



Rewarding Learning

ADVANCED
General Certificate of Education
January 2012

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

WEDNESDAY 25 JANUARY, MORNING

MARK SCHEME

- 1 (a) List three symptoms that an individual with a phobia might experience when exposed to the feared object or situation. (AO1)

[1] for each of the following to a maximum of three:

- shaking
- feeling confused, anxious or disorientated
- rapid heart beat
- dry mouth
- feeling nauseous
- intense sweating
- difficulty breathing
- chest pain
- dizziness
- tensing, being unable to move.

(3 × [1]) [3]

- (b) Use Pavlov's theory of classical conditioning to discuss why people with phobias have a strong desire to avoid whatever is causing their fears. (AO1, AO2)

According to this theory, a phobia is a learned association between the stimulus or feared object and the fear response – by avoiding the feared object the individual does not have to experience the fear.

[1] for key phrase(s), [2] for explanation, [3] for discussion
(1 × [3]) [3]

- (c) Phobias seem to run in families, but whether they are genetically inherited is uncertain, with an alternative explanation being Bandura's Social Learning Theory.

Define the following concepts from Bandura's theory and apply them to discuss why phobias run in families. (AO1, AO2, AO3)

Modelling

Definition

Selecting a significant person to use as a role model – the behaviours of the role model is then imitated.

[1] for definition
(1 × [1]) [1]

Application to why phobias run in families

Individuals are likely to select role models whom they see as similar to themselves or as loving or powerful – for example parents, and in particular the same sex parent, are often powerful role models. If these role models display phobic reactions to particular stimuli this is observed and imitated, e.g. a young girl copying the behaviour of her mother who is afraid of spiders.

[1] for key phrase(s), [2] for explanation, [3] for discussion
(1 × [3]) [3]

Identification

Definition

Answers may include:

The process of internalising the behaviour of a role model so that the role model's behaviour is no longer simply imitated but part of the individual's own personality.

[1] for definition

(1 × [1])

[1]

Application to why phobias run in families

Answers may include:

If an individual has a phobic role model in the family and imitates this person, the phobic behaviour eventually becomes internalised or part of that individual's own personality, e.g. child with a phobia about the same stimulus – this explains why such fears run in families.

[1] for key phrase(s), [2] for explanation, [3] for discussion

(1 × [3])

[3]

(d) Discuss how modelling therapy can be used to treat people with phobias. (AO1, AO2, AO3)

- Modelling therapy involves getting someone with a phobia to observe someone else dealing with the feared object in a more productive way – the first person will learn by modelling the second
- Clients with a phobia can watch another person, an actor, go through a slow and painful approach to the feared object. The actor acts terrified at first, but shakes himself out of it, tells himself to relax and breathe normally, and takes one step at a time towards the feared object
- Ultimately, the actor gets to the point where he approaches and touches the feared object, all the while giving himself calming instructions
- After the phobic individual sees this he/she is invited to try it
- The phobic individual takes on the behaviour of the actor with whom he can identify because they appear to have the same fear.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit.

Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of how modelling therapy can be used to treat people with phobias
- there is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of modelling therapy can be used to treat people with phobias
- there is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays competent knowledge of modelling therapy can be used to treat people with phobias
- there is competent discussion. [6]

(e) Analyse how behaviour therapies can be used to treat an individual with a phobia of birds. (AO1, AO2, AO3, AO4)

- Behaviour therapy focuses on changing responses as opposed to trying to understand reasons for them – aim to replace fear response to birds with a more appropriate response, i.e. a more relaxed response
- Systematic desensitisation – the client draws up a hierarchy of fears – learns to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation with birds and gradually working up the hierarchy
- Implosion therapy and flooding – clients are required to remain with the feared stimulus, i.e. birds despite high levels of anxiety – it is physiologically impossible to maintain anxiety state so it subsides and fear is extinguished as a result. With implosion therapy the birds are imagined whilst with flooding the stimulus is present.

All other points will be given credit

[0] is awarded for a response not worthy of credit.

