OXFORD AQA
INTERNATIONAL QUALIFICATIONS

# INTERNATIONAL AS
# PSYCHOLOGY
# PS01

## Unit 1 Introductory Topics in Psychology

Mark scheme

January 2026

Version: 1.0 Final

Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts. Alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Examiner.

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

Further copies of this mark scheme are available from www.oxfordaqa.com

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# Level of response marking instructions

Level of response mark schemes are broken down into levels, each of which has a descriptor. The descriptor for the level shows the average performance for the level. There are marks in each level.

Before you apply the mark scheme to a student's answer read through the answer and annotate it (as instructed) to show the qualities that are being looked for. You can then apply the mark scheme.

## Step 1 Determine a level

Start at the lowest level of the mark scheme and use it as a ladder to see whether the answer meets the descriptor for that level. The descriptor for the level indicates the different qualities that might be seen in the student's answer for that level. If it meets the lowest level then go to the next one and decide if it meets this level, and so on, until you have a match between the level descriptor and the answer. With practice and familiarity you will find that for better answers you will be able to quickly skip through the lower levels of the mark scheme.

When assigning a level you should look at the overall quality of the answer and not look to pick holes in small and specific parts of the answer where the student has not performed quite as well as the rest. If the answer covers different aspects of different levels of the mark scheme you should use a best fit approach for defining the level and then use the variability of the response to help decide the mark within the level, ie if the response is predominantly level 3 with a small amount of level 4 material it would be placed in level 3 but be awarded a mark near the top of the level because of the level 4 content.

## Step 2 Determine a mark

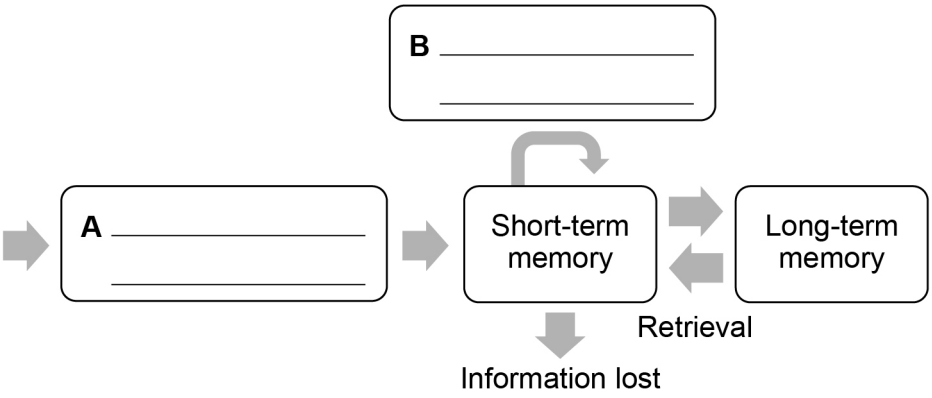
Once you have assigned a level you need to decide on the mark. The descriptors on how to allocate marks can help with this. The exemplar materials used during standardisation will help. There will be an answer in the standardising materials which will correspond with each level of the mark scheme. This answer will have been awarded a mark by the Lead Examiner. You can compare the student's answer with the example to determine if it is the same standard, better or worse than the example. You can then use this to allocate a mark for the answer based on the Lead Examiner's mark on the example.

You may well need to read back through the answer as you apply the mark scheme to clarify points and assure yourself that the level and the mark are appropriate.

Indicative content in the mark scheme is provided as a guide for examiners. It is not intended to be exhaustive and you must credit other valid points. Students do not have to cover all of the points mentioned in the Indicative content to reach the highest level of the mark scheme.

An answer which contains nothing of relevance to the question must be awarded no marks.

