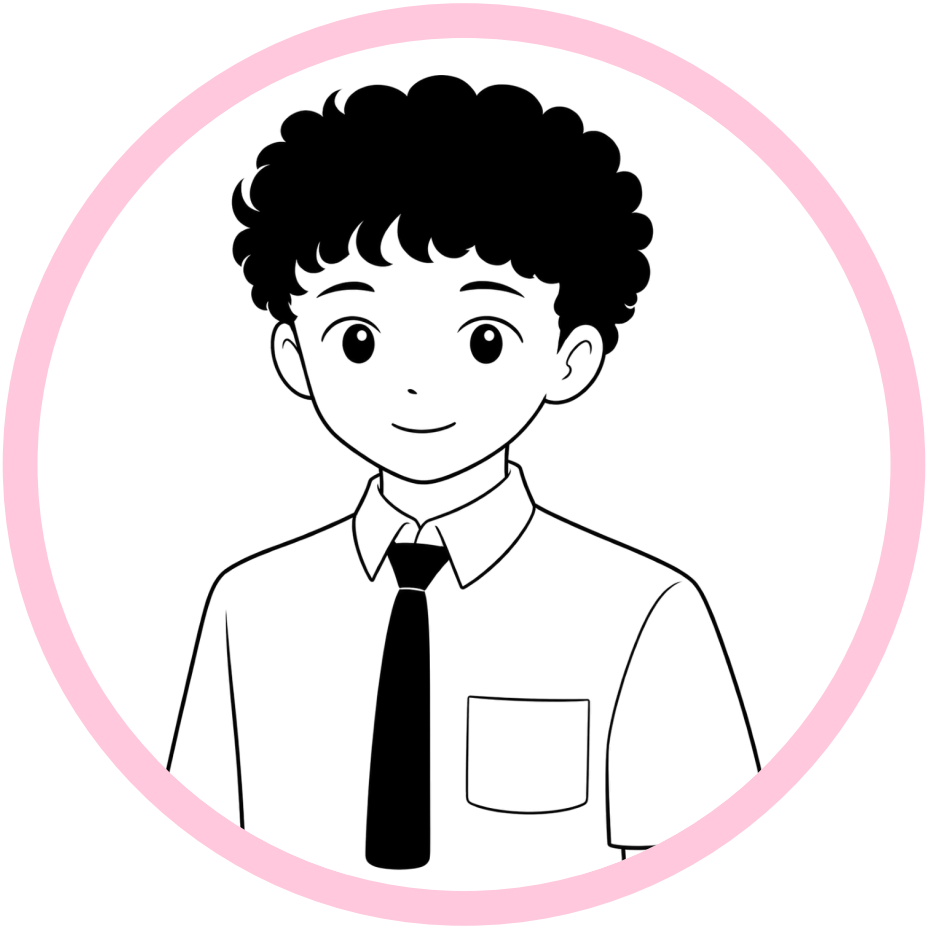
AQA A-LEVEL PSYCHOLOGY · 7182

PSYCHOLOGY



MARK SCHEME

3.1.4 DEFINITIONS OF ABNORMALITY

SCORE	PERCENTAGE
/112	%

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Q1.

[AO1 = 4 AO3 = 4]

Level	Marks	Description
4	7 – 8	Knowledge of two definitions of abnormality is accurate with some detail. Evaluation of the two definitions is effective. Minor detail and/or expansion is sometimes lacking. The answer is clear and coherent. Specialist terminology is used effectively.
3	5 – 6	Knowledge of two definitions of abnormality is evident but there are occasional inaccuracies/omissions. There is some effective evaluation of definition(s). The answer is mostly clear and organised. Specialist terminology is mostly used appropriately.
2	3 – 4	Limited knowledge of one or two definitions of abnormality is present. Focus is mainly on description. Any evaluation is of only one definition or of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions. Or one definition at level 3/4.
1	1 – 2	Knowledge of one or two definitions of abnormality is very limited. Evaluation of definition(s) 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.
	0	No relevant content.