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of how behaviour therapies can be used to treat an individual with a phobia of birds
- there is limited analysis.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how behaviour therapies can be used to treat an individual with a phobia of birds
- there is adequate analysis.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays competent knowledge of how behaviour therapies can be used to treat an individual with a phobia of birds
- there is competent analysis and clear application to bird phobia. [9]

- (f) Discuss one advantage and one disadvantage of using behaviour therapies to treat phobias. (AO1, AO2, AO3, AO4)

Advantages

- there is evidence that all these techniques do work, especially for specific phobias, e.g. of a particular animal. For example, flooding where the feared stimulus is actually presented has proven very successful for all types of phobia including less specific ones like agoraphobia whilst the use of imagination/visualisation allows quite abstract fears to be addressed, e.g. fear of criticism
- these techniques get results quicker than other therapies like psychoanalysis which focuses on getting clients to understand the source of their fears – clients can see the difference in their own reactions quite quickly and can feel encouraged by this.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion
(1 × [3]) [3]

Disadvantages

- the techniques are not successful with all clients with different phobias – systematic desensitisation is not so effective with less specific fears, e.g. agoraphobia and patients need to have vivid imaginations for systematic desensitisation or implosion therapy to succeed, which not everyone does
- behaviour therapy simply focuses on changing behaviour but does nothing to help clients understand why they experienced the phobia in the first place
- sometimes these techniques are regarded as unethical as clients can become very distressed, e.g. with flooding techniques clients generally exhibit signs of extreme stress and the whole ethos of the therapy is to leave them in that state until it subsides naturally
- in some cases the phobia may return – “spontaneous recovery of learning”
- in some cases the therapy can reinforce or strengthen the phobia, e.g. this can happen with flooding.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion
(1 × [3]) [3]

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- 2 (a) J.K. Rowling has explained how her depression was affected by the socio-economic factor of family, including the death of her mother and breakdown of her marriage. Discuss how the following socio-economic factors could contribute to depression. (AO1, AO2, AO3)

Gender

Women are almost twice as likely to become depressed as men. The higher risk may be due partly to hormonal changes brought on by puberty, menstruation, menopause and pregnancy. Although their risk for depression is lower, men are more likely to go undiagnosed and less likely to seek help. Suicide is an especially serious risk for men with depression, who are four time more likely than women to kill themselves.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion

Poverty

The poor living conditions and financial problems associated with poverty can increase the likelihood of suffering from depression – individuals can feel distressed and anxious about these things and this can lead to depression in the longer term.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion

Social exclusion

Rates of depression are extremely high in those who experience social exclusion, which is a sense of not being able to participate in the norms of society. There can be many reasons for this, only some of which are linked to poverty, e.g homeless people living in hostels, temporary accommodation or on the streets can become depressed as a result of stress caused by poverty but also due to the lack of social and family support. Similarly, older people who have become housebound due to physical problems are likely to feel socially isolated and have a higher risk of experiencing depression.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion
(3 × [3])

[9]

(b) Discuss how any one type of drug which works to treat depression. (AO1, AO2, AO3)

- MAOIs – block the action of the enzyme monoamine oxidase which normally breaks down the neurotransmitters noradrenaline and serotonin – therefore increases levels of serotonin and noradrenaline, making the individual feel happier
- TCAs – prevent the neurotransmitters noradrenaline and serotonin from being re-absorbed after use, thus increasing the available levels of these neurotransmitters, making the individual feel happier
- SSRIs (Selective Serotonin Reuptake Inhibitors) – increase the level of the neurotransmitter serotonin by inhibiting its depletion in the brain, making the individual feel happier.

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion
(1 × [3]) [3]

(c) Discuss how Beck and Ellis's cognitive therapies are used in the treatment of depression. (AO1, AO2, AO3)

Answers may include:

- Beck's cognitive therapy is referred to as Cognitive Restructuring and aims to change cognitive distortions and negative thoughts by challenging them in therapy over a series of sessions usually by considering the evidence for negative statements. The therapist will ask the client questions, such as:
 - what is the evidence supporting the conclusion currently held by the client, e.g. that his life is not worth living?
 - what is another way of looking at the same situation but reaching another conclusion, e.g. life could be better if some changes are made?
 - what will happen if, indeed, the current conclusion/opinion is correct, e.g. if someone really doesn't have any positive relationships what could happen? The aim is to move the client away from negative cognitive processes and towards positive cognition
- Ellis's Rational Emotive Therapy (RET) also aims to challenge irrational beliefs linked to depression, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging clients to prove unrealistic statements like "no-one likes me" and role playing different situations during therapy, e.g. meeting and talking to new people. Rational Emotive Behaviour Therapy (REBT) also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. arrange to go out with a friend this week.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit.

