



General Certificate of Education

Psychology 5181

Specification A

Unit 2 (PYA2)

Physiological Psychology and Individual Differences

Mark Scheme

2007 examination - June series

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

2 marks	<p>The work is characterised by some or all of the following:</p> <ul style="list-style-type: none"> • 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	<p>The work is characterised by:</p> <ul style="list-style-type: none"> • 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	<p>The work is characterised by:</p> <ul style="list-style-type: none"> • 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.

1 (a) Identify and explain **one** psychological method of managing the negative effects of stress.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>Psychological methods of stress management include various types of cognitive therapy. The aim of these 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>Commonly known examples of psychological methods include stress inoculation therapy (SIT), increasing hardiness and meditation. Although biofeedback is normally considered to be a physiological technique, some credit is available if the candidate brings out the psychological aspects.</p> <p>Credit can also be given for more 'informal' methods, such as social support, provided the account is psychologically informed and not anecdotal.</p> <p>No evaluation is required, but examiners should be alert to the fact that some candidates may demonstrate greater knowledge of the topic through reference to limitations.</p> <p>If candidates give more than one method, then the one that is best described should be credited.</p>	<p>6</p>	<p>Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed explanation of one psychological approach to stress management that demonstrates relevant knowledge and understanding. For example the candidate might explain in detail the rationale behind the use of meditation or SIT as strategy for coping with stress</p>
	<p>5-4</p>	<p>Less detailed but generally accurate The candidate provides a less detailed but generally accurate explanation of one psychological approach to stress management that demonstrates relevant knowledge and/or understanding. For example the candidate may identify the method and give brief account of the procedure, but make little or no reference to issues such as the rationale behind its use.</p>
	<p>3-2</p>	<p>Basic The candidate provides a basic explanation of one psychological approach to stress management that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example the use of one particular psychological method might be identified but with little elaboration about its appropriate use or effects.</p>
	<p>1-0</p>	<p>Very brief/flawed or inappropriate The candidate provides a very brief/flawed or inappropriate explanation. For example, the method is correctly named/identified (one mark). It may fail to demonstrate any knowledge or understanding of one psychological approach to stress management.</p>

1 (b) Outline findings of research into the workplace as a source of stress.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<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"> • 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 <i>et al</i>, 1997) • Shift work <p>The combined effect of many of these factors is illustrated by Johansson (1975). The researchers studied groups of workers such as sawyers, who have to cut timber into predetermined sizes. The findings of this study showed that 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>Particular occupations are known to be associated with higher stress levels than others, so findings from such research, including some of the above examples, are acceptable.</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>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed description of the findings of research into the workplace as a source of stress that demonstrates relevant knowledge. For example, the candidate provides a detailed account of the findings of one or a selected range of studies, or a less detailed account of a wider range.</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed but generally accurate description of the findings of research into the workplace as a source of stress that demonstrates relevant knowledge. For example, the candidate provides an account of the findings of one study, or a limited account of a wider range of findings.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic description of the findings of research into the workplace as a source of stress 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>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>The candidate provides a very brief/flawed or inappropriate description. It may fail to demonstrate any knowledge of the findings of research into the workplace as a source of stress.</p>

1 (c) 'It has been established that stress can be a major cause of problems, such as heart disease.'

Describe and evaluate research into the relationship between stress and cardiovascular disorders.

(18 marks)

Marking criteria

AO1 credit should be given for description of research studies into stress and cardiovascular disorders (CVD). It can also be for description of mechanisms by which stress and CVD may be linked (ie theory).

AO2 credit should be given to any legitimate attempt to analyse and evaluate the possibility of a link between stress and CVD, including evaluation of relevant research studies and comparisons between competing explanations.

The approach taken could involve either breadth (a number of aspects/studies/theories briefly outlined) or depth (selected research in detail). Note that if only research studies are given (ie one or more 'key' studies), description of the study could be credited under AO1 and evaluation of the study under AO2. However, it is unlikely that sufficient material could be drawn from just one study to achieve the highest bands in AO2. On the other hand, answers that try to cover too much ground may also lack quality in the evaluation of research.

A number of cardiovascular disorders have at some time been associated with stress. Because of prolonged increased blood-flow and the consequent strains placed on the tissues of the circulatory system, proneness to heart attacks and other cardiovascular disorders is increased in individuals who are highly-stressed for long periods. The most researched stress-related condition is that of **hypertension** which is chronic amongst many sufferers of prolonged stress.

