

GCE 2004

June Series



Mark Scheme

Psychology A *(PYA2)*

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Dr. Michael Cresswell Director General

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

2 marks	The work is characterised by the ACCURATE and CLEAR expression of ideas, a BROAD RANGE of specialist terms and only MINOR ERRORS in grammar, punctuation and spelling.
1 mark	The work is characterised by a REASONABLE expression of ideas, the use of a REASONABLE RANGE of specialist terms and FEW ERRORS of grammar, punctuation and spelling.
0 marks	The work is characterised by a POOR expression of ideas, LIMITED USE of specialist terms and POOR grammar, punctuation and spelling.

ASSESSMENT OBJECTIVES ONE AND TWO

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

SECTION A: PHYSIOLOGICAL PSYCHOLOGY

1

Total for this question: 30 marks

(a)	(i)	Outline one psychological method of stress management (e.g. increasing hardiness, stress-inoculation). <i>(3 marks)</i>
	(ii)	Outline one strength of the psychological method of stress management you have outlined in (i). <i>(3 marks)</i>

Marking criteria

Although the specification refers specifically to the methods mentioned in the question, other methods can be justified as having a substantial psychological component. In fact only drugs would be immediately excluded. Any outline must, however, directly or indirectly refer to the psychological element of the method of stress management. If less structured methods such as meditation or relaxation are used, the outline must still be detailed and accurate for marks in the top bands. As the specification refers to ‘methods’ and ‘approaches’ interchangeably, an answer of a more conceptual or overview nature would be acceptable.

One strength of the approach is required. For cognitive-behavioural approaches this could be the focus on analysing and tackling the causes of stress, while for others it may be an increased sense of self-efficacy. A legitimate though oblique approach would be that they avoid the negative effects of physiological approaches, such as the side effects of drugs.

Parts (i) and (ii) are linked. However a candidate may receive no marks for (i) (e.g. by simply naming a method but not providing a relevant outline), but still be eligible for marks in part (ii).

Marking allocations

Outline of one method:

3 marks	Outline of one psychological method is both accurate and detailed . For example, the candidate names the stages of stress-inoculation training accurately and with some elaboration.
2 marks	Outline of one psychological method is limited . It is generally accurate but less detailed . For example, the candidate only names the stages of stress-inoculation training.
1 mark	Outline of one psychological method is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may name only one or two of the stages of stress-inoculation training.
0 marks	Outline of one psychological method is inappropriate (for example the candidate may offer non-psychological methods) or incorrect .

Outline of one strength:

3 marks	Outline of one strength of a psychological method is both accurate and detailed . For example the candidate refers to the focus of stress-inoculation training on identifying the sources of stress.
2 marks	Outline of one strength of a psychological method is limited . It is generally accurate but less detailed . For example the candidate refers to the focus of stress-inoculation training on identifying the sources of stress but with less detail.
1 mark	Outline of one strength of a psychological method is basic, lacking detail , and may be muddled and/or flawed . For example the candidate provides only a basic or muddled account of the focus of stress-inoculation training on identifying the sources of stress.
0 marks	Outline of one strength of a psychological method is inappropriate (for example, the candidate may refer to a strength of another method) or incorrect .

(b) Outline findings of research (theories and/or studies) into workplace stressors.	(6 marks)
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Marking criteria

There are a large number of workplace stressors, including responsibility (or lack of), control (or lack of), relationships, the physical work environment, home-work interface etc. Findings could include research on the role of workplace stressors in causing health problems, lowered productivity, absenteeism etc, or comments on the possible mechanisms involved e.g. machine-paced work and the loss of control. In relation to research studies such as Johansson and Marmot, candidates can legitimately choose either to focus on one or two or to review a range of different studies (breadth/depth trade-off). There is no partial performance penalty on this question.