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge how Beck and Ellis's cognitive therapies are used in the treatment of depression
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how Beck and Ellis's cognitive therapies are used in the treatment of depression
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays competent knowledge of how Beck and Ellis's cognitive therapies are used in the treatment of depression
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [9]

- (d) Analyse how the humanistic perspective in psychology can contribute to understanding and treating depression. (AO1, AO2, AO3, AO4)

Answers may include:

Understanding

- individuals who are depressed are failing to self-actualise because they are not receiving/have not received unconditional positive regard. They have been influenced by conditions of worth – they got love and affection only if they behaved as others wanted them to – they experienced conditional positive regard
- over time, individuals develop conditional positive self-regard – like themselves only if they meet the standards others have applied to them, rather than if they are truly self-actualising, making it difficult to maintain self-esteem and so depression sets in

- the real self is the self an individual will become if he receives positive regard and develops self-regard and is self-actualising. Otherwise he develops an ideal self with high standards that are out of reach. There is a gap between the real self and the ideal self – incongruity. The more incongruity, the greater the depression the individual experiences.
- when there is incongruity between the ideal and the real self the individual is in a threatening situation and will feel anxiety. To reduce this, the individual uses defences – denial and perceptual distortion. Using these defences creates more incongruence, more threat, and greater levels of anxiety. More serious depression or mental breakdown occurs when a person’s defences are overwhelmed, and their sense of self becomes “shattered”.

Treating

- client centred therapy/person centred therapy (PCT) – role of therapist is to provide unconditional positive regard for clients as the depression is associated with a lack of unconditional regard, usually from parents as an individual grows up
- need for warmth, genuineness and empathy in the therapeutic relationship
- focus on dealing with the present rather than the past
- therapy is non-directive – clients should decide how to work towards self-actualisation so that behaviour becomes congruent with the self-concept, reducing feelings of depression
- therapist aims to improve self-esteem and help clients develop a realistic ideal self
- through encounter groups clients can provide positive regard for each other.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit.

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of how the humanistic perspective in psychology has contributed to understanding and/or treating depression
- there is limited analysis
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how the humanistic perspective in psychology has contributed to understanding and treating depression
- there is adequate analysis
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays good knowledge of how the humanistic perspective in psychology has contributed to understanding and treating depression
- candidates need to focus on both client groups to achieve in this band
- there is competent analysis
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: excellent knowledge and understanding

- displays very good to excellent knowledge of how the humanistic perspective in psychology has contributed to understanding and treating depression
- there is highly competent analysis
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that the meaning is absolutely clear. [15]

- (e) Use the table below to evaluate different treatments for depression by explaining one advantage and one disadvantage of each.
(AO1, AO2, AO3, AO4)

Drug therapies

Advantages

Any one of the following:

- effectively reduces symptoms of depression for most patients without them having to commit to long sessions in therapy
- reasonably quick results – symptoms of depression can be reduced within a few weeks
- more cost effective for the health service than patients spending long periods in talking therapies
- people are often happy to accept drugs as treatment – may expect a prescription when visiting doctor
- cost effective and accessible for clients – entitled to free prescriptions in Northern Ireland.

[1] for key phrase(s), [2] for full explanation

(1 × [2])

[2]

Disadvantages

Any one of the following:

- does nothing about the root causes of the problem, e.g. problems from the past
- side effects of medication, e.g. some medication can make individuals lethargic
- may be interaction with other drugs/substances
- patients may worry about developing a dependency on medication and be resistant to using it
- non-compliance in taking drugs due to the depression, e.g. individual is not motivated.

[1] for key phrase(s), [2] for full explanation

(1 × [2])

[2]

Cognitive therapy

Advantages

Any one of the following:

- take account of clients' thinking behaviour and how they view the world so clients feel valued that the therapy is individual to them
- treatment has clear goals – to change maladaptive thinking – clients understand the process
- works well for depression – this is shown by the outcome studies
- gives clients an understanding of how thinking is causing their problems and how to change it – can use these skills in the future.