However not everyone subjected to chronic stress develops coronary heart disease (CHD). It has been suggested that this may be because the relationship between stress and CHD could be a consequence of a certain **personality type** (ie Type A). However, the research evidence on this is inconclusive.

A large amount of research has focused on **suppressed hostility** (or rage) as a cause of CHD. However, finding valid measures of suppressed rage is difficult, and it is also possible that it only has an influence when other risk factors are present. Thus Harburg *et al.* (1973) looked at the correlation between raised BP and living in high-stress areas of Detroit (low income coupled with high density, mobility, rates of marital break-up, and crime). As expected, higher rates of were found in high-stress areas of the city. Secondly, black men had the highest rates of hypertension, especially those that lived in high-stress areas. But the highest rates were among blacks who lived in high stress areas and who dealt with their anger by suppressing it.

1 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Description of research into the relationship between stress and cardiovascular disorders		AO2: Evaluation of research into the relationship between stress and cardiovascular disorders
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed description of research into the relationship between stress and cardiovascular disorders, which demonstrates relevant knowledge and understanding. For example the candidate presents an overview of research findings, or a narrower range 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, description of research into the relationship between stress and cardiovascular disorders, which demonstrates relevant knowledge and/or understanding. For example, only one research study may be considered, with limited 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 relationship between stress and cardiovascular disorders that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, a number of research findings may be listed, but with little further explanation	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 that is very brief/flawed or an inappropriate description. It may fail to demonstrate any knowledge or understanding of research into the relationship between stress and cardiovascular disorders.	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) Identify and explain **one** physiological method of managing the negative effects of stress.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>The use of drugs and biofeedback figure (and other biologically-based methods, such as exercise) as examples of physiological approaches in the specification so most relevant responses could be expected to be drawn from these. This does not preclude other possibilities (eg relaxation, meditation), providing it is made clear how these are targeting bodily systems.</p> <p>A candidate might identify a generic method such as drugs and provide a relatively broad outline of a number of different aspects (type of drug, methods of action, etc). Such an approach should, in principal, attract as much credit as one that focuses on the action of one particular drug.</p> <p>No evaluation is required, but examiners should be alert to the fact that some candidates may demonstrate further knowledge and/or understanding of the method through reference to limitations.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed explanation of one physiological approach to stress management that demonstrates relevant knowledge and understanding. For example the candidate might explain in detail the rationale behind the use of anti-anxiety drugs as a (short term) management strategy for stress</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed but generally accurate explanation of one physiological approach to stress management that demonstrates relevant knowledge and/or understanding. For example the candidate may identify the use of drugs as a method and give a list of different types of drugs that could be prescribed, but make little reference to issues such as the rationale behind their use.</p>
	3-2	<p>Basic</p> <p>The candidate provides a basic explanation of one physiological approach to stress management that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example the use of one particular anti-anxiety drug might be identified but with little elaboration about its appropriate use or effects.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>The candidate provides a very brief/flawed or inappropriate explanation. For example the method may be correctly identified/named (one mark). It may fail to demonstrate any knowledge or understanding of one physiological approach to stress management.</p>

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

(6 marks)

Marking criteria	Marks	Performance descriptions
<p>Studies have investigated both chronic and acute stressors to investigate the effect on immune system functioning. In the study referred to in the specification, Kiecolt-Glaser <i>et al</i> (1995) used caring for a relative with Alzheimer's disease as an indicator of chronic stress and the progress of wound healing as an indication of the effect on the immune system. The caregivers were matched to a control group of similar ages and income levels. The researchers assessed the progress of wound healing in the two groups and found that it took an average of nine days longer in the caregivers than the controls.</p> <p>Other studies have looked at healing from wounds (Sweeney,1995) which took significantly longer for the body to repair in individuals who were known to be stressed as a result of caring for relatives suffering dementia, than they did in a control group.</p> <p>Evidence that susceptibility to virus infections such as influenza can be increased by the effects of stress on the production of <i>immunoglobulin A</i> (Stone <i>et al</i>, 1987).</p> <p>Acute stressors do not have the same effect. One study showed that students asked to present a paper to the class actually showed an <i>increase</i> in secretory immunoglobulin A (slgA) (Evans <i>et al</i>, 1994). It is also known to be raised during periods of examinations (Jemmott & Magloire, 1988). Acute stress appears to increase the number of natural killer cells as well as the levels of slgA.</p> <p>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.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed description of the procedures and findings of one study into the relationship between stress and the immune system that demonstrates relevant knowledge. For example, the candidate provides a detailed account of both procedures and findings (though not necessarily balanced).</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed but generally accurate description of the procedures and findings of one study into the relationship between stress and the immune system that demonstrates relevant knowledge. For example, the candidate provides a detailed account of findings, with only a brief mention of procedures, or a balanced account of both in less detail.</p> <p><i>Note: If only procedures or findings are given, maximum mark is 4.</i></p>
	3-2	<p>Basic</p> <p>The candidate provides a basic description of the procedures and findings of one study into the relationship between stress and the immune system that demonstrates some relevant 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.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>The candidate provides a very brief/flawed or inappropriate description. It may fail to demonstrate any knowledge of a relevant study.</p>