Possible content:

Definitions of abnormality:

- statistical infrequency/deviation from statistical norms – abnormal behaviour is that which is rare/uncommon/anomalous
- deviation from social norms – abnormal behaviour is that which goes against/contravenes unwritten rules/expectations in a given society/culture
- failure to function adequately – abnormal behaviour is that which causes person distress/anguish or an inability to cope with everyday life/maladaptiveness
- deviation from ideal mental health – abnormality is that which fails to meet prescribed criteria for psychological normality/wellbeing, eg accurate perception of reality, resistance to stress, etc.

Possible evaluation points:

- statistical infrequency/deviation from statistical norms – fails to account for behaviour that is statistically rare but desirable such as having a very high IQ; some disorders are not statistically rare; issue of who decides where the cut-off point is

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- deviation from social norms – eccentric behaviours are not necessarily abnormal; social norms vary with time and with culture
- failure to function adequately – many mental disorders do not cause personal distress; many behaviours, eg smoking, are maladaptive but not a sign of psychological abnormality
- deviation from ideal mental health – the criteria are too demanding – most people would be judged abnormal based on this definition; many of the criteria reflect Western cultural norms of psychological 'normality'
- implications for diagnosis and/or treatment.

Accept other relevant evaluation points.

Q2.

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Marks	Description
4	13 – 16	Knowledge of failure to function adequately and deviation from ideal mental health is accurate and generally well detailed. Application is effective. Evaluation is thorough and effective. Minor detail and/or expansion of argument is sometimes lacking. The answer is clear, coherent and focused. Specialist terminology is used effectively.
3	9 – 12	Knowledge of failure to function adequately and deviation from ideal mental health is evident but there are occasional inaccuracies/omissions. Evaluation/application is mostly effective. The answer is mostly clear and organised but occasionally lacks focus. Specialist terminology is used appropriately.
2	5 – 8	Limited knowledge of failure to function adequately and/or deviation from ideal mental health is present. Focus is mainly on description. Application/evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge of failure to function adequately and/or deviation from ideal mental health is very limited. Application is limited, poorly focussed or absent. 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.
	0	No relevant content.

AO1 content

Failure to function adequately:
- abnormality judged as inability to deal with the demands of everyday living
- behaviour is maladaptive, irrational or dangerous
- behaviour causes personal distress and distress to others.

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Deviation from ideal mental health:
- absence of signs of mental health used to judge abnormality
- description of (Jahoda's) criteria – accurate perception of reality; self-actualisation; resistance to stress; positive attitude towards self; autonomy/independence; environmental mastery
- the more criteria someone fails to meet, the more abnormal they are.

Accept other valid points.

AO2 possible application

Failure to function adequately:
- evidence that Rob is not coping with everyday tasks – cannot complete homework; he is untidy
- Rob is causing others' distress – his parents and teachers
- personal distress – feelings of anxiety, he is frightened.

Deviation from ideal mental health:
- Rob's perception of reality is not accurate – hearing voices
- voices are preventing Rob from fulfilling potential/achieving self-actualisation – may affect his chances of going to university.

Accept other relevant application points.

AO3 possible evaluation/discussion points
Failure to function:
- recognises the patient's perspective
- judging person as distressed or distressing relies on subjective assessment
- not all abnormal behaviour is associated with distress/failure to cope eg psychopathy
- not all maladaptive behaviour is an indicator of mental illness.

Deviation from ideal mental health:
- positive, holistic approach to diagnosis
- criteria for mental health are too demanding/unrealistic
- culture bias in some criteria, eg value placed on independence/autonomy
- use of evidence to support/challenge definitions
- comparison/overlap with other definitions – deviation from social norms, statistical infrequency.

Accept other relevant evaluation points.

Q3.

[AO1 = 3]

Behaviour which is rare and not exhibited by many people	C
Behaviour which does not fit the rules of expected behaviour	B
Behaviour which shows an inability to cope with everyday life	A

Q4.

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[AO1 = 2]

2 marks for a clear and accurate explanation of the term 'statistical infrequency' as a definition of abnormality.

1 mark for a weak, muddled or very limited explanation.

Content: A person's trait, thinking or behaviour would be considered to be an indication of abnormality if it was found to be numerically (statistically) rare / uncommon / anomalous.

Q5.