**Section A: Memory** **Total for this section: 30 marks**

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 01 | **The diagram shows the multi-store model of memory.**<br><br>**Complete boxes A and B with the correct features of the model.**<br><br><br><br><br>**Award 1 mark** for each feature.<br><br>**A**: sensory register/sensory memory<br><br>**B**: rehearsal/rehearsal loop/maintenance rehearsal. | **2**<br><br>**AO1 = 2** |

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 02 | **Name two types of long-term memory.**<br><br>**Award 1 mark** for each type of long-term memory, maximum two marks.<br><br>**Possible answers**<br>• Episodic<br>• Semantic<br>• Procedural<br>• Declarative/explicit<br>• Non-declarative/implicit | **2**<br><br>**AO1 = 2** |

<table>
<tr><th>Question</th><th>Marking Guidance</th><th>Total Marks</th></tr>
<tr><td>03</td><td>
Evaluate research investigating the effects of leading questions on the accuracy of eyewitness testimony.<br><br>
Possible evaluation<br>
• Use of artificial stimuli (video clips of crashes/crimes) impacting ecological validity.<br>
• Participants often knew that they were taking part in research into eyewitness testimony and therefore might potentially have paid greater attention to the videos than they would to an unexpected event in real life (lacking ecological validity).<br>
• Biased samples (students) so unlikely to be representative of the whole population, eg in terms of age, memory ability, susceptibility to leading questions, and therefore it is difficult to generalise the findings.<br>
• Ethical considerations linked to provoking anxiety in participants by making them view potentially traumatic footage.<br>
• Studies are highly controlled and use standardised procedures, eg the same video clips of the same crash/crime used with all participants, making them replicable and increasing internal validity.<br>
• Practical implications of research in terms of police questioning of suspects and witnesses.<br><br>
Credit other relevant material.<br><br>
<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>Evaluation of research into the effects of leading questions on the accuracy of eyewitness testimony is effective. The answer is clear with appropriate use of specialist terminology.</td><td>5–6</td></tr>
<tr><td>2</td><td>Evaluation of research into the effects of leading questions on the accuracy of eyewitness testimony is relevant but effectiveness is lacking. The answer lacks clarity in places. Specialist terminology is occasionally used appropriately.</td><td>3–4</td></tr>
<tr><td>1</td><td>Evaluation of research into the effects of leading questions on the accuracy of eyewitness testimony is very limited. The answer is vague and or muddled. Specialist terminology is either absent or inappropriately used.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable content.</td><td>0</td></tr>
</table>
</td><td>6<br><br>AO3 = 6</td></tr>
</table>

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 04 | **Ingrid was in the supermarket with her grandfather. He asked Ingrid to get some items from the other side of the shop. He read a list of 11 items to Ingrid. As she walked quickly to the other side of the shop, she kept repeating the list to herself. When she got there, she could only remember 7 of the items her grandfather had asked for.**<br><br>**Describe and evaluate research into capacity and duration of short-term memory. Refer to Ingrid in your answer.**<br><br>**Possible content**<br>• Short-term memory holds all information an individual is consciously thinking about.<br>• Research has found that short-term memory has a limited capacity of 7+/–2 items/chunks.<br>• Research has found that short-term memory has a duration of about 18–30 seconds without rehearsal.<br>• Research has found that information can be kept in short-term memory for longer than 18–30 seconds by using the rehearsal loop.<br>• Descriptions of studies investigating capacity and duration of short-term memory, eg Jacobs (1887), Miller (1956), Peterson and Peterson (1959).<br><br>**Possible application**<br>• Ingrid kept repeating the list of items as she went to the other side of the shop to rehearse the list and stop it from decaying in her short-term memory due to its limited duration.<br>• Ingrid walked quickly because short-term memory has a limited duration and so she needed to try to get to the other side of the shop before she started forgetting information.<br>• As the list was 11 items long it exceeded the 7+/–2 capacity of short-term memory. This is why some items were forgotten and Ingrid could only remember 7 of the items.<br><br>**Possible evaluation**<br>• Evidence supporting/contradicting the limited capacity, eg Jacobs (1887), Miller (1956), Simon (1974), Cowan (2000).<br>• Evidence supporting/contradicting the short duration, eg Peterson and Peterson (1959), Sebrechts et al. (1989), Murdock (1961).<br>• The research often uses students for the sample. Memory changes with age and this means the sample is unlikely to be representative, eg of the older population (lacking population validity).<br>• The research often uses artificial tasks like remembering word lists of sets of consonants. Memory for more meaningful information may not work in the same way (lacking ecological validity).<br>• Many of the studies are highly controlled laboratory studies with standardised procedures, eg word lists, intervals between learning and retrieval, making them replicable (increased reliability/scientific credibility).<br>• Alternative explanations (Baddeley and Hitch, 1974) suggesting that short-term memory is not a single unitary store and therefore conclusions regarding capacity and duration are likely to be overly simplistic.<br><br>Credit other relevant material. | **20**<br><br>**AO1 = 8**<br>**AO2 = 4**<br>**AO3 = 8** |