It is possible that candidates may introduce studies not directly linked to the workplace, such as Brady's monkeys or research into temperature and noise on stress and aggression. Where no explicit link to the workplace is made by the candidate such material can receive a maximum of 2 marks. Where the material is linked clearly and explicitly it can receive marks across the range.

Marking allocations

For each workplace stressor:

6-5 marks	Outline of findings of research into workplace stressors is accurate and detailed . For example, the candidate may offer a detailed and accurate account of low control and why it is stressful, using research findings or describing the possible mechanisms involved.
4-3 marks	Outline of findings of research into workplace stressors is limited . It is generally accurate but less detailed . For example, the candidate may offer a less detailed but generally accurate account of low control and why it is stressful, using research findings or describing the possible mechanisms involved.
2-1 mark	Outline of findings of research into workplace stressor is basic, lacking detail and may be muddled and/or flawed . For example, the candidate may simply identify one stressor without explaining why it is stressful.
0 marks	Outline of findings of research into workplace stressors is inappropriate (for example, the candidate has offered material unrelated to workplace stressors) or the description is incorrect .

(c) Outline and evaluate research (theories **and/or** studies) into life changes as a source of stress. (18 marks)

Marking criteria

In this part of the question the **AO1** criteria are satisfied by the *outline* of research (theories and/or studies) into life changes as a source of stress. **AO2** criteria are satisfied by an evaluation of this research.

Candidates are likely to focus on the Holmes-Rahe approach and its successors (e.g. Sarason's life events scale). Research includes both theory and studies, so the development of scales would be relevant. Better answers should be able to evaluate the Holmes-Rahe approach in terms of its methodology and also via findings (e.g. the low or absent correlations between life event scores and stress-related illness), and also perhaps to discuss the improved approach of e.g. Sarason. The hassles and uplifts scales do not involve major life events, but were developed as an alternative approach; thus they could be introduced as effective evaluation of the life event approach. If they are not linked in as evaluation, they cannot receive credit.

Better candidates may also be able to discuss the variety of sources of stress in everyday life at a more general level, pointing out the problems in concentrating on only one aspect. It is very unlikely, but if candidates focus on practical issues of doing this type of research e.g. finding sufficient participants, this would be relevant and creditworthy.

Candidates may introduce further theories/studies on life changes as a source of stress as a form of commentary/evaluation. The degree to which candidates use this material as part of a critical commentary, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for AO2. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as 'just discernible'.

Marking allocations

AO1

6-5 marks	Outline of research into life changes as a source of stress is both accurate and detailed . For example, the candidate has described the development of the Holmes-Rahe scale and presented a relevant study.
4-3 marks	Outline of research into life changes as a source of stress is limited . It is generally accurate but less detailed . For example, the candidate has provided a generally accurate but less detailed account of the development of the Holmes-Rahe scale and/or a less detailed account of a relevant study.
2-1 marks	Outline of research into life changes as a source of stress and of relevant research evidence is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has provided only a basic or muddled account of the Holmes-Rahe scale or of a relevant study.
0 marks	Outline of research into life changes as a source of stress is inappropriate or incorrect .

AO2

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

2

Total for this question: 30 marks

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|--|------------------|
| (a) Describe the findings and conclusions of one study of the relationship between stress and cardiovascular disorders. | <i>(6 marks)</i> |
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Marking criteria

There are many studies on links between stress and heart disease, but candidates are likely to focus on the Friedman and Rosenman Type A material, and in particular the Western Collaborative Group study. This would give them ample opportunity to balance the description of findings (rates of cardiac disease in the experimental groups) with the conclusions (vulnerability of Type A people to stress-related cardiac disease, with details of the relative rates in the different groups). Other studies may lend themselves to less balanced presentations, but overall description could still match the criteria for the top band. Research into workplace stress could also be relevant to this question.