[AO2 = 6]

Award marks for **each** way of defining abnormality applied to Bina as follows:

2 marks for a clear and coherent explanation which directly addresses the question of whether or not Bina's behaviour should be considered abnormal

1 mark for a limited explanation which vaguely or partially addresses the question.

Possible applications:

- statistical infrequency - the doctor says depression is quite common therefore Bina's behaviour should not be considered abnormal.
- failure to function adequately – Bina is neglecting personal hygiene she also takes lots of time off work therefore her behaviour could be considered abnormal.
- deviation from ideal mental health - Bina is miserable therefore her behaviour could be considered abnormal.
- deviation from social norms – Bina has temper tantrums/is rude to customers which is not the norm for adults in a work environment therefore her behaviour could be considered to be abnormal.

Q6.

[AO1 = 2]

B and E.

Q7.

[AO1 = 3 AO2 = 3]

1 mark for each correct outline, plus **1 mark** for linking each outline appropriately to the stem.

Definitions must be outlined rather than simply stated / identified for credit.

AO1 Outline:

- statistical infrequency / deviation from statistical norms – abnormal behaviour is that which is rare / uncommon / anomalous
- deviation from social norms – abnormal behaviour is that which goes against /

contravenes unwritten rules / expectations (in a given society / culture)
- failure to function adequately – abnormal behaviour is that which causes personal distress / anguish **OR** inability to cope with everyday life / maladaptiveness.

AO2 Application to stem:

- statistical infrequency – 'approximately 1 in 1000 people…'
- deviation from social norms – 'most of us are able to throw away the things we don't need on a daily basis…'
- failure to function adequately – 'difficulty parting with items and possessions… leads to severe anxiety' **OR** 'affects living or work spaces'.

Q8.

(a) **[AO1 = 2]**

Possible definitions:
- Statistical infrequency/deviation from statistical norms – abnormal behaviour is that which is rare/uncommon/anomalous.
- Deviation from social norms – abnormal behaviour is that which goes against/contravenes unwritten rules/expectations in a given society/culture.
- Failure to function adequately – abnormal behaviour is that which causes person distress/anguish or an inability to cope with everyday life/maladaptiveness.
- Deviation from ideal mental health – abnormality is that which fails to meet prescribed criteria for psychological normality/wellbeing: e.g. accurate perception of reality, resistance to stress, etc.

(b) **[AO1 = 2 AO3 = 4]**

Level	Marks	Description
3	5 – 6	Knowledge of definition of abnormality is clear and accurate. Evaluation is relevant and well explained. The answer is clear and coherent. Specialist terminology is used effectively.
2	3 – 4	Knowledge of definition of abnormality is present though there may be some inaccuracy/lack of clarity. There is some relevant evaluation but there may be some omissions/lack of detail. There are some inaccuracies. There is some appropriate use of specialist terminology.
1	1 – 2	Knowledge of definition(s) of abnormality is briefly stated with no elaboration. There is a brief attempt to evaluate or this may be absent. The answer is brief, or has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

AO1 – possible content:
- Statistical infrequency/deviation from statistical norms – abnormal behaviour is that which is rare/uncommon/anomalous.

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- Deviation from social norms – abnormal behaviour is that which goes against/contravenes unwritten rules/expectations in a given society/culture.
- Failure to function adequately – abnormal behaviour is that which causes person distress/anguish or an inability to cope with everyday life/maladaptiveness.
- Deviation from ideal mental health – abnormality is that which fails to meet prescribed criteria for psychological normality/wellbeing: e.g. accurate perception of reality, resistance to stress, etc.

Note that definition chosen must be **different** from that outlined in the question.

AO3 – Possible evaluation points:

- Statistical infrequency/deviation from statistical norms – fails to account for behaviour that is statistically rare but desirable such as having a very high IQ; some disorders are not statistically rare; issue of who decides where the cut-off point is.
- Deviation from social norms – eccentric behaviours are not necessarily abnormal; social norms vary with time and with culture.
- Failure to function adequately – many mental disorders do not cause personal distress; many behaviours, e.g. smoking are maladaptive but not a sign of psychological abnormality.
- Deviation from ideal mental health – the criteria are too demanding – most people would be judged abnormal based on this definition; many of the criteria reflect Western cultural norms of psychological 'normality'.

