associated with the biological explanation are listed but not elaborated.</p>
<p>“AN has been explained in terms of neurotransmitters. Studies have shown correlations between anorexia and, for example, changes in noradrenalin and serotonin levels in the brain. It is suggested that noradrenalin 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.”</p> <p>Many explanations are common to both AN and bulimia, so it is not always necessary for the candidate to identify the particular type of disorder where this is the case.</p> <p>Evaluation is not necessary. However, citing research could be creditworthy if it amplifies the description of the explanation.</p>	<p><b>1-0</b></p>	<p><b>Very brief/flawed or inappropriate</b> The candidate provides a description that is very brief/flawed. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding.</p>

4 (c) Outline **two or more** definitions of abnormality and consider the limitations of the definitions that you have outlined. (18 marks)

<b>Marking Criteria</b>	
<p><b>AO1</b> is the outline description of two or more definitions of abnormality, including the use of appropriate examples that illustrate the definition.</p> <p><b>AO2</b> is an analysis and evaluation of the definitions in terms of limitations. This would include description of any appropriate examples or research studies used as evaluation.</p> <p>Although at least two definitions should be given, there is no requirement to cover them in equal depth.</p> <p>Candidates are likely to outline and evaluate the definitions listed in the specification, but alternatives would also be relevant. For example, abnormality can also be defined in terms of classification systems such as DSM and ICD, which are not on the AS specification, but candidates also attempting Module 5 could refer to them. However, models of abnormality (eg behaviourist) are clearly separated from definitions in the specification and cannot receive credit.</p> <p>All definitions have significant drawbacks. These drawbacks may be specific (eg the difficulties of deciding cut-off points in the statistical deviation definition) or generic. For example, cultural relativism affects the different approaches to some degree or other, but it could be seen to be more relevant to a social norm model than a statistical one. Weaker candidates sometimes have trouble distinguishing between different definitions. This will inevitably affect the clarity of the evaluation, but some potential credit is available in so far as generic themes are identifiable.</p> <p>Better candidates should be able to make effective use of cross-cultural examples of abnormality to explain the issue of cultural relativism.</p>	<p>The question only asks for limitations to be given. However, candidates could conceivably use strengths to qualify the extent of the limitations. This would be creditworthy as AO2.</p> <p>There is no requirement for candidates explicitly to compare definitions, but this could be seen as part of general commentary and evaluation and can therefore receive credit.</p> <p>Describing and/or evaluating just one definition is partial performance in both AO1 and AO2 respectively. However, in the latter case, examiners should be alert to the possibility that a criticism can be implicitly generic to a number of definitions.</p>

4 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
6	<p><b>AO1:</b> Description of two or more definitions of abnormality</p> <p><b>Accurate and reasonably detailed</b> 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 in less detail.</p>	12-10	<p><b>AO2:</b> Consideration of the limitations of two or more definitions</p> <p><b>Informed commentary</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Effective analysis and evaluation of material.</li> <li>• Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth.</li> <li>• The structure is generally clear and coherent.</li> </ul>
5-4	<p><b>Less detailed but generally accurate</b> 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 some detail, or a number in basic detail. <i>If only one definition is given, then the maximum mark is 4.</i></p>	9-7	<p><b>Reasonable commentary</b></p> <ul style="list-style-type: none"> <li>• There is appropriate selection of material to address the question, but this is not always used effectively to produce a reasonable commentary.</li> <li>• Reasonable analysis and evaluation of material.</li> <li>• A range of issues and/or evidence in limited depth, or a narrower range in greater depth.</li> </ul> <p><i>If only one definition is addressed, then the maximum mark is 8.</i></p>
3-2	<p><b>Basic</b> The candidate provides a basic outline of the two or more definitions of abnormality that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, the definitions are identifiable and correctly described but with little detail.</p>	6-4	<p><b>Basic commentary</b></p> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a basic commentary.</li> <li>• Basic analysis and evaluation of material.</li> <li>• Superficial consideration of a restricted range of issues and/or evidence.</li> </ul>
1-0	<p><b>Very brief/flawed or inappropriate</b> The candidate provides a description that is very brief/flawed. <b>Or</b> the candidate gives an inappropriate description that fails to demonstrate any knowledge and understanding of the definition(s).</p>	3-0	<p><b>Rudimentary/absent or irrelevant commentary</b></p> <ul style="list-style-type: none"> <li>• The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant.</li> <li>• Analysis and evaluation just discernible.</li> </ul>

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**Assessment Grid**

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