



Rewarding Learning

**ADVANCED
General Certificate of Education
2015**

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

WEDNESDAY 3 JUNE, MORNING

**MARK
SCHEME**

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.

- 1 (a) Write down two different signs of each of the following eating disorders. (AO1)

Anorexia Nervosa (AN)

Any two of the following:

- extreme fasting
- cutting food into tiny pieces
- refusing to eat with others, e.g. family
- excessive exercising
- telling lies about eating
- hiding food
- saying one is too fat when obviously underweight
- being very underweight
- damage to teeth
- periods stop (amenorrhoea)

All other valid responses will be given credit.

(2 × [1])

[2]

Bulimia Nervosa (BN)

Any two of the following:

- regular bingeing on large quantities of food
- purging – making oneself sick – sign of this may be going to the bathroom straight after meals
- trying to hide evidence of bingeing, e.g. buying large quantities of food in secret
- acknowledging there is a problem with eating
- damage to teeth
- being obsessed with body image and weight

All other valid responses will be given credit.

(2 × [1])

[2]

- (b) Discuss Hilde Bruch's view of how AN develops. (AO1, AO2, AO3)

Answers may address some of the following points:

- anorexia nervosa is an attempt by adolescents to establish and control their own identities, particularly if they have domineering parents – allows self control and independence
- AN is linked to sexual immaturity – women fantasise about oral impregnation and confuse fatness with pregnancy – they starve themselves to avoid pregnancy
- AN can be seen as an attempt to avoid the sexual adult role by reverting back to a childlike body

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for full discussion

(1 × [3])

[3]

- (c) Explain three disadvantages of using drugs to treat eating disorders. (AO1, AO4)

Answers may address two of the following points:

- does not address the root causes of the eating disorder
- side effects of medication, e.g. nausea
- may be interaction with other drugs/substances
- problems of non compliance, e.g. due to fear of addiction, feeling they can cope without them or forgetting to take them
- may regurgitate drugs during purging, making them ineffective

All other valid responses will be given credit.

[1] for key phrase/s, [2] for explanation

(3 × [2])

[6]

- (d) Discuss how the social perspective in psychology explains the development of eating disorders. (AO1, AO2, AO3)

Answers may address some of the following points:

- focuses on how family relationships may contribute to eating disorders
- from the Social Learning Theory point of view, behaviour may be imitated, e.g. if a parent has an eating disorder through the process of identification this behaviour can be internalised
- this perspective may also focus on role models in the media, e.g. size 0 models and how they influence behaviour
- individuals may categorise people into groups such as 'thin' and 'fat'. This can lead to self-categorising as belonging to 'fat' or unattractive group and to a negative self-concept and subsequently to an eating disorder

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for full discussion

(1 × [3])

[3]

- (e) (i) Explain what Skinner meant by positive reinforcement and apply this concept to explain how AN might develop. (AO1, AO2)

Explanation of positive reinforcement

Answers may address some of the following points:

The chance to gain something pleasurable or a reward (e.g. sweets, praise, money) increases the probability of a desired response/behaviour occurring (e.g. producing good homework). Skinner showed that rats would learn to press a lever in order to get a food pellet in the Skinner box.

[1] for key phrase/s, [2] for explanation

(1 × [2])

[2]

Application to AN

AVAILABLE
MARKS

Answers may address some of the following points:

At the outset slimming is positively reinforced, e.g. by praise for looking good – therefore is learned. Reinforcement also takes the form of attention from parents. Not eating can also be interpreted as a way of punishing parents.

