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General Certificate of Education
January 2014

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

MONDAY 20 JANUARY, MORNING

MARK SCHEME

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General Marking Instructions

Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

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1 **(a)** Write down four symptoms this individual might experience if she had to have an injection. (AO1)

Answers may include any four of the following
- shaking
- feeling confused or disorientated
- rapid heart beat
- dry mouth
- intense sweating
- difficulty breathing
- feeling sick
- dizziness
- chest pain

All other valid responses will be given credit

(4 × [1]) [4]

(b) Complete the table below to demonstrate your understanding of how different perspectives in psychology view phobias. (AO1, AO2)

Psychological Perspective	**How this perspective views phobias**
Psychoanalytic [1]	Phobias are the result of unconscious processes
Behaviourist [1]	Phobias occur as a result of a learned association between a stimulus and the fear response
Social [1]	Phobias result from children imitating their parents' reactions to the object of fear

(3 × [1]) [3]

(c) Describe how modelling therapy could be used to help the individual who has a phobia of injections. (AO1, AO2, AO3)

Answers may address the following points
- 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
- An individual with a phobia can watch another person, an actor, go through a slow and painful approach to receiving an injection
- 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 person who will administer the injection
- Ultimately, the actor gets to the point where he has the injection, all the while giving himself calming instructions

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- After the individual with the phobia sees this he/she would be invited to try it
- The models can be live and actually present or observed indirectly as on TV

[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 could be used to help the individual who has a phobia of injections
- There is limited description

Level 2 ([3]–[4])
Overall impression: adequate knowledge and understanding
- Displays adequate knowledge of how modelling therapy could be used to help the individual who has a phobia of injections
- There is adequate description

Level 3 ([5]–[6])
Overall impression: competent knowledge and understanding
- Displays good to excellent knowledge of how modelling therapy could be used to help the individual who has a phobia of injections
- There is competent description [6]

(d) Describe Ellis's ABC model of how phobias may develop and apply it to a phobia of injections. (AO1, AO2, AO3)

Description of the ABC model
Ellis claims disorders begin with an activating event (A) which leads to a belief (B), which may be rational or irrational. The belief leads to consequences (C), which can be adaptive (appropriate) for rational beliefs or maladaptive (inappropriate) for irrational beliefs

[1] for key phrase/s, [2] for adequate description, [3] for fuller description
([1] × 3) [3]

Application to a phobia of injections
The activating event (A) a painful injection led to a belief (B), which was irrational, e.g. injections are so painful I'll never have another one. The belief led to a consequence (C) which was maladaptive, i.e. the phobia of injections

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

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(e) Analyse how Beck and Ellis's therapies could be used to treat a phobia of injections. (AO1, AO2, AO3, AO4)

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Answers may address the following points

- These theorists would focus on changing the irrational or inappropriate thoughts that are causing the fear of injections
- 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 questions, such as
  - What is the evidence supporting the conclusion currently held by her? e.g. that injections are likely to be very painful
  - What is another way of looking at the same situation but reaching another conclusion? e.g. the feared stimulus i.e. an injection is not very painful, over quickly and isn't going to harm Sarah
  - What will happen if, indeed, the current conclusion/opinion is correct? e.g. if an injection does hurt?
  - The aim is to move the individual away from negative cognitive processes and towards positive cognition
- Ellis's Rational Emotive Therapy (RET) also aims to challenge irrational beliefs linked to phobias, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging individuals to prove unrealistic statements like 'I can't cope' and role playing different situations during therapy, e.g. going to a GP for an injection. Ellis's Rational Emotive Behaviour Therapy (REBT) also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. an individual might be asked to visit her GP to discuss what immunisations she needs

All other valid responses will be given credit

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

Level 1 ([1]–[3])
Overall impression: very basic understanding

- Displays limited knowledge of how Beck and Ellis would treat this phobia
- 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 ([4]–[6])
Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how Beck and Ellis would treat

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this phobia
- 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 ([7]–[9])
Overall impression: competent knowledge and understanding
- Displays good to excellent knowledge of how Beck and Ellis would treat this phobia
- There is competent analysis and clear application to a phobia of injections
- 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]

(f) Analyse how behaviour therapies can be used to treat phobias. (AO1, AO2, AO3, AO4)

Answers may address the following points
- Behaviour therapies focus on changing responses as opposed to trying to understand reasons for them – aim is to replace fear response with a more appropriate response i.e. a more relaxed response
- Systematic desensitisation – individuals with phobias draw up a hierarchy of fears – learn to replace the conditioned fear response with relaxation, starting with least threatening situation and gradually working up the hierarchy
- Flooding/implosion – individuals with phobias are required to remain with the feared stimulus despite high levels of anxiety – it is physiologically impossible to maintain the anxiety state so it subsides and fear is extinguished as a result