[1] for key phrase(s), [2] for full explanation

(1 × [2])

[2]

Weaknesses

Any one of the following:

- only useful for clients who are self-aware – can reflect on their own thoughts
- ignores hidden reasons for problems, e.g. unconscious thoughts
- changing thinking patterns may not be enough to remove more severe problems, e.g. less successful than behavioural techniques for agoraphobia
- individuals have to be motivated to succeed – determined to address their problems
- lengthy process – considerable commitment of time and effort.

[1] for key phrase(s), [2] for full explanation

(1 × [2])

[2]

Humanistic therapy

Advantages

Any one of the following:

- the therapy is non-directive, i.e. does not have the therapist telling the clients what to do, so clients are given the chance to work out what they need to do to address their own needs
- clients can develop the motivation and power to help themselves which adds to their sense of achievement
- encounter groups allow clients to express problems openly in a group and gain feedback from others who may have similar problems
- an encounter group can help a client see they are not the only person with problems so he/she doesn't feel so alone or isolated.

[1] for key phrase(s), [2] for full explanation

(1 × [2])

[2]

Disadvantages

Any one of the following:

- as people who are depressed often have difficulty making decisions, some clients may feel the need for an authority figure to tell them what to do rather than a facilitator who works in a non-directive way
- it may be difficult for the therapist and client to develop a warm, genuine and empathetic therapeutic relationship especially if the depressed individual is experiencing problems relating to other people
- some clients have difficulty discussing problems in encounter groups and also forming a trusting relationship with the therapist
- as the facilitator does not offer an overall judgement on the clients' problem some clients may be left feeling the therapy was a waste of time
- client centred therapy is one-to-one and needs several sessions, so is expensive.

[1] for key phrase(s), [2] for full explanation

(1 × [2])

[2]

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- 3 The International Eating Disorders Centre states that an eating disorder “is not a disease of the appetite. Food is not the issue. It merely underlies a deeply wounded, often damaged and hurt personality, clutching at eating or not eating in endeavouring to cope with life which has become unmanageable”.

(<http://www.eatingdisorderscentre.co.uk/what.htm>)

- (a) Write down the names of two eating disorders. (AO1)

[1] for each of the following:

Anorexia Nervosa

Bulimia Nervosa

(2 × [1])

[2]

- (b) Analyse how the psychoanalytic perspective can contribute to understanding and treating eating disorders. (AO1, AO2, AO3, AO4)
Answers may include:

Understanding

- eating disorders stem from problems in childhood, which are suppressed in the unconscious
- Freud saw eating disorders as personality problems resulting from fixation in the oral stage
- eating disorders may be caused by an imbalance in the id, ego and superego – superego has too much control
- controlling eating could be a defence mechanism which allows the individual to avoid dealing with real problems
- the individual’s behaviour is being determined by the death wish rather than the libido
- eating disorders are an attempt by adolescents to establish and control their own identities, particularly if they have domineering parents – allows self control and independence (Hilde Bruch)
- AN is regression to childhood to avoid adult sexual role
- AN may be related to early trauma such as sexual abuse – experiences are repressed into the unconscious and express themselves in adolescence as AN – it may be an unconscious attempt by those who have been sexually abused to destroy their bodies, which they are disgusted by
- AN linked to sexual immaturity – women confuse fatness with pregnancy – starve themselves to avoid pregnancy (Hilde Bruch)
- some psychoanalysts suggest AN develops as a result of enmeshed family dynamics – none of the family members has a clear identity because everything is done together – child rebels, gains control by developing an eating disorder.

Treating

- psychoanalytic/psychodynamic therapy aims to help sufferer cope better with inner emotional conflicts causing the eating disorder
- therapy aims to uncover unconscious conflicts and anxieties resulting from past to gain insight into causes of the eating disorder
- techniques employed include free association, word association, dream analysis, transference, projective tests
- client works through conflicts – process of catharsis.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and/or treating eating disorders
- there is limited analysis
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and treating eating disorders or competent knowledge of either understanding or treating
- there is adequate analysis
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays good knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and treating eating disorders
- candidates need to focus on both theory and therapy to achieve in this band
- there is competent analysis
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: excellent knowledge and understanding

- displays very good to excellent knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and treating eating disorders
- there is highly competent analysis
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [15]

**AVAILABLE
MARKS**

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