2 (c) Discuss research into the role of life changes as sources of stress (eg Holmes & Rahe).

(18 marks)

Marking criteria	
<p>AO1 credit should be given for description of research studies into life changes as a source of stress, eg as identified by Holmes & Rahe. It can also be for description of mechanisms by which stress and life changes may be linked (ie theory).</p> <p>AO2 credit should be given to any legitimate attempt to analyse and evaluate the possibility of a link between life changes and stress, including evaluation of relevant research studies and comparisons between competing explanations.</p> <p>The approach taken could involve either breadth (a number of aspects/studies/theories briefly outlined) or depth (selected research in detail). The study by Holmes & Rahe will almost certainly figure prominently in answers. This should provide in most cases sufficient material for AO1, and, as there are many detailed criticisms of the research, probably for AO2 as well.</p> <p>Holmes and Rahe observed that their patients had often experienced several life events in the months before the onset of an illness They used the SRRS to obtain data about the person's experience of life changes over a 12-month period. They reported a positive correlation between high SRRS scores for events in the preceding year and the likelihood of experiencing some sort of physical illness within the following year.</p> <p>However there are several drawbacks to this research, which candidates could use for AO2, including:</p> <ul style="list-style-type: none"> The overall relationship is small (in studies using the SRRS correlations are typically in the order of 0.3) and are significant only because very large samples were used. 	<ul style="list-style-type: none"> The research relies on retrospective data. The research is correlational and cannot prove that life events are a cause of ill health. Holmes and Rahe assumed that any event could result in stress if it was a major enough change in a person's life (even holidays!). However, subsequent research has shown that positive events need to be distinguished from negative events. <p>In connection with the last point, Kanner <i>et al</i> (1981) developed a 117 item questionnaire (the hassles scale). High scores on this were found to be related to psychological (eg depression) and physiological ill health. This was a better predictor of ill health than the SSRS. On the other hand, high scores on the 135 item uplifts scale (eg getting on well with your spouse/lover) were negatively correlated with ill-health.</p>

2 (c)

Marks	Performance Descriptions	Marks	Performance Descriptions
	AO1: Description of research into the role of life changes as sources of stress		AO2: Evaluation of research into the role of life changes as sources of stress
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed description of research into the role of life changes as sources of stress, which demonstrates relevant knowledge and understanding. For example the candidate presents an overview of research findings, or a narrower range 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, description of research into the role of life changes as sources of stress, which demonstrates relevant knowledge and/or understanding. For example, only one research study may be considered, with limited 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 role of life changes as sources of stress that demonstrates some relevant knowledge and/or understanding but lacks detail and may be muddled. For example, a number of research findings may be listed, but with little further explanation	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 that is very brief/flawed or an inappropriate description. It may fail to demonstrate any knowledge or understanding of the role of life changes as sources of stress.	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.

3 (a) Describe procedures and findings of **one** study into biological explanations of eating disorders.

