



Rewarding Learning

ADVANCED
General Certificate of Education
2018

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

MONDAY 18 JUNE, AFTERNOON

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) Explain what a phobia is. (AO1)

Answers may address the following:

- a persistent, irrational fear of a specific object, activity or situation that leads to a compelling desire to avoid it
- a phobia is a response to a stimulus which may be very specific, e.g. a specific animal or more general, e.g. a social phobia
- a phobia is characterised by extreme fear and anxiety

All other valid responses will be given credit.

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

(1 × [2])

[2]

(b) List three ways James might respond if he saw a spider. (AO1, AO2)

Answers may include the following:

- shaking
- rapid heart beat
- intense sweating
- difficulty breathing
- suffer chest pain
- feel/be sick
- crying/screaming
- confused and disorientated
- may run away
- may feel dizzy, faint or anxious

All other valid responses will be given credit.

(1 × [3])

[3]

(c) Describe how James's phobia would have developed according to Bandura's social learning theory. (AO1, AO2, AO3)

Answers may address some of the following:

- SLT claims that phobic behaviour is learned by imitating and modelling the behaviour of others (i.e. through observational learning) so James has copied this from a role model
- parents are particularly powerful role models for their children so James's phobic reactions may have been learned from his parents
- identification is a progression from simply imitating a role model's fear that involves 'internalising' the behaviour, i.e. the fear becomes part of James and is no longer simply being imitated

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

(1 × [3])

[3]

- (d) Discuss how psychologists would attempt to treat James's phobia of spiders using modelling therapy and systematic desensitisation. (AO1, AO2, AO3)

Modelling therapy

Answers may address the following:

- modelling therapy would involve the psychologist getting James to observe someone else dealing with being presented with a spider in a more productive way – James would learn by imitating this role model
- James could watch this actor go through a slow and painful approach to a spider
- the actor would act terrified at first, but shake himself out of it, tell himself to relax and breathe normally, and take one step at a time towards the spider
- ultimately, the actor would get to the point where he is beside the spider, all the while giving himself calming instructions
- after James sees this he would be invited to try it
- the model could 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

- Displays limited knowledge of how modelling therapy could be used to treat James's phobia of spiders
- There is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of how modelling therapy could be used to treat James's phobia of spiders
- There is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge of how modelling therapy could be used to treat James's phobia of spiders
- There is competent discussion. [6]

Systematic desensitisation

Answers may address the following:

- this therapy focuses on changing responses as opposed to trying to understand reasons for them – the aim is for James to replace fear response when presented with a spider with a more appropriate response, i.e. a more relaxed response
- in systematic desensitisation, James would draw up a hierarchy of fears

- he would then learn to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation (e.g. a drawing of a spider) and gradually working up the hierarchy towards the most threatening (e.g. touching a real spider)

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

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of how systematic desensitisation could be used to treat James’s phobia of spiders
- There is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of how systematic desensitisation could be used to treat James’s phobia of spiders
- There is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge of how systematic desensitisation could be used to treat James’s phobia of spiders
- There is competent discussion.

[6]

- (e) Explain **one** advantage and **one** disadvantage of using behaviour therapies to treat phobias. (AO1, AO2, AO4)

An advantage

Answers may address one of the following:

- there is evidence that behaviour therapies do work, especially for specific phobias, e.g. of a particular animal
- 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 learn techniques to use again in the future without needing additional therapy, e.g. relaxation techniques

All other valid responses will be given credit.

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

A disadvantage

Answers may address one of the following:

- behaviour therapies do not suit everyone – clients must be committed to tackling their problems
- they can be very traumatic for people with phobias, raising ethical issues about distressing clients

- fears can easily reemerge after they appear to have been extinguished
- some theorists argue that these therapies fail to tackle the underlying problems, e.g. try to change phobic behaviour without getting to the bottom of why an individual has the phobia in the first place

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

(2 × [2])

[4]

- (f) Analyse how phobias are understood and treated from the cognitive perspective in psychology. (AO1, AO2, AO3, AO4)

Answers may address the following:

Understanding phobias

- this perspective focuses on thoughts and beliefs, suggesting that irrational thoughts and beliefs cause phobias. Phobias are caused by maladjusted thinking
- Aaron Beck referred to the irrational and maladaptive assumptions and thoughts that lead to phobias as cognitive errors. Beck claims mental disorders like phobias are rooted in the maladaptive ways people think about
 - themselves, e.g. I'm too afraid to go out
 - the world, e.g. the feared object is everywhere
 - the future, e.g. I'll never be able to live a normal life

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

- Ellis also argued that irrational thoughts are the main cause of phobias as they lead to a self defeating internal dialogue of negative self statements, e.g. phobias caused by catastrophising self statements like 'I will die if I have to face that – I'll never be able to cope, my life is impossible'. Ellis's 'ABC model' claims disorders begin with an activating event (A) (e.g. a wasp sting) leading to a belief (B), which is irrational (e.g. this is a major danger in my life). The belief leads to consequences (C), which are maladaptive (inappropriate) irrational beliefs/fears

Treating phobias

- cognitive therapies focus on changing the irrational or inappropriate thoughts that are causing the phobia
- 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 this thing is likely to cause him harm?
 - what is another way of looking at the same situation but reaching another conclusion, e.g. the feared stimulus may be there but probably isn't going to harm you?

- what will happen if, indeed, the current conclusion/opinion is correct, e.g. if the feared stimulus is there 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) and Rational Emotive Behaviour Therapy (REBT) also aim to challenge irrational beliefs linked to phobias, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging clients to prove unrealistic statements like 'I can't cope' and role playing different situations during therapy, e.g. going to a local shop for an agoraphobic. REBT also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. achieving a realistic number of outings this week

All other valid responses 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 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 cognitive perspective contributes to understanding and treating phobias
- Answers which address only one half of the question cannot achieve beyond 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 ([9]–[12])

Overall impression: competent

- Displays very good knowledge of how the cognitive 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 cognitive 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]

39

- 2 (a) List **four** symptoms that Mary may have exhibited to lead Paul to be concerned she is suffering from stress. (AO1, AO2)

Answers may include four of the following:

- periods of irritability or anger
- apathy or depression
- constant anxiety
- irrational behaviour
- loss of appetite and weight loss
- comfort eating
- lack of concentration
- loss of sex drive
- increased smoking, drinking, or taking recreational drugs
- excessive tiredness
- skin problems, such as eczema
- aches and pains resulting from tense muscles, including neck ache, backache and tension headaches
- heart palpitations
- feeling nauseous
- stomach problems
- missed periods
- sleep problems
- hair loss

All other valid responses will be given credit.

(4 × [1])

[4]

- (b) Discuss how Mary's symptoms of stress could be reduced by each of the following. (AO1, AO2, AO3)

Getting medication from her GP

Answers may address the following:

- medication reduces the physiological responses associated with stress, helping the individual to feel less stressed
- beta-blockers reduce the activity of the Sympathetic Nervous System and so reduce heart rate, blood pressure and levels of the hormone cortisol. They work by blocking the action of the neurotransmitter noradrenaline at receptors in arteries and the heart muscle, causing arteries to widen and slowing the action of the heart, resulting in falling blood pressure and reduced work by the heart, and thus reducing the physiological experience of stress
- anxiolytic (anxiety reducing) drugs depress activity in the Central Nervous System, which in turn reduces activity in the Sympathetic Nervous System, which is responsible for physiological changes, such as the increase in heart rate associated with experiencing stress

All other valid responses will be given credit.

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

Learning time management techniques

Answers may address the following:

- time management sets out to remove the environmental stressor of

lack of time by setting specific and realistic targets for getting tasks completed and this would help to improve Mary's sense of control

- the focus is on changing the behaviours that have become associated with the stress response, e.g. rushing to complete tasks at work
- the aim is to extinguish the stress response caused by not having enough time to complete tasks
- Mary's stress response would therefore be replaced with more relaxed behaviour

All other valid responses will be given credit.

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

Attending an encounter group

Answers may address the following:

- clients in group therapy can provide positive regard for each other to relieve the stress that is due to them failing to self-actualise as they strive to get positive regard from other people by meeting their conditions of worth
- the unconditional positive regard from others in the group would free Mary to follow her own true path towards self-actualisation
- as the incongruence between the real self and the actual self lessens, Mary's stress levels would be reduced

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for full discussion
(3 × [3]) [9]

- (c) Discuss how the humanistic perspective in