It is possible that some candidates may present studies with only implicit links to cardiovascular disorders e.g. Holmes and Rahe's work on stress and general illness outcomes, which could include cardiovascular disorders even if not mentioned as such by the candidate. If there is some such implicit linkage, such answers can receive a maximum of 2 marks. Statements that clearly refer to 'aims' or 'procedures', or that are evaluative, cannot receive credit.

Marking allocations

6-5 marks	The description of the findings and conclusions of one study is both accurate and detailed . For example, the candidate has covered both findings and conclusions, although not necessarily in the same amount of detail.
4-3 marks	The description of the findings and conclusions of one study is limited . It is generally accurate but less detailed . Alternatively, description of either the findings or the conclusions is accurate and detailed.
2-1 marks	The description of the findings and conclusions of one study is basic, lacking detail , and may be muddled and/or flawed . Alternatively, description of either the findings or the conclusions is generally accurate but less detailed .
0 marks	The description of the findings and conclusions of one study is inappropriate (for example, the candidate had outlined a study which was not concerned with stress and cardiovascular disorders) or the outline is incorrect .

(b) Outline findings of research (theories **and/or** studies) into the role of control in stress. (6 marks)

Marking criteria

There are many studies on the role of control in reactions to stress. Popular choices would be Brady's executive monkeys with or without Weiss's follow-up with rats, and Seligman's work on learned helplessness in humans and non-human animals. Some workplace studies also focus on 'control'. The emphasis is on 'findings', and detail and accuracy are essential for marks in the higher bands (Brady's work is often a problem in this regard). *Descriptions* of concepts such as 'locus of control' would not earn marks, but reference to findings from theories/explanations (such as an internal locus protecting against stress) would be relevant. Candidates may elaborate findings into conclusions; where the boundary is unclear this should be treated sympathetically.

Candidates are likely to outline findings from more than one study. However, outline of findings from one study could be given in sufficient detail for marks in the top band.

Marking allocations

6-5 marks	Outline of findings of research into the role of control is both accurate and detailed . For example, the candidate has presented a number of findings from Brady's Executive Monkey study accurately and in detail.
4-3 marks	Outline of findings of research into the role of control is limited . It is generally accurate but less detailed . For example, the candidate has presented a limited number of findings from Brady's Executive Monkey study accurately but without much detail.
2-1 marks	Outline of findings of research into the role of control is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate has offered only a muddled and/or flawed account of the findings from Brady's Executive Monkey study.
0 marks	Outline of findings of research into the role of control is inappropriate (for example, the candidate has outlined findings not concerned with control) or the outline is incorrect .

- (c) Outline and evaluate research (theories **and/or** studies) into the role of culture **and/or** gender in modifying the effects of stressors. (18 marks)

Marking criteria

AO1 credit should be given for the description of how culture and/or gender may modify the effects of stressors. This could include relevant research studies and/or models and theories.

AO2 credit should be given for the *analysis* and *evaluation* of research studies and theories and the effective use of this material in considering the *extent* to which culture and/or gender do modify the effects of stressors.

There is no doubt that the effects of stressors can be modified by gender and by aspects of culture. **AO2** skills can be demonstrated by how well the candidate analyses relevant research and models and to what extent they can comment on the role of culture and/or gender in reactions to stress. There have been many studies on the role of culture in modifying the effects of stressors, including differing patterns of social support, different susceptibilities of ethnic groups to stress-related illnesses such as hypertension, and the distribution of stress-vulnerable personalities (e.g. Type A) across cultures. Candidates should be able to describe and comment on some of these. Similarly candidates may do the same with studies of gender differences in physiological reactivity and other areas such as social support. Analysis and commentary could involve criticism of individual studies or an assessment of the general level of research support for the **AO1** material. If candidates discuss both culture and gender, the two elements do not have to be equally weighted for marks in the top bands. Evidence is generally presented as supporting a role for these factors in the effects of stressors, and candidates do not need to present a balanced argument ('is influenced v. is not influenced') to gain marks in the top band.