(6 marks)

Marking criteria	Marks	Performance Descriptions
<p>In the case of bulimia, it is likely that most candidates will present Kendler <i>et al's</i> (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.</p>	6	<p>Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed description of the procedures and findings of one study into biological explanations of eating disorders that demonstrates relevant knowledge. For example, the candidate provides a detailed account of both procedures and findings (though not necessarily balanced).</p>
<p>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.</p> <p>In the case of AN, a relevant choice would be Holland <i>et al's</i> 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.</p>	5-4	<p>Less detailed but generally accurate The candidate provides a less detailed but generally accurate description of the procedures and findings of one study into biological explanations 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. <i>Note: If only procedures or findings are given, maximum mark is 4.</i></p>
<p>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.</p>	3-2	<p>Basic The candidate provides a basic description of the procedures and findings of one study into biological explanations 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.</p>
<p>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.</p>	1-0	<p>Very brief/flawed or inappropriate The candidate provides a very brief/flawed or inappropriate description. It may fail to demonstrate any knowledge and understanding of the study.</p>

3 (b) Explain **one or more** assumptions of the cognitive model in relation to causes of abnormality.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<p>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.</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 however are unlikely to gain credit.</p>	6	<p>Accurate and reasonably detailed</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>Less detailed but generally accurate</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>Basic</p> <p>The candidate provides a basic explanation 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>Very brief/flawed or inappropriate</p> <p>The candidate provides a very brief/flawed or inappropriate explanation. It may fail to demonstrate any knowledge and understanding of assumption(s) of the cognitive model's assumptions.</p>

3 (c) Outline **one or more** definitions of abnormality and consider limitations of the definition(s) you have outlined.

(18 marks)

Marking Criteria

AO1 is the outline description of one or more definitions of abnormality, including the use of appropriate examples that illustrate the definition.

AO2 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.

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 4 could refer to them. However, models of abnormality (eg behaviourist) are clearly separated from definitions in the specification and cannot receive credit.

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. It could be seen to be more relevant to a social norm model, for example, 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.

Better candidates may make effective use of examples of abnormality across cultures (cultural relativism).

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.

There is no requirement for candidates to explicitly compare definitions, but this could be seen as part of general commentary and evaluation and can therefore receive credit.

3 (c)

Marks	AO1 Performance descriptions	Marks	AO2 Performance descriptions
	AO1: Outline of one or more definitions of abnormality		AO2: Evaluation of one or more definitions in terms of limitations
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed outline of one or more definitions of abnormality that demonstrates knowledge and understanding. For example, there is an account of one definition in detail, or a number in less detail.	12-10	Informed commentary <ul style="list-style-type: none"> • 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 one or more definitions of abnormality that demonstrates knowledge and/or understanding. For example, the candidate there is an account of one definition in reasonable detail, or a number in basic detail.	9-7	Reasonable commentary <ul style="list-style-type: none"> • 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 outline of the one or more definitions of abnormality that demonstrates some knowledge and/or understanding, but lacks detail and may be muddled. For example, the definition is identifiable and correctly described but with little detail.	6-4	Basic commentary <ul style="list-style-type: none"> • 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 very brief/flawed or inappropriate outline. It may fail to demonstrate any knowledge or understanding of the definition(s).	3-0	Rudimentary/absent or irrelevant commentary <ul style="list-style-type: none"> • The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. • Analysis and evaluation just discernible.

4 (a) Describe the procedures and findings of **one** study into psychological explanations of eating disorders.

(6 marks)

Marking Criteria	Marks	Performance Descriptions
<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 on bulimia is Field <i>et al</i> (1999) (peer and media influences). Tyrka <i>et al</i> (2002) studied predictors of both anorexia and bulimia. Relevant to the psychoanalytic perspective, Romans <i>et al</i> (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>There should be some reference to actual results to justify awarding marks for findings. Some candidates may offer conclusions. These can be credited insofar as they amplify findings.</p> <p>Findings from case studies are acceptable, but the study must be identifiable as published research and not anecdotal.</p>	6	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed description of the procedures and findings of one study into psychological explanations of eating disorders that demonstrates relevant knowledge. For example, the candidate provides a detailed account of procedures and the main finding of the study (ie procedures and findings need not necessarily be balanced).</p>
	5-4	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed but generally accurate description of the procedures and findings of one study into psychological explanations of eating disorders that demonstrates 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.</p> <p><i>Note: If only findings or conclusions are given, maximum mark is 4.</i></p>
	3-2	<p>Basic</p> <p>The candidate provides a basic description of the procedures and findings 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 procedures or findings is given, or a very brief account of both.</p>
	1-0	<p>Very brief/flawed or inappropriate</p> <p>The candidate provides a very brief/flawed or inappropriate description. It may fail to demonstrate any knowledge or understanding of a relevant study.</p>