[1] for key phrase/s, [2] for explanation

(1 × [2])

[2]

- (ii) Discuss how behaviour modification could be used to treat AN.
(AO1, AO2, AO3)

Answers may address some of the following points:

- behaviour modification involves measuring/quantifying the problem behaviours, e.g. observing eating behaviour and quantifying intake
- inappropriate behaviours are punished, e.g. pocket money or shopping trip withdrawn if meals not eaten or a residential setting may cancel a weekend home visit
- appropriate behaviour is positively reinforced, e.g. by getting points for eating at mealtimes – by accumulating points patients can earn treats
- behaviour is monitored to check for change
- for patients with eating disorders, this type of programme can be followed through both at a residential setting and at home – consistency is essential

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

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of how behaviour modification could be used to treat AN
- 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 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of how behaviour modification could be used to treat AN
- 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 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge of how behaviour modification could be used to treat AN
- 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. [6]

AVAILABLE
MARKS

26

- 2 (a) Discuss how individuals with phobias might react when confronted with the object or situation they fear. (AO1, AO2, AO3)

Answers may address the following points:

- individuals would react with extreme fear and may exhibit the following:
 - shaking
 - feeling confused or disorientated
 - rapid heart beat
 - dry mouth
 - intense sweating
 - difficulty breathing
 - feeling sick, dizziness
 - chest pain
 - fainting
 - running away

All other valid responses will be given credit.

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

[3]

- (b) (i) Discuss how phobias develop according to Pavlov's theory of classical conditioning. (AO1, AO2, AO3)

Answers may address the following points:

- any phobia is a learned response to the feared stimulus
- this happens through classical conditioning of physiological reflexes as shown in Pavlov's experiment with dogs – an unconditioned stimulus becomes paired with a conditioned stimulus so that a conditioned response develops – so a phobia is a learned association between a conditioned stimulus (the feared object) and the conditioned response (fear)
- Watson and Raynor's Little Albert experiment may be used to illustrate this
- the focus is on the learned behaviour rather than what the individual is thinking or feeling. Fear is not extinguished because the stimulus is avoided

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

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of how phobias develop according to Pavlov's theory of classical conditioning
- There is limited discussion

Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of how phobias develop according to Pavlov's theory of classical conditioning
- There is adequate discussion

Level 3 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge of how phobias develop according to Pavlov's theory of classical conditioning.
- There is competent discussion

[6]

- (ii) Discuss how behaviour therapies can be used to treat phobias. (AO1, AO2, AO3)

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 – the individual draws up a hierarchy of fears – learns to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation and gradually working up the hierarchy
- implosion therapy and flooding – individuals required to remain with the feared stimulus 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 feared stimulus is imagined whilst with flooding the stimulus is present, e.g. taking an individual with a phobia of cars out driving until the fear subsides

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

- Displays limited knowledge of how behaviour therapies can be used to treat phobias
- 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

- Displays adequate knowledge of how behaviour therapies can be used to treat phobias
- 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

- Displays very good to excellent knowledge of how behaviour therapies can be used to treat phobias
- 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]

(iii) Explain two advantages and two disadvantages of using behaviour therapies to treat phobias. (AO1, AO4)

Advantages

Answers may address two of the following points:

- there is evidence that behaviourist techniques do work, especially for specific phobias, e.g. of a particular animal
- flooding where the feared stimulus is actually presented has proven very successful for all types of phobia including less specific ones like agoraphobia
- 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 individuals to understand the source of their fears

[1] for key phrase/s, [2] for explanation

(2 × [2])

[4]

Disadvantages

Answers may address two of the following points:

- systematic desensitisation is not so effective with less specific fears, e.g. agoraphobia
- behaviour therapy simply focuses on changing behaviour but does nothing to help individuals understand why they experienced the phobia in the first place
- patients need to have vivid imaginations for systematic desensitisation or implosion therapy to succeed
- sometimes these techniques are regarded as unethical as individuals can become very distressed

[1] for key phrase/s, [2] for explanation

(2 × [2])

[4]

- (c) Analyse how the psychoanalytic perspective contributes to understanding and treating phobias. (AO1, AO2, AO3, AO4)

Answers may address the following points:

Understanding phobias

- phobias are associated with unconscious sexual fears as opposed to conscious thought processes – may also be explained by traumatic childhood experiences
- phobias operate through the defence mechanisms, particularly repression and displacement – the original source of fear is repressed into the unconscious and fear is displaced onto another object or situation
- an example is Freud’s case study of Little Hans – his fear of horses related to his unconscious fear of his father – the basis of Freud’s Oedipus Complex
- fear appears to be irrational because there is no conscious explanation

Treating phobias

- psychoanalysis aims to uncover unconscious conflicts and anxieties resulting from the past to gain insight to causes of phobia rather than focusing on changing conscious thoughts or behaviours
- techniques employed include
 - free association – patients encouraged to relax and freely talk about anything that comes into their heads (Freud’s famous patient Anna O referred to this as ‘the talking cure’)
 - word association – patients encouraged to respond to words called out by the therapist with the first words that come to mind
 - dream analysis – patients tell the therapist what they can remember about their dreams (Freud referred to dreams as ‘the royal road to the unconscious’)
 - projective tests – patients are asked to respond to ambiguous stimuli – the best known projective test is the Rorschach inkblot test in which a client is shown irregular spots of ink, and asked to explain what they seeThe purpose of all these techniques is to allow the therapist to gain access to the unconscious – the therapist interprets the meaning of what is revealed to work out why the client is phobic
- clients work through the conflicts that are causing their phobia so they experience catharsis (release of negative energy)

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

- Displays limited knowledge of how the psychoanalytic perspective

contributes to understanding and treating phobias – may focus on only one half of the question

- 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

- Displays adequate knowledge of how the psychoanalytic perspective contributes to understanding and treating phobias
- There is adequate analysis
- Candidates who focus on only one half of the question cannot achieve beyond this band
- 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

- Displays very good knowledge of how the psychoanalytic perspective contributes to understanding and treating phobias
- 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

- Displays excellent knowledge of how the psychoanalytic perspective contributes to both understanding and treating phobias
- 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]

- 3 (a) Complete the table below to discuss how the biological perspective explains depression and stress. (AO1, AO2, AO3)

Depression

Answers may address some of the following points:

- some evidence of increased risk for first-degree biological relatives (parents, siblings, children) – may be a genetic explanation. Genetic component may be a predisposing factor.
- depression linked to disturbance of brain chemistry – noradrenaline, serotonin and dopamine have all been shown to be involved
- hormones may be involved – sufferers have high levels of cortisol linked to over-activity of hypothalamus – also accounts for pre-menstrual, post-natal and menopausal depression – an oestrogen-progesterone imbalance has been suggested.

All other valid responses will be given credit.

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

Stress

Answers may address some of the following points:

- stress can be seen as a physiological reaction to external stimuli/stressors in the environment – the fight or flight response is the reaction of the body which allows it to produce a great deal of energy at very short notice, allowing the individual to escape or to attack – a fundamental survival process that evolved in mammals.
- Selye's General Adaptation Syndrome – long term changes to the body resulting from continuous stress – body continues to produce high levels of adrenaline – the alarm phase is followed by resistance and exhaustion
- Eysenck believed the unstable or neurotic individual has inherited a brain that responds quickly and strongly to stress
- Stress can be explained by the stress hormone ACHT being released by the pituitary gland/hypothalamus

All other valid responses will be given credit.

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

- (b) Complete the following table to discuss how the socio-economic factors identified can influence depression and aggression. (AO1, AO2, AO3)

Depression

Housing and environment

Answers may address some of the following points:

- poor housing conditions, e.g. overcrowding, contribute to stress which can lead to depression in the longer term.
- living in an unpleasant environment can also influence depression, e.g. inner city housing estates with high levels of crime are

associated with high levels of depression
All other valid points will be given credit.

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

Occupation

Answers may address some of the following points:

- many individuals who suffer from depression cite work related stress as a contributory factor
- people who have interesting and challenging jobs they enjoy are much less likely to suffer from depression than those in jobs characterised by routine and repetitiveness or uncomfortable working conditions
- occupation not matching qualifications can be a source of anxiety/low self-esteem/feeling undervalued leading to depression

All other valid points will be given credit.