All other valid responses will be given credit

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

Level 1 ([1]–[3])
Overall impression: very basic understanding
- Displays limited knowledge of how behaviour therapies can be used to treat phobias
- 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

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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 behaviour therapies can be used to treat phobias
- 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 ([7]–[9])
Overall impression: competent knowledge and understanding
- Displays good to excellent knowledge of how behaviour therapies can be used to treat phobias
- 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 [9]

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2 (a) Identify one type of anti-depressant and explain how it works. (AO1, AO2)

Type of anti-depressant
Answers may include any one of the following
- Monoamine Oxidase Inhibitors (MAOIs)
- Tricyclics (TCAs)
- Selective Serotonin Reuptake Inhibitors (SSRIs)

(1 × [1]) [1]

How this type of anti-depressant works
- Monoamine Oxidase Inhibitors (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
- Tricyclics (TCAs) prevent the neurotransmitters noradrenaline and serotonin from being re-absorbed after use, thus increasing the

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available levels of these neurotransmitters, making the individual feel happier
- Selective Serotonin Reuptake Inhibitors (SSRIs) increase the level of the neurotransmitter serotonin, making the individual feel happier

[1] for key phrase/s, [2] for explanation of how it works
(1 × [2]) [2]

(b) Evaluate the use of anti-depressants for treating depression by explaining two advantages and two disadvantages of using drug treatments. (AO4)

Advantages
- effectively reduce symptoms for most patients who are depressed by changing their brain chemistry
- reasonably quick results – most people start to feel better within 3 weeks
- more cost effective for the health service than patients spending long periods in talking therapies for depression
- easily accessible for patients – no long waiting list as there often is for therapy

All other valid points will be given credit

[1] for key phrase/s, [2] for explanation
(2 × [2]) [4]

Disadvantages
- does nothing about the root causes of the depression such as relationship problems
- side effects of medication, e.g. some SSRIs can suppress appetite
- may interact with other drugs/substances
- non compliance can be a problem – patients may not take the drugs because they fear addiction or may stop taking them as soon as they feel better, causing relapse

All other valid points will be given credit

[1] for key phrase/s, [2] for explanation,
(2 × [2]) [4]

(c) Explain the following concepts from the humanistic perspective and apply them to depression. (AO1, AO2)

Conditional positive regard
Explanation of concept
Positive regard is the love and respect of others – it is a basic human need. This is described as conditional when it is not given freely but depending on the individual's behaviour – they are required to meet conditions of worth.

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

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Application to depression
An individual who received positive regard or love and affection only if he behaved as others wanted him to (in order to meet their conditions of worth) has only experienced conditional positive regard. As he is behaving to satisfy others rather than himself, he is failing to self actualise and is depressed as a result.

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

Incongruence (sometimes known as incongruity)
Explanation of concept
This refers to the gap or mismatch between the real self and the ideal self, the "I am" and the "I should".

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

Application to depression
When an individual is forced to live with conditions of worth that are out of step with self-actualising, he develops an ideal self with high standards that are always out of reach. The greater the gap between the real self and the ideal self, the greater the incongruity – incongruity is essentially what Rogers means by neurosis – depression is caused by being out of synch with oneself.

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

(d) Research has established that socio-economic factors can contribute to depression. Analyse how family, gender, poverty and education can influence depression. (AO1, AO2, AO3, AO4)

Answers may address some of the following

- Family – problems with relationships within families can contribute to depression, e.g. divorce or breakdown in relationships with other family members. There is also evidence that children of parents who suffer from depression are predisposed to it – this may be genetic or environmental
- 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 times more likely than women to kill themselves
- Poverty – poor living conditions and financial problems can increase the likelihood of suffering from depression. Individuals can feel there is no way out of a difficult situation and worries

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about money can lead to depression
- Education – people with lower levels of education are more likely to be depressed than those with higher levels of education – this may be linked to having less stimulating jobs. Those with higher levels of education also have an increased capacity for getting help with depression, due perhaps to the resources they have for research, accessing services and dealing with professionals

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 of how family, gender, poverty and education may contribute to depression – may list points or only discuss one factor
- 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 ([4]–[6])
Overall impression: adequate knowledge and understanding
- Displays adequate knowledge of how family, gender, poverty and education may contribute to depression – must discuss at least two factors to achieve at this level
- 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 ([7]–[9])
Overall impression: competent knowledge and understanding
- Displays very good knowledge of how family, gender, poverty and education may contribute to depression – must address at least three to score in this band
- There is competent analysis – there may be some variation in the quality of analysis across factors at the lower range
- 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,