Accept other relevant evaluation points.

Q9.

AO1 = 2

The correct boxes are the 2nd one and the 6th one.

Q10.

AO2 = 2

FFA: Limitation:

- Not a true definition, but a way of deciding how bad their problems are
- There are often exceptions to the rule, where maladaptive behaviour is not abnormal but due to a specific circumstance
- Cultural relativism

One mark for a brief identification of the limitation and a further mark for elaboration. For example, cultural relativism is one limitation; what may be seen as functioning adequately in one culture may not be adequate in another (1 mark). This is likely to result in different diagnoses in different cultures (2nd mark).

Q11.

AO2 = 2

Jahoda suggested the following criteria necessary for ideal mental health:

- Resistance to stress
- Growth, development or self-actualisation
- High self-esteem and a strong sense of identity
- Autonomy
- Perception of reality.

Examiners should be aware that these terms are subjective / descriptive and that students may name the concepts in slightly different ways.

Q12.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

AO2 = 4

- Difficulty of meeting all criteria, very few people would be able to do so and this suggests that very few people are psychologically healthy.
- The criteria are subjective and not operationalised, so being defined as abnormal is not objective.
- These ideas are culture-bound, based on a Western idea of ideal mental health: cultural relativism.

One mark for identification of each weakness and a further mark for elaboration.

Q13.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

- A single set of numbered levels (formerly bands) to cover all skills
- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

(a) **AO1 = 3**

Candidates may choose any definition: deviation from ideal mental health and failure to function adequately are named on the specification. However, other definitions

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such as statistical infrequency are also creditworthy.

1 mark for identifying the definition and a further 2 marks for elaboration.

(b) **AO2 = 4**

The evaluation must be relevant to the definition given in (a).

Failure to Function Adequately:

- Context is very important when deciding whether someone is functioning adequately; what may seem irrational in one context can be seen as rational in another. Thislimits the definition.
- Cultural relativism is an issue, what is considered adequate in one culture is notnecessarily adequate in another. This also makes it difficult for this to be a universal definition.

Deviation from Ideal Mental Health:

- The characteristics are very strict and it is unlikely that many people would be able to meet them all, thus being defined as abnormal.
- The definition was based on Jahoda's views of psychological health and therefore represents a very Western view.

Examiners should be aware of depth / breadth trade-off.

Credit any other relevant point of evaluation.

AO2 Evaluation of one definition of abnormality
4 marks Effective evaluation Evaluation demonstrates sound analysis and effective use of a range material to evaluate one definition of abnormality.
3 marks Reasonable evaluation Evaluation demonstrates reasonable analysis and use of material to evaluate one definition of abnormality.
2 marks Basic evaluation Evaluation demonstrates basic analysis and superficial evaluation of one definition of abnormality.
1 mark Rudimentary evaluation Evaluation demonstrates rudimentary, muddled analysis of one definition of abnormality.
0 Marks No creditworthy material

Q14.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

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- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

AO1 = 3

AO2 = 3

Failure to function adequately (FFA) refers to abnormality that prevent the person from carrying out the range of behaviours that society would expect from them, such as getting out of bed each day, holding down a job etc. Rosenhan & Seligman suggested a range of criteria that are typical of FFA. These include observer discomfort, unpredictability and irrationality among others.

1 mark for a basic outline of FFA and a further two marks for elaboration.

Evaluation of FFA:

- Cultural relativism – what is considered adequate in one culture might not be so in another.

- FFA might not be linked to abnormality but to other factors. Failure to keep a job may be due to the economic situation not to psychopathology.

- FFA is context dependent; not eating can be seen as failing to function adequately but prisoners on hunger strikes making a protest can be seen in a different light.

Q15.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **AO2 = 3**

Several definitions could be applicable: deviation from social norms; failure to function adequately and deviation from ideal mental health. Candidates need to engage with the question in order to explain their choice. However, they can make a case for any of the definitions. For example, deviation from social norms (1 mark): It is not the norm for someone who is 30 to have a temper tantrum, even though it is normal for a 3 year old,
so she is breaking an age-related social norm (2 marks for explanation).