| Level | Description | Marks |
|---|---|---|
| **4** | Knowledge of research into the capacity and duration of short-term memory is accurate and generally well detailed. Evaluation is effective. Application is appropriate. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear and focused. Specialist terminology is used effectively. | **16–20** |
| **3** | Knowledge of research into the capacity and duration of short-term memory is evident but there are occasional inaccuracies and/or omissions. There is some effective evaluation. There is some appropriate application. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.<br>**OR** capacity or duration at level 4. | **11–15** |
| **2** | Limited knowledge of research into the capacity and duration of short-term memory is present. Any evaluation/application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is occasionally used appropriately.<br>**OR** capacity or duration at level 3. | **6–10** |
| **1** | Knowledge of research into the capacity and duration of short-term memory is very limited. Evaluation/application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.<br>**OR** capacity or duration at level 2 or 1. | **1–5** |
| **0** | No creditable content. | **0** |

**Section B: Social Psychology** **Total for this section: 30 marks**

<table>
<tr><th>Question</th><th>Marking Guidance</th><th>Total Marks</th></tr>
<tr><td>05</td><td>
Explain two limitations of Asch's research into variables affecting conformity.<br><br>
Possible limitations<br>
• The answer to the line task was obvious and the participants were strangers, whereas in real life conformity often occurs when there is not an obvious single correct answer and people are more likely to know each other (decreases ecological validity).<br>
• Using American, male students creates a biased sample. There are cultural, gender and age differences in terms of how much conformity affects behaviour which will not be accounted for in these studies (decreases population validity).<br>
• The artificial set up of strangers sat around a table with apparently obvious answers being requested increases the chance of demand characteristics as the participants could easily work out what Asch was trying to study (decreases internal validity).<br>
• The research was completed in the 1950s so the findings were affected by the attitudes/norms of the time. Conformity may not affect behaviour in the same way over 70 years later (decreases temporal validity).<br>
• Ethical issues, eg participants were deceived, they did not give fully informed consent, they were made to feel uncomfortable (failure to protect them from harm), although they may have had the right to withdraw they could have felt forced to stay.<br><br>
Credit other relevant material.<br><br>
<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>Two limitations of Asch's research into variables affecting conformity are effective. The answer is clear with appropriate use of specialist terminology.</td><td>5–6</td></tr>
<tr><td>2</td><td>Two limitations of Asch's research into variables affecting conformity are relevant but effectiveness is lacking. The answer lacks clarity in places. Specialist terminology is occasionally used appropriately.<br>OR one limitation at level 3.</td><td>3–4</td></tr>
<tr><td>1</td><td>Two limitations of Asch's research into variables affecting conformity are very limited. The answer is vague and/or muddled. Specialist terminology is either absent or inappropriately used.<br>OR one limitation at level 2 or 1.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable content.</td><td>0</td></tr>
</table>
</td><td>6<br><br>AO3 = 6</td></tr>
</table>