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

Marking allocations

AO1

6-5 marks	Description of the role of culture and/or gender on stress is both accurate and detailed e.g. the candidate may offer an accurate account of a range of research findings into culture and stress, or detail of one study.
4-3 marks	Description of the role of culture and/or gender on stress is limited . It is generally accurate but less detailed . For example, the candidate may offer only an outline of research into culture and stress.
2-1 marks	Description of the role of culture and/or gender on stress is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a basic and muddled account of research into culture and stress.
0 marks	Description of the role of culture and/or gender on stress is inappropriate (for example, the candidate may describe research unrelated to culture and/or gender) or the description is incorrect .

AO2

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

SECTION B: INDIVIDUAL DIFFERENCES**3****Total for this question: 30 marks**

- (a) (i) Explain what is meant by the “deviation from ideal mental health” definition of abnormality.
(3 marks)
- (ii) Explain what is meant by the “failure to function adequately” definition of abnormality.
(3 marks)

Marking criteria

Answers are likely to vary in the level of detail provided. General statements on failure to function adequately or deviations from ideal mental health are unlikely to move out of the 1 mark band. Detail can be provided in terms of examples or specific criteria; these could include maladaptiveness, unpredictability, irrationality, and personal distress for (ii), and deviations from self-esteem, personal growth, autonomy, and perception of reality for (i).

Strengths and/or limitations are not required, and evaluative material should not receive credit.

Marking allocations

For each definition:

3 marks	Explanation of one definition of abnormality is both accurate and detailed . For example, the candidate provides accurate and detailed examples of ‘failure to function adequately’.
2 marks	Explanation of one definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate may provide less detailed but generally accurate examples of ‘failure to function adequately’.
1 mark	Explanation of one definition of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may provide only a basic description of ‘failure to function adequately’.
0 marks	Explanation of one definition of abnormality is inappropriate (for example, the candidate may explain an inappropriate definition) or the explanation is incorrect .

- (b) Outline **three** differences in the clinical characteristics of anorexia nervosa and bulimia nervosa.
(2 marks + 2 marks + 2 marks)

Marking criteria

The emphasis in this question is on differences. Simple lists of clinical characteristics should not therefore earn marks. Differences between anorexia and bulimia include such aspects as eating patterns, weight loss (or not), amenorrhoea, compensatory behaviours (purging, exercise) etc. To reach the top band, candidates should be able to elaborate on a simple statement of a difference e.g. restricted food intake in anorexia versus the binge-purge pattern of bulimics.

Marking allocations

For each outline:

2 marks	Outline of one difference is both accurate and detailed . For example the candidate compares the 15% body weight loss criterion for anorexia with the slight or absence of weight loss in bulimia.
1 mark	Outline of one difference is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic account of weight loss in anorexia and absence of weight loss in bulimia.
0 marks	Outline of one difference is inappropriate or incorrect . For example, the candidate may simply list the characteristics of each condition.

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

Marking criteria

AO1 credit can be gained by a description of the biological model of abnormality, including assumptions of the model in relation to the causes of treatment of abnormality. Descriptions of treatments would be creditable as **AO1**. *Statements* of strengths and limitations would be part of the *consideration* aspect of the question and therefore earn marks under **AO2**. Further **AO2** credit can be earned through the effective consideration of the strengths and limitations of the biological model, which can include the *description* and *evaluation* of relevant research. Where studies such as Holland et al's MZ/DZ twin work are described and evaluated but *not* linked explicitly to the question, they can receive a maximum of **4** marks for **AO1** and **4** marks for **AO2**.