1 mark for identification of a definition of abnormality and further two marks for the explanation why it has been chosen.

(b) **AO2 = 3**

The limitation must refer to the definition offered in part (a). For example, a limitation of the deviation from social norms definition is that social norms can vary from culture to culture. This means that what is considered normal in one culture may be considered abnormal in another. 1 mark for identification of a limitation and a further 2 marks for elaboration.

Q16.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

AO1 = 1

AO2 = 2

The definitions on the specification are:

- Deviation from social norms
- Failure to function adequately
- Deviation ideal mental health.

However, other definitions are also credit-worthy (eg statistical infrequency).

AO1 = 1 mark for correct identification of a definition of abnormality.

The limitation must be appropriate to the definition given. For example, one limitation of the deviation of social norms definition is that norms can vary over time. This means that behaviour that would have been defined as abnormal in one era is no longer defined as abnormal in another. With failure to function adequately, there is a cultural limitation in that the definition does not take account that 'adequate' behaviour varies from one culture to another.

The main limitation with ideal mental health is that the criteria are so demanding that very few people will be able to meet all the criteria.

AO2 = 1 mark for identifying the limitation and a further mark for elaboration.

Q17.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **AO1 = 3+3**

The definitions given on the specification are: deviation from social norms, failure to function adequately and deviation from ideal mental health and these are the most likely ones to be used. However, other definitions (such as statistical infrequency) are also acceptable. Note: models of abnormality are not acceptable.

1 mark for identification of the definition and a further two marks for elaboration. For example, deviation from ideal mental health (1 mark) is a list of criteria that state what is healthy (2nd mark) eg self actualisation (further mark).

(b) **AO1 = 2**

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There are several limitations candidates could consider, but whichever they select it must apply to their chosen definition. For example:

- Deviation from social norms – limitations = changes with time; who decides on the norm, role of context, culturally specific.
- Failure to function adequately – limitations = who decides on what is adequate; distinction between maladaptive and abnormal.
- Deviation from ideal mental health – limitations = difficult to achieve many of the criteria; culturally specific.

1 mark for identification of limitation and a further mark for elaboration.

Q18.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

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- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

- A single set of numbered levels (formerly bands) to cover all skills
- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

AO1 = 6

AO2 = 6

There are three definitions of abnormality named on the specification: deviation from social norms, failure to function adequately and deviation from ideal mental health. However, other definitions are also credit-worthy. Candidates could offer several definitions in less detail or two definitions but in more detail, breadth / depth trade off.

However, approaches or models are not credit-worthy.

The commentary could consider the strengths and / or limitations of each definition, eg the problems associated with cultural relativism or it could include a generic discussion of the problems of defining abnormality. One limitation of the deviation from social norms definition is that social norms change with time; this is illustrated by the changing views on homosexuality. With the deviation from ideal mental health, there is the problem of cross-cultural variations. A further problem is that the ideals are so demanding that almost everyone would be considered abnormal to some degree. The 'failure to function adequately' definition has the advantage of a more objective measuring scale (eg the GAF). However, it can be criticised as not differentiating sufficiently between abnormal behaviour and unconventional or eccentric behaviour.

AO1 **Knowledge and understanding**	**AO2** **Application of knowledge and understanding**