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 06 | **Briefly describe two types of conformity.**<br><br>**For each type, award marks as follows**<br>**2 marks:** for a clear description of a type of conformity.<br>**1 mark:** for a muddled or vague description of a type of conformity.<br><br>**Possible content**<br>Compliance<br>• When behaviour or attitudes change temporarily in response to group pressure.<br>• A person will conform publicly but privately disagrees.<br>• The most superficial type of conformity.<br>• It is most likely to result from normative influence.<br><br>Internalisation<br>• When behaviour or attitudes change for the long term, or even permanently, in response to group pressure.<br>• A person will conform publicly and privately.<br>• A person adopts the group views at a deeper level and these become part of their way of viewing the world.<br>• It is most likely to result from informational influence.<br><br>Credit other relevant material, eg identification.<br><br>**Note:** Maximum of 1 mark for simply naming two types of conformity. | **4**<br><br>**AO1 = 4** |

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 07 | **Hamza has started at a new school. On his first day at school he arrived early and was not sure which entrance to the building the students were allowed to use. Hamza waited until another group of students arrived and then followed them through the same door.**<br><br>**Hamza was introduced to his new class and sat at a table with a group of boys. They were all talking about football. Hamza prefers tennis, but joined in with their conversation about football and agreed to go with them to football training after school.**<br><br>**Use two explanations for conformity to explain Hamza's behaviour.**<br><br>**For each explanation, award marks as follows:**<br>**2 marks:** for clear application of an explanation for conformity to explain Hamza's behaviour.<br>**1 mark:** for muddled or vague application of an explanation for conformity to explain Hamza's behaviour.<br><br>**Possible application**<br>Informational influence<br>• When Hamza waits to see which entrance to use, this is because he is in a new (ambiguous) situation.<br>• Hamza does not want to get into trouble on his first day for doing the wrong thing, he wants to follow the rules.<br>• If the group of students he sees use the same door, it is likely to be the right door to use, so he believes (privately) that it is the correct behaviour.<br><br>Normative influence<br>• When Hamza goes to football training after school this is because he wants to be accepted by the boys on his table.<br>• He goes to try to fit in and make new friends because he does not want to be isolated at his new school.<br>• Even though he prefers tennis he does not tell the other boys because he does not want to stand out from the group.<br><br>Credit other relevant material.<br><br>**Note:** Maximum 1 mark for simply naming two explanations for conformity. | **4**<br><br>**AO2 = 4** |

<table>
<tr><th>Question</th><th>Marking Guidance</th><th>Total Marks</th></tr>
<tr><td>08</td><td>
Hamza is playing football with his new friends. They are playing on the school field after school has finished. A teacher tells them to go home. Immediately, the boys stop playing football and leave through the school gates.<br><br>
Use your knowledge of explanations for obedience to explain why Hamza and his friends did as the teacher told them.<br><br>
Possible application<br>
Legitimacy of authority<br>
• The teacher is a legitimate authority when Hamza and his friends are on school grounds.<br>
• The teacher will still be in their smart work clothing (and the boys are still in their school uniform), indicating the legitimacy of the teacher's authority in this situation.<br>
• The teacher has the power to punish them if they do not obey, eg with a detention.<br><br>
Agentic state<br>
• When the teacher gave them the order, Hamza and his friends experienced agentic shift.<br>
• Hamza and his friends went from being in an autonomous state when playing football, to being in an agentic state when they were heading home.<br>
• Hamza and his friends went from being in an autonomous state when playing football, to being in an agentic state when around the teacher.<br><br>
Credit other relevant material, eg situational variables.<br><br>
Note: students may cover one explanation in depth or more than one in less detail.<br><br>
<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>2</td><td>Application of knowledge of explanations for obedience is appropriate. The answer is clear with appropriate use of specialist terminology.</td><td>3–4</td></tr>
<tr><td>1</td><td>Application of knowledge of explanations for obedience is limited, vague or muddled. Specialist terminology is either absent or inappropriately used.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable content.</td><td>0</td></tr>
</table>
</td><td>4<br><br>AO2 = 4</td></tr>
</table>