Candidates following the Specification should be aware of the assumptions of the biological model in relation to the causes and treatment of abnormality i.e. its focus on genetics, neurotransmitters, neurophysiology, neuroanatomy etc. and treatment via drugs, ECT, and psychosurgery. This approach can be criticised for ignoring environmental and developmental influences, and alternative approaches can be used to emphasise this problem. However other approaches must be used in an explicitly evaluative way to gain credit. Limitations of treatments include ethical issues, dependency and side effects of drugs (and ECT), the irreversibility of psychosurgery etc. Strengths of the biological model include its testability via neuroscience research, evidence for genetic and neurotransmitter involvement in conditions such as schizophrenia, and the effectiveness of drugs in some disorders. The perception of the patient is another important consideration, and can be either a strength (taking responsibility for psychological disorder away from the individual) or a limitation (imposing the 'patient' role on the individual; labelling and stereotyping).

The Specification also includes biological and psychological models of eating disorders, along with relevant research studies, and this material would be directly relevant to this question as a way of illustrating the strengths and limitations of the biological model.

Strengths *and* limitations are required, so there is a partial performance penalty under AO2 for candidates covering only one category.

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

Marking allocations**AO1**

6-5 marks	The account of the biological model of abnormality is both accurate and detailed . For example, the candidate may offer an accurate and detailed account of the role of genetics and neurotransmitters in the causes of abnormality, and/or describes treatments based on the model.
4-3 marks	The account of the biological model of abnormality is limited . It is generally accurate but less detailed . For example, the candidate may offer a generally accurate but less detailed account of the role of genetics and neurotransmitters in the causes of abnormality, and/or a less detailed description of treatments based on the model.
2-1 marks	The account of the biological model of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate may offer only a muddled and flawed account of the role of genetics or neurotransmitters in the causes of abnormality, or only a muddled account of treatments based on the model.
0 marks	The account of the biological model of abnormality is inappropriate (for example, the account does not refer to the biological model) or incorrect .

AO2

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

4

Total for this question: 30 marks

- (a) (i) Outline **one** assumption of the behavioural model in relation to the treatment of abnormality. (3 marks)
- (ii) Outline **one** assumption of the cognitive model in relation to the treatment of abnormality. (3 marks)

Marking criteria

The behavioural model assumes that abnormal behaviour is learnt through processes such as classical and operant conditioning and social learning. Assumptions regarding treatment therefore concentrate on replacing faulty learning with new associations. Techniques such as systematic desensitisation, aversion therapy, and token economies are designed to extinguish inappropriate responses and/or reward desirable behaviour.

The cognitive model assumes that abnormal behaviour is caused by faulty cognitions, such as Beck’s triad (pessimistic assumptions about the self, the world, and the future). Treatment strategies therefore focus on challenging these faulty cognitions and persuading the client to adopt more realistic and adaptive cognitive strategies. Candidates may receive credit for fairly general statements of the aims of treatment, or for specific examples such as stress-inoculation training.

Description of treatments which are not linked to *assumptions* of the model can receive a maximum of 1 mark; a description with implicit assumptions would receive a maximum of 2 marks.

Marking allocations

For one assumption in relation to either the behavioural or cognitive model:

3 marks	Outline of one assumption related to treatment is both accurate and detailed . For example, the candidate can provide an accurate outline of the use of systematic desensitisation for phobias, or of the use of cognitive restructuring for maladaptive cognitions, and link them explicitly to assumptions of the model.
2 marks	Outline of one assumption related to treatment is limited . It is generally accurate but less detailed . For example, the candidate can provide a less detailed account of the use of systematic desensitisation for phobias, or of the use of cognitive restructuring for maladaptive cognitions, and link them explicitly or implicitly to assumptions of the model.
1 mark	Outline of one assumption related to treatment is basic, lacking detail , and may be muddled and/or flawed . For example, the role of re-learning or of the need for changing cognitions in treating abnormality are identified but not linked to assumptions of the model, or an appropriate therapy is named.
0 marks	Outline description of one assumption related to treatment is inappropriate (for example, the candidate has described an assumption of the psychodynamic model of abnormality) or the description is incorrect .