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

Aggression

Media

Answers may address some of the following points:

- pro social messages in media can reduce aggression
- people who are exposed to violent media images, e.g. in films or games, may imitate the aggressive actions they see
- some individuals seem to be more predisposed than others to respond with aggression to aggressive stimuli in the media
- positive images, e.g. of family life and success, in the media can result in frustration and anger leading to aggression

All other valid points will be given credit.

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

Social exclusion

Answers may address some of the following points:

- people who feel socially excluded may feel aggression is the only way to achieve a sense of autonomy or power over what happens to them
- individuals may be angry and frustrated because they feel socially excluded, e.g. believe people from their area don't get offered jobs – aggression is an outlet for this frustration

All other valid points will be given credit.

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

- (c) Analyse how the cognitive perspective in psychology contributes to explaining and treating aggression. (AO1, AO2, AO3, AO4)

Answers may address some of the following:

Explaining aggression

This perspective focuses on thoughts and beliefs, suggesting that irrational thoughts and beliefs cause aggression. Since aggression results from maladjusted thinking, in order to understand an individual who is aggressive, it is necessary to understand his thought processes.

Aaron Beck referred to the irrational and maladaptive assumptions and thoughts that lead to aggression as cognitive errors. Beck claims problems like aggression are rooted in the maladaptive ways people think about

- themselves, e.g. I have to be aggressive to protect myself
- the world, e.g. people are always out to get you
- the future, e.g. nothing will change, people will always pick on me

This is referred to as a ‘cognitive triad’ of negative, automatic thoughts. These negative schemas dominate thinking and aggression is the result.

Ellis also argued that irrational thoughts are the main cause of aggression as they lead to a self defeating internal dialogue of negative self statements, e.g. aggression results from catastrophising self statements like ‘I’ll never be in control of my life unless I take on other people.’

- sometimes referred to as the ‘ABC model’, Ellis claims disorders begin with an activating event (A) (e.g. a disagreement) leading to a belief (B), which may be rational (e.g. people have the right to have different opinions) or irrational (e.g. I’m always being challenged and picked on). The belief leads to consequences (C), which can be adaptive (appropriate) for rational beliefs (e.g. I’ll try to understand this alternative point of view) or maladaptive (inappropriate) for irrational beliefs (e.g. becoming aggressive).

Treating aggression

These focus on changing the irrational or inappropriate thoughts that are causing aggression.

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 individual, e.g. that people pick on him?
- what is another way of looking at the same situation but reaching another conclusion, e.g. listening to other people or putting forward

- a different view without getting angry?
- what will happen if, indeed, the current conclusion/opinion is correct, e.g. if people do pick on him how could he deal with it in another way?

The aim is to move the individual away from negative cognitive processes and towards positive cognition.

Ellis's Rational Emotive Therapy (RET) and Rational Emotive Behaviour Therapy (REBT) also aims to challenge irrational beliefs linked to aggression, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging individuals to prove unrealistic statements like 'no-one likes me' and role playing different situations during therapy, e.g. discussing something without becoming angry and aggressive. REBT also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. talk over a minor conflict of ideas while remaining calm.

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

- Displays limited knowledge of how the cognitive perspective contributes to explaining and treating aggression – may focus on only one half of the question
- 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

- Displays adequate knowledge of how the cognitive perspective contributes to explaining and treating aggression
- There is adequate analysis
- Responses which focus only on explaining or treating cannot achieve 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

- Displays very good knowledge of how the cognitive perspective contributes to explaining and treating aggression
- There is competent analysis – there may be some variation in the quality of analysis between the two parts to the question, explaining 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

- Displays excellent knowledge of how the cognitive perspective contributes to both explaining and treating aggression
- 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]

Total

**AVAILABLE
MARKS**

33

100