<table>
<tr><th>Question</th><th>Marking Guidance</th><th>Total Marks</th></tr>
<tr><td>09</td><td>
Evaluate one explanation for obedience.<br><br>
Possible evaluation<br>
Legitimacy of authority<br>
• Use of research evidence to support the importance of believing that the authority figure is responsible for the subordinate's actions is shown in transcripts from Milgram's experiments (Parker, 1989).<br>
• Use of research evidence to support the role of location in indicating legitimacy of authority, eg Milgram variation in a run-down office.<br>
• Use of research evidence to support the role of uniform in indicating a legitimate authority, eg Bickman (1974).<br><br>
Agentic state<br>
• Use of research evidence to support the importance of believing that the authority figure is responsible for the subordinate's actions is shown in transcripts from Milgram's experiments.<br>
• Evidence of the agentic state is seen in the defence of soldiers accused of war crimes, eg the My Lai massacre.<br>
• Wider implications, eg for the justice system and the potential for providing 'excuses' for criminality.<br><br>
Situational variables<br>
• Use of research evidence to support the role of location in levels of obedience, eg Milgram variation in a run-down office.<br>
• Use of research evidence to support the role of proximity in levels of obedience, eg Milgram variations varying the distance between the teacher and the learner, and the experimenter giving orders by phone.<br>
• This explanation could be considered better at explaining mass obedience than other explanations, eg agentic state, which can only explain individual obedience.<br><br>
Credit other relevant material, eg a failure to account for dispositional factors suggests each explanation could be oversimplified, issues generalising research findings to other cultures.<br><br>
Note: accept methodological and ethical criticisms of supporting research provided they are linked to what this means for the explanation.<br><br>
<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>Evaluation of one explanation for obedience is effective. The answer is clear with appropriate use of specialist terminology.</td><td>5–6</td></tr>
<tr><td>2</td><td>Evaluation of one explanation for obedience is relevant but effectiveness is lacking. The answer lacks clarity in places. Specialist terminology is occasionally used appropriately.</td><td>3–4</td></tr>
</table>
</td><td>6<br><br>AO3 = 6</td></tr>
</table>

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| | | |
|---|---|---|
| **1** | Evaluation of one explanation for obedience is very limited. The answer is vague and/or muddled. Specialist terminology is either absent or inappropriately used. | **1–2** |
| **0** | No creditable content. | **0** |

| Question | Marking Guidance | Total Marks |
|---|---|---|
| **10** | **Outline social support and locus of control as explanations of resistance to social influence.**<br><br>**For each explanation, award marks as follows:**<br>**3 marks:** the outline of an explanation of resistance to social influence is detailed. The answer is clear with appropriate use of specialist terminology.<br>**2 marks:** the outline of an explanation of resistance to social influence lacks detail. The answer lacks clarity in places.<br>**1 mark:** the outline of an explanation of resistance to social influence is briefly presented. The answer is very limited, vague and/or muddled.<br><br>**Possible content**<br>Social support<br>• Social support is having the presence of other people (allies) who are defying the pressure to conform or obey (dissenting). It makes us more likely to resist social influence.<br>• Having support for your point of view can remove an individual's fear of being ridiculed, so avoiding the effects of normative influence.<br>• Social support can increase an individual's confidence that their position is correct allowing them to remain independent.<br><br>Locus of control<br>• Locus of control is a measure of an individual's sense of personal control over events in their life.<br>• An internal locus of control means an individual believes that they can influence events and that their actions are their own choice and responsibility. These individuals are more likely to resist social influence.<br>• People with an internal locus of control are active seekers of information and are less likely to rely on the opinions of others. They are also more likely to be leaders. These characteristics make them less likely to conform and obey.<br><br>Credit other relevant material. | **6**<br><br>**AO1 = 6** |

**Section C: Psychopathology** **Total for this section: 30 marks**

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 11 | **Which of the following techniques is not used as part of the behavioural treatment of phobias?**<br><br>**Shade one box only.**<br><br>**Answer key:**<br><br>**A** – Challenging irrational thoughts | **1**<br><br>**AO1 = 1** |

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 12 | **Briefly explain one strength and one limitation of systematic desensitisation as a treatment for phobias.**<br><br>**For each strength/limitation award marks as follows:**<br>**2 marks:** for a clear strength/limitation of systematic desensitisation as a treatment for phobias.<br>**1 mark:** for a muddled or vague strength/limitation of systematic desensitisation as a treatment for phobias.<br><br>**Possible strengths**<br>• Research evidence supporting the effectiveness of systematic desensitisation as a treatment for phobias, eg Willis & Edwards (1969).<br>• Levels of anxiety triggered in the patient are lower than alternatives like flooding. This means systematic desensitisation is often considered more acceptable and preferred by patients.<br><br>**Possible limitations**<br>• Individuals have to be highly motivated to take part and stay committed to the whole programme (time commitment) for systematic desensitisation to work. Drop-out rates can be high which lowers the overall effectiveness of the treatment.<br>• It is less effective/appropriate for more complex phobias like agoraphobia and social phobias (with a large cognitive element).<br><br>Credit any other relevant strengths or limitations. | **4**<br><br>**AO3 = 4** |

<table>
<tr><th>Question</th><th>Marking Guidance</th><th>Total Marks</th></tr>
<tr><td>13</td><td>
Lando works from home. Recently, he has been feeling tired all the time, despite going to bed early each evening and getting up late every morning. He stays in his house and avoids seeing his family and friends because he does not want to talk to anyone. Lando has failed to complete several tasks at work in the last few weeks.<br><br>
One of Lando's friends saw him recently and could see that he had lost a lot of weight.<br><br>
Lando's friends and family are worried that he might be depressed.<br><br>
Using your knowledge of the characteristics of depression, explain why Lando's friends and family think he might be depressed.<br><br>
Possible application<br>
• Lando's family and friends may have noticed that he is speaking and moving less. He is avoiding talking to family and friends, and is staying at home a lot more. This reduction in socialising and reduced physical activity are common characteristics of depression.<br>
• Lando's friends from work may have noticed his missed deadlines which could be a sign of reduced productivity or an inability to concentrate, these are characteristics of depression.<br>
• Lando's friend can see that he has lost weight. Disturbance in appetite is a common characteristic of depression. In this case Lando may not be feeling very hungry, or he simply may not have the energy to prepare good meals.<br>
• Lando's family and friends may have noticed that he seems very tired all the time. This could indicate that he is experiencing disturbances in his sleep. The fact that he is spending more time in bed suggests he may be sleeping more than normal. Alternatively, the fact that he is tired all the time may indicate that despite spending a lot of time in bed, he is suffering from insomnia. Sleeping a lot more or a lot less than previously is a common characteristic of depression.<br><br>
Credit other relevant material.<br><br>
Note: no marks for simply naming characteristics of depression and a maximum of level 1 can be awarded for descriptions of characteristics of depression that are not specifically linked to Lando.<br><br>
<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>3</td><td>Application of knowledge of the characteristics of depression to Lando is appropriate. The answer is clear with appropriate use of specialist terminology.</td><td>5–6</td></tr>
<tr><td>2</td><td>Application of knowledge of the characteristics of depression to Lando is relevant but appropriateness is lacking. The answer lacks</td><td>3–4</td></tr>
</table>
</td><td>6<br><br>AO2 = 6</td></tr>
</table>

| | | | |
|---|---|---|---|
| | clarity in places. Specialist terminology is occasionally used appropriately. | | |
| | **1** | Application of knowledge of the characteristics of depression to Lando is very limited. The answer is vague and or muddled. Specialist terminology is either absent or inappropriately used. | **1–2** |
| | **0** | No creditable content. | **0** |

| Question | Marking Guidance | Total Marks |
|---|---|---|
| **14** | **Briefly outline Ellis' ABC model as an explanation for depression.**<br><br>**Award marks as follows:**<br>**3 marks:** the outline of Ellis' ABC model as an explanation for depression is detailed. The answer is clear with appropriate use of specialist terminology.<br>**2 marks:** the outline of Ellis' ABC model as an explanation for depression lacks detail. The answer lacks clarity in places.<br>**1 mark:** the outline of Ellis' ABC model as an explanation for depression is briefly presented. The answer is very limited, vague and/or muddled.<br><br>**Possible content**<br>• Ellis believed that depression is a result of irrational thinking, the ABC model provides a sequence to explain how irrational thoughts could lead to depression.<br>• A is the activating event to which there is a reaction, eg failing a test.<br>• B is the belief a person has about that situation which can be rational or irrational. For depression, a person thinks irrationally, eg they must always succeed at everything they do.<br>• C is the consequence which relates to changes in feelings and behaviours. In depression, negative feelings and inappropriate behaviours are caused by the irrational beliefs, eg become unhappy and withdraw from others due to thoughts of failure.<br>• Overall the way a person thinks about events that occur is the cause for the unhappiness being experienced.<br><br>Credit other relevant material. | **3**<br><br>**AO1 = 3** |

<table>
<tr><th>Question</th><th>Marking Guidance</th><th>Total Marks</th></tr>
<tr><td>15</td><td>
Describe Beck’s negative triad as an explanation for depression.<br><br>
Possible content<br>
• Depression is a result of faulty information processing, eg cognitive biases and negative schemas.<br>
• The negative triad classifies the faulty automatic thoughts that a depressed individual has.<br>
• Negative views of the self, eg ‘I’m worthless’, stemming from negative self-schemas often acquired during childhood.<br>
• Negative views of the world, eg ‘nothing good ever happens to me’ resulting from cognitive distortions like minimisation and magnification.<br>
• Negative views of the future, eg ‘nothing is ever going to change’ coming from cognitive distortions such as overgeneralisation.<br><br>
Credit other relevant material.<br><br>
<table>
<tr><th>Level</th><th>Description</th><th>Marks</th></tr>
<tr><td>2</td><td>Knowledge of Beck’s negative triad as an explanation for depression is accurate with some detail. The answer is clear with appropriate use of specialist terminology.</td><td>3–4</td></tr>
<tr><td>1</td><td>Knowledge of Beck’s negative triad as an explanation for depression is limited, vague or muddled. Specialist terminology is either absent or inappropriately used.</td><td>1–2</td></tr>
<tr><td>0</td><td>No creditable content.</td><td>0</td></tr>
</table>
</td><td>4<br><br>AO1 = 4</td></tr>
</table>

| Question | Marking Guidance | Total Marks |
|---|---|---|
| 16 | **Describe and evaluate two definitions of abnormality.**<br><br>**Possible content**<br>Deviation from social norms<br>• Behaviour that violates social rules of a society/culture is considered abnormal.<br>• Social norms can be explicit or implicit and are collective judgements about what is viewed as normal/usual/typical behaviour.<br>• Social norms will vary from culture to culture.<br><br>Failure to function adequately<br>• A failure to cope with the demands of day-to-day life is abnormal.<br>• Behaviours that can indicate this include observer discomfort, unpredictability, irrationality, maladaptiveness, personal suffering/distress.<br>• The Global Assessment of Functioning Scale (GAF) is a method of measuring how well individuals function in everyday life.<br><br>Statistical infrequency<br>• Behaviour that deviates from the statistical average is abnormal (rare behaviours).<br>• The less frequently a behaviour occurs the more likely it is to be abnormal, (more than 2 standard deviations from the mean).<br>• The definition relies on the use of up-to-date statistics.<br><br>Deviation from ideal mental health<br>• Abnormality is defined as the absence of features characterising ideal mental health.<br>• Characteristics of ideal mental health include; positive attitude towards self, self-actualisation, resistance to stress, autonomy, accurate perception of reality and environmental mastery.<br>• The more of the characteristics that are absent the greater the level of abnormality.<br><br>Credit use of relevant examples as part of description. Marks can be awarded without naming the definition.<br><br>**Possible evaluation**<br>Deviation from social norms<br>• The definition allows for flexibility, eg dependent on situation and age, meaning that identification of those in need of help is more likely to be appropriate.<br>• The definition fails to account for behaviours that deviate from social norms but are not necessarily abnormal or a sign of illness, eg speeding.<br>• Social norms will change with time, meaning use of this definition can lack temporal validity.<br>• Social norms will change across cultures, varying significantly with the majority view of any particular society. This makes it difficult to determine universal signs of illness. | **12**<br><br>**AO1 = 6**<br>**AO3 = 6** |

| | | |
|---|---|---|
| | • This definition could be used/abused as an instrument of social control, isolating/imprisoning those in society who disagree with the dominant view/belief.<br><br>Failure to function adequately<br>• This definition puts the individual at the centre, only identifying those who would benefit from help.<br>• It can be difficult to apply in situations where behaviour is abnormal but there may not be personal distress, eg psychopathy.<br>• Many behaviours are maladaptive, eg smoking, but are not a sign of psychological abnormality, which is not recognised by this definition.<br>• It can be difficult to apply to some individuals as coping mechanisms may allow someone to (appear to) continue to function despite living with a psychological abnormality that would benefit from treatment.<br>• It is not a universal definition as what can be seen as a good level of daily functioning can vary across cultures.<br>• This definition is not objective; judgements regarding levels of function are based on opinions, even with the use of the GAF scale.<br><br>Statistical infrequency<br>• Many diagnoses of illness involve some reference to statistics, bringing this definition into line with other medical diagnoses.<br>• The definition fails to account for behaviour that is statistically rare but desirable, eg high IQ.<br>• Some disorders are not statistically rare and therefore would not be recognised as abnormal by this definition, eg depression.<br>• Using this definition relies on up-to-date statistics, if these are not available then the definition is likely to be applied incorrectly.<br>• It can be difficult to know where the line is between statistically normal and abnormal/subjective interpretation and questions can be raised regarding who gets to decide the 'cut-off'.<br><br>Deviation from ideal mental health<br>• This definition takes a positive approach in defining normality and provides a set of standards for normality that can be used for self-improvement, making the definition useful for a wider population.<br>• It is culturally biased as it is based on western ideas, eg autonomy and potential for personal growth (self-actualisation) would not be viewed as features of ideal mental health in collectivist cultures.<br>• It is not clear how much deviation is necessary to classify someone as abnormal according to this definition. This makes it difficult to use to classify abnormality.<br>• It could seem unrealistic to expect someone to show resistance to stress, environmental mastery and personal autonomy (coping without support) all the time.<br>• Judgements linked to the criteria are subjective. There is no diagnostic test to measure the aspects of mental health identified in this definition, so relies on self-reports making the definition open to bias.<br><br>Credit other relevant material. | |

| Level | Description | Marks |
|---|---|---|
| **4** | Knowledge of two definitions of abnormality is accurate and generally well detailed. Evaluation is effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear and focused. Specialist terminology is used effectively. | **10–12** |
| **3** | Knowledge of two definitions of abnormality is evident but there are occasional inaccuracies and/or omissions. There is some effective evaluation. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.<br>**OR** one definition of abnormality at Level 4. | **7–9** |
| **2** | Limited knowledge of two definitions of abnormality is present. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is occasionally used appropriately.<br>**OR** one definition of abnormality at Level 3. | **4–6** |
| **1** | Knowledge of two definitions of abnormality is very limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.<br>**OR** one definition of abnormality at Level 2 or 1. | **1–3** |
| **0** | No creditable content. | **0** |

**PS01 grid**

| | AO1 | AO2 | AO3 | Total |
|---|---|---|---|---|
| **Section A** | | | | |
| 01 | 2 | | | **2** |
| 02 | 2 | | | **2** |
| 03 | | | 6 | **6** |
| 04 | 8 | 4 | 8 | **20** |
| **Section B** | | | | |
| 05 | | | 6 | **6** |
| 06 | 4 | | | **4** |
| 07 | | 4 | | **4** |
| 08 | | 4 | | **4** |
| 09 | | | 6 | **6** |
| 10 | 6 | | | **6** |
| **Section C** | | | | |
| 11 | 1 | | | **1** |
| 12 | | | 4 | **4** |
| 13 | | 6 | | **6** |
| 14 | 3 | | | **3** |
| 15 | 4 | | | **4** |
| 16 | 6 | | 6 | **12** |
| **Unit total** | **36** | **18** | **36** | **90** |