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6 marks Accurate and reasonably detailed Accurate and reasonably detailed description that demonstrates sound knowledge and understanding of at least two definitions of abnormality. There is appropriate selection of material to address the question.	**6 marks Effective evaluation** Effective use of material to address the question and provide informed commentary. Effective evaluation of research. Broad range of issues and/or evidence in reasonable depth, or a narrower range in greater depth. Clear expression of ideas, good range of specialist terms, few errors of grammar, punctuation and spelling.
5 – 4 marks Less detailed but generally accurate Less detailed but generally accurate description that demonstrates relevant knowledge and understanding. There is some evidence of selection of material to address the question. Partial performance: if only one definition is given, accurate and reasonably detailed, max 4 marks.	**5 – 4 marks Reasonable evaluation** Material is not always used effectively but produces a reasonable commentary. Reasonable evaluation of research. A range of issues and/or evidence in limited depth, or a narrower range in greater depth. Reasonable expression of ideas, a range of specialist terms, some errors of grammar, punctuation and spelling. Partial performance: max 4 marks.
3 – 2 marks Basic Basic description that demonstrates some relevant knowledge and understanding but lacks detail and may be muddled. There is little evidence of selection of material to address the question.	**3 – 2 marks Basic evaluation** The use of material provides only a basic commentary. Basic evaluation of research. Superficial consideration of a restricted range of issues and/or evidence. Expression of ideas lacks clarity, some specialist terms used, errors of grammar, punctuation and spelling detract from clarity.
1 mark Very brief/flawed or inappropriate Very brief or flawed description demonstrating very little knowledge. Selection and presentation of information is largely or wholly inappropriate.	**1 mark Rudimentary evaluation** The use of material provides only a rudimentary commentary. Evaluation of research is just discernible or absent. Expression of ideas poor, few specialist terms used, errors of grammar, punctuation and spelling often obscure the meaning.
0 marks No creditworthy material.	**0 marks** No creditworthy material.

Q19.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **AO2 = 4**

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Possible criteria might include:

- Self-actualisation of one's potential
- Resistance to stress
- Personal autonomy
- Accurate perception of reality
- Adapting to the environment.

Other appropriate criteria can also be credited.
For each criterion: 1 mark for identification and a further mark for elaboration.

(b) **AO2 = 2**

One weakness is the difficulty of meeting all criteria, very few people would be able to do so, and this suggests then that few people are psychologically healthy.
Another weakness is that these ideas are culture-bound, based on a Western ideal of mental health.
1 mark for weakness of the limitation and a further mark for elaboration.

Q20.

(a) **AO1 = 1**

There are three definitions on the specification; deviation from social norms, failure to function adequately and deviation from ideal mental health. However, any alternative definition such as statistical infrequency can also be credited.

(b) **AO2 = 2**

The definition of abnormality given in part (a) must be the one used to explain the behaviour. For example:

- (Deviation from social norms): this checking behaviour is not what most people do and therefore deviates from social norms. Many people check their lights once but not several times.
- (Failure to function adequately): this checking behaviour is making them late for work; consequently they are not functioning adequately (they might lose their job, or just not be able to do it very well).
- (Deviation from ideal mental health): these people are not psychologically healthy, the constant checking might cause them stress, and they show that they cannot deal with anxiety. Resistance to stress is one of Jahoda's criteria for ideal mental health.

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Q1.

Many students produced level 3 responses, which demonstrated knowledge of two definitions with some effective evaluation. However, few students accessed level 4 due to either a lack of detailed knowledge of two definitions or due to ineffective evaluation.

There were some effective evaluative responses in relation to cultural bias but overall evaluation tended to be weak or superficial. Students frequently struggled with the evaluation of the definitions described, producing answers with poorly expressed points, significant irrelevance and confusion between definitions. Reference to irrelevant examples that did not relate to psychopathology did not gain credit.

Q2.

Perhaps the most demanding question on the paper, as students had to outline definitions of abnormality, evaluate them and at the same time apply their material to Rob's experiences. There was enormous variability in knowledge of failure to function adequately (FFA) and deviation from ideal mental health (DIMH) definitions of abnormality, with some candidates clearly unprepared for one or the other. When applying the definitions to Rob it also became clear that while some students could list most of Jahoda's criteria they did not fully understand what they meant. Similarly with FFA, where hearing voices in itself is not a symptom of FFA some students thought it was. Better answers accurately linked aspects of the definitions to Rob's symptoms, for example causing distress to self and others (FFA), or lacking an accurate perception of reality by hearing voices (DIMH).

In many answers evaluation tended to be generic and lacking in effectiveness e.g. cultural relativity was often mentioned in relation to both FFA and DIMH, but usually without sufficient specific detail to make it effective as an evaluative point.

This was a question with several elements that required planning and a coherent structure, and this was seen in better answers. It was clear that many less successful responses would have benefited from a few minutes planning at the start; with the same material but a clear and coherent structure they would have earned more credit.

Q3.

This question was generally answered well.

Q9.