(b) Explain how cultural relativism limits two definitions of abnormality. (3 marks + 3 marks)

Marking criteria

The term cultural relativism refers to the idea that decisions as to what is normal and what is abnormal in human behaviour are inevitably value judgements and depend upon the specific cultural context. An effective approach for candidates would be to use one or two examples of how particular definitions are affected by cultural relativity. For some definitions this is fairly easy to illustrate; social norms, for instance, inevitably have culturally-specific aspects and candidates should have examples to back this up e.g. attitudes to hallucinations, cannabilising dead relatives etc. Deviation from ideal mental health and failure to function adequately also have a clear Western industrialised society bias (e.g. emphasis on autonomy and personal growth). It can also be pointed out that statistical infrequency depends absolutely on the culturally-specific statistical norms of behaviour.

Candidates may take a ‘metaview’ and describe the general relevance of cultural relativism to definitions of abnormality. If a definition of abnormality can be identified, credit can be given. If several definitions are covered, the best two should be credited.

Marking allocations

For each definition:

3 marks	Explanation of cultural relativism in relation to one definition of abnormality is both accurate and detailed . For example, the candidate gives an accurate and detailed account of how a definition of abnormality can vary from culture to culture, with effective use of examples.
2 marks	Explanation of cultural relativism in relation to one definition of abnormality is limited . It is generally accurate but less detailed . For example, the candidate gives a less detailed but generally accurate account of how a definition of abnormality can vary from culture to culture, with some use of examples.
1 marks	Explanation of cultural relativism in relation to one definition of abnormality is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of how a definition of abnormality can vary from culture to culture.
0 marks	Explanation of cultural relativism in relation to one definition of abnormality is inappropriate (for example, the candidate does not refer to definitions of abnormality) or incorrect .

(c) Describe **one** explanation of anorexia nervosa and evaluate this explanation using research studies **and/or** alternative explanations. (18 marks)

Marking criteria

In this part of the question **AO1** credit should be given for the description of one explanation of anorexia nervosa. **AO2** credit is earned by the effective use of research evidence and/or alternative explanations in evaluating the chosen explanation. Candidates may present **AO2** material outside these two areas. Such material (e.g. the reductionist nature of biological explanations) can be credited where it is used as commentary on one explanation of anorexia nervosa.

Candidates are usually well-prepared for questions on explanations of anorexia nervosa, and answers should be discriminated on how effectively they use their material. Research studies and explanations cover biological approaches, conditioning, social learning and media influences, and therapeutic intervention based on psychodynamic and family therapy models. Commentary and effective use of material can include evaluation of individual studies as well as support (or not) for their chosen model.

Commentary may also include alternative explanations and appropriate supporting evidence. The degree to which candidates use this material as part of a critical commentary on the chosen explanation, rather than simply *describing* alternatives, will constitute the *effectiveness* of the evaluation and hence the number of marks awarded for **AO2**. Candidates who offer no commentary may still be judged to have selected appropriate material and thus commentary can be described as 'just discernible'. Better candidates may be able to comment on multifactorial approaches to these disorders.

Candidates may choose 'biological' or 'psychological' as umbrella terms covering a range of explanations. If this is made explicit then all material is potentially creditworthy. If it is not clear that this approach is being taken, then the best specific explanation e.g. genetics, social learning, should be credited.

Marking allocations

AO1

6-5 marks	Description of one explanation of anorexia nervosa is both accurate and detailed . For example, the candidate gives an accurate and detailed account of the biological model, referring to genetics and neurotransmitters.
4-3 marks	Description of one explanation of anorexia nervosa is limited . It is generally accurate but less detailed . For example, the candidate gives a generally accurate but less detailed account of the biological model.
2-1 marks	Description of one explanation of anorexia nervosa is basic, lacking detail , and may be muddled and/or flawed . For example, the candidate gives only a basic and muddled account of the biological model.
0 marks	Description of one explanation of anorexia nervosa is inappropriate or the description is incorrect.

AO2

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

ASSESSMENT GRID: JUNE 2004

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