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punctuation and grammar are of a high standard and ensure that the meaning is clear

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Level 4 ([10]–[12])
Overall impression: highly competent knowledge and understanding
- Displays excellent knowledge of how all four factors may contribute to 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 meaning is absolutely clear [12]

33

3 (a) Write down the names of of two eating disorders and identify two different behaviours associated with each. (AO1, AO2)

Eating disorders
Anorexia Nervosa
Bulimia Nervosa

(2 × [1]) [2]

Behaviours associated with Anorexia Nervosa
Any two of the following
- extreme fasting
- excessive exercising
- telling lies about eating
- hiding food
- saying one is too fat when obviously underweight

All other valid responses will be given credit

(2 × [1]) [2]

Behaviours associated with Bulimia Nervosa
Any two of the following
- regular bingeing on large quantities of food
- purging – making oneself sick

All other valid responses will be given credit

(2 × [1]) [2]

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(b) Discuss how family therapy can be used in the treatment of eating disorders. (AO1, AO2, AO3)

Answers may address the following points

- Family therapy aims to help the whole family learn about eating disorders and how they are treated, in particular to help parents realise that a young person with an eating disorder cannot control his or her thoughts and behaviour. The idea is to help parents to understand and support the individual more effectively
- The therapy aims to help everyone in the family to understand that the family is not the cause of the illness, but the family can help overcome it
- It aims to help parents take control of their child's eating until he or she has put on weight. For example, the therapist might suggest that parents monitor meals and limit exercise for a child who has anorexia. In return, parents might give the child choices over things like whether or not to tidy their room
- It tries to focus on how the family members get along together to see if anything is making it hard for parents and the individual to work towards improving the eating problems. For example, the family might be encouraged to consider the rules they have, how decisions are made and how limits are set

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 family therapy may be used to treat eating disorders
- There is limited discussion

Level 2 ([3]–[4])
Overall impression: adequate knowledge and understanding
- Displays adequate knowledge of how family therapy may be used to treat eating disorders
- There is adequate discussion

Level 3 ([5]–[6])
Overall impression: competent knowledge and understanding
- Displays competent knowledge of how family therapy may be used to treat eating disorders
- There is competent discussion [6]

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(c) Analyse how the **psychoanalytic** perspective contributes to understanding and treating eating disorders. (AO1, AO2, AO3, AO4)

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Answers may address the following points

Contribution to understanding eating disorders

- Eating disorders stem from problems in childhood which are suppressed in the subconscious. Freud saw eating disorders as personality problems resulting from fixation in the oral stage
- 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)
- Eating disorders can result from an imbalance in the three parts of the personality – the ego is failing to control the desires of the id (BN) or the superego (AN)
- The personality is being controlled more by Thanatos (the death wish) than Eros (the libido)
- Freud – eating is a substitute for sexual expression – eating disorders are a way of repressing sexual impulses
- AN is regression to childhood (body shape/periods stopping) to avoid adult sexual role
- AN 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 fantasise about oral impregnation and confuse fatness with pregnancy – starve themselves to avoid pregnancy (Hilde Bruch)

Contribution to treating eating disorders

- Psychoanalytic/psychodynamic therapy aims to help sufferer cope better with inner emotional conflicts causing eating disorders
- Therapy aims to uncover unconscious conflicts and anxieties resulting from past to gain insight to causes of eating disorders
- Techniques employed include free association, word association, dream analysis, transference, projective tests
- The individual 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 the contribution of the psychoanalytic perspective in understanding and treating eating disorders – may focus on only one half of the question
- There is limited analysis
- Quality of written communication is basic. The candidate makes

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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 the contribution of the psychoanalytic perspective in understanding and treating eating disorders
- There is adequate analysis
- Answers which focus on either understanding or treating eating disorders but not both, cannot score beyond this level
- 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 very competent knowledge of the contribution of the psychoanalytic perspective in understanding and treating eating disorders
- There is competent analysis – there may be some variation in the quality of analysis between the two parts to the question, understanding and treating
- 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: highly competent knowledge and understanding

- Displays very good to excellent knowledge of the contribution of the psychoanalytic perspective in 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]

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(d) Write down three weaknesses of psychoanalysis. (AO4)

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Answers may address any three of the following

- Expensive as it is a one-to-one approach. Can take a lot of sessions before progress is evident
- The childhood conflicts that are uncovered may be very distressing for individuals
- Memories may be inaccurate – these are referred to as false memories
- An analyst's interpretations may be inaccurate e.g. of dreams or of what an individual says during free association
- It may be difficult to establish a therapeutic relationship – individuals may be very resistant to exposing their thoughts and feelings

All other valid responses will be given credit

(3 × [1]) [3] 30

Total **100**

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