This question required students to select two statements that described the deviation from ideal mental health definition of abnormality and most found this a straightforward question. Unfortunately, there were some students who failed to read the question and ticked more than two boxes, resulting in no credit at all.

Q10.

This question referred to a different definition and those students who did not read the question often failed to gain any credit (unless their limitation could have applied to failure to function adequately). Better answers referred to the issue of context, or that sometimes failure might be due to factors such as the economy rather than a psychological disorder. Although cultural relativism is a limitation, many students struggled to use this effectively.

Q11.

Examiners took a fairly lenient view in terms of how these criteria were expressed. However, since “adapts well to her environment” had already been given, answers that referred to environmental mastery were not credited. Some students confused this definition with failure to function adequately and offered observer discomfort as a criterion.

The limitations given must apply to deviation form ideal mental health and not merely be a generic comment on, for example, cultural relativism. In this instance, a better answer would focus on how Jahoda’s criteria were very Western and some cultures do not value autonomy.

Q12.

Examiners took a fairly lenient view in terms of how these criteria were expressed. However, since “adapts well to her environment” had already been given, answers that referred to environmental mastery were not credited. Some students confused this definition with failure to function adequately and offered observer discomfort as a criterion.

The limitations given must apply to deviation form ideal mental health and not merely be a generic comment on, for example, cultural relativism. In this instance, a better answer would focus on how Jahoda’s criteria were very Western and some cultures do not value autonomy.

Q13.

The main difficulty for many students appeared to be identifying one definition and then explaining the same one. Students often identified failure to function adequately, but then went on to explain deviation from ideal mental health, or vice versa. Some answers were so poorly expressed that it was impossible to decide which definition it applied to; for example “deviation from behaviour” or “failure to behave”.

The answers to (b) were sometimes very generic and could apply to any definition, to gain credit they needed to show how the evaluation applied to their chosen definition. However, some students made very good use of relevant examples (rather than superficial ones that did not relate to psychopathology) to illustrate their evaluation.

Q14.

There were some excellent outlines of this definition, with good use of Rosenhan and Seligman’s features as well as the GAF. Unfortunately some students failed to note that this question also required evaluation and so failed to access half the marks. The most common mistake here was to confuse this definition with deviation from ideal mental health.

Q15.

(a) This question required candidates to demonstrate their ability to apply knowledge. Most candidates chose deviation from social norms and successfully used the stimulus material to justify their choice. Candidates who chose either failure to function adequately or deviation from ideal mental health, found it a little more difficult to apply it to the scenario, but made some creditworthy attempts.

(b) The most common limitation offered was that the definition suffers from cultural relativism, but for the full marks, candidates needed to explain why this is a limitation, rather than explaining what it is.

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Q16.

A very well answered question and one that was obviously popular with the candidates. Many wrote extensively on their chosen definition. This however, wasted time and candidates need to understand that identification of a definition does not mean explain in great detail; especially when so few marks are available. The limitation was usually in terms of era dependency, context or cultural relativism.

Q17.

Both parts of this question were generally answered well. However, some of the examples candidates used to illustrate their answers often lacked any connection to psychopathology. Similarly the use of ‘naked tribes in Africa’ as an example shows very limited understanding.

Q18.

Students seemed very well prepared for this question and there were some extremely detailed and well-written essays. The main problem for many candidates was that they provided only a brief statement identifying the definition, which resulted in low AO1 marks. The other pitfall was for those candidates who confused definitions with models and gained no credit. A recommendation for candidates is that they try and illustrate their definitions with examples from psychopathology. Many of the examples used were sometimes little better than commonsense examples; using more psychologically relevant examples would add depth to an answer.

Q19.

Candidates frequently confused the different definitions of abnormality, so offered failure to function adequately as one criteria and deviation from social norms as the other. However, those candidates who did understand that the definition for psychological health has several criteria, such as autonomy and self-actualisation, were able to gain full marks. Clearly some centres had prepared candidates well and they knew about Jahoda’s criteria in great detail.

Q20.

Most candidates could give one definition of abnormality, however, they were less able to apply it to the scenario. Weaker candidates seemed confused as to the distinction between the definitions when it came to applying them.

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