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

(3 marks + 3 marks)

Marking Criteria	Marks	Performance Descriptions
<p>Candidates are likely to outline one of the definitions listed in the specification (statistical, norms, ideal mental health or failure to function. 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 4 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. It could be seen to be more relevant to a social norm model, for example, 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>	3	<p>Accurate and reasonably detailed</p> <p>The candidate provides an accurate and reasonably detailed outline/explanation of the definition/limitation that demonstrates knowledge and understanding. For example, there is clear account of account of the definition based on deviation from statistical norms and a criticism of the inability to decide a cut-off point.</p>
	2	<p>Less detailed but generally accurate</p> <p>The candidate provides a less detailed but generally accurate outline/explanation of the definition/limitation that demonstrates knowledge and/or understanding.</p>
	1	<p>Basic</p> <p>The candidate provides a basic description/explanation of the outline/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 very little detail.</p>
	0	<p>Flawed or inappropriate</p> <p>The candidate provides a flawed or inappropriate outline/explanation that fails to demonstrate any knowledge or understanding of the definition/limitation.</p>

4 (c) Outline and evaluate **either** the psychodynamic **or** the cognitive model of abnormality.

(18 marks)

Marking Criteria

AO1 is the outline of the psychodynamic or cognitive model of abnormality. This could be presented 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 could also include description of research studies used as evaluation.

The psychodynamic model of abnormality has had a number of sometimes widely divergent formulations, but, for Freud, the main assumptions were that mental disorders are psychological. They lie in the unconscious mind – the result the failure of defence mechanisms to protect the ego from anxiety. Many of these intrapsychic conflicts involve basic biological, especially sexual, instincts. Adult problems are reflections of these earlier conflicts. In terms of treatments, there was an emphasis on the patient gaining insight through gaining access to the unconscious (psychoanalysis).

Some of the major **strengths** are:

- Many observations of psychodynamic therapists appear to be borne out in everyday life, eg, defence mechanisms.
- Freudian theory provides a comprehensive framework to describe human personality.

Limitations are widely regarded as including:

- Tendency to ignore the patient's current problems by focusing on past conflicts.
- Lack of scientific evidence concerning major theoretical assumptions.
- Psychodynamic theory underestimates the role of situation and context, and overemphasises internal instincts and conflicts.

The cognitive approach is usually associated with the likes of Aaron Beck (cognitive triad) and Ellis (RET). The basic assumption is that mental events cause behaviour. 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.

Strengths of the cognitive model include:

- There is much evidence of maladaptive thought processes in people with psychological disorders
- This model promotes psychological well being by teaching people the means of control over their own lives
- There have been successful treatments that are based on the model

It has been suggested that **weaknesses** of the cognitive model include:

- The disordered cognitions may be a result of the disorder, not the cause
- The emphasis on the individual draws attention away from support systems and the need to locate the causes of psychological distress in wider social, political and cultural contexts

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

Discussion of treatments based on the model is creditworthy (AO1 or AO2 as appropriate) insofar as they provide evidence of knowledge and understanding of the model itself.

4 (c)

Marks	AO1 Performance Descriptions	Marks	AO2 Performance Descriptions
	AO1: Outline description of psychodynamic/cognitive model		AO2: Evaluation of psychodynamic/cognitive model
6	Accurate and reasonably detailed The candidate provides an accurate and reasonably detailed outline of either the psychodynamic or the cognitive model of abnormality that demonstrates knowledge and understanding. For example, there is an account of one or two basic assumptions/features in detail, or a number in less detail.	12-10	Informed commentary <ul style="list-style-type: none"> • 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 either the psychodynamic or the cognitive 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.	9-7	Reasonable commentary <ul style="list-style-type: none"> • 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 outline of the either the psychodynamic or the cognitive 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.	6-4	Basic commentary <ul style="list-style-type: none"> • 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 very brief/flawed or inappropriate outline. It may fail to demonstrate any knowledge and understanding of the model.	3-0	Rudimentary/absent or irrelevant commentary <ul style="list-style-type: none"> • The selection and use of material provides only a rudimentary commentary, or commentary is absent or wholly irrelevant. • Analysis and evaluation just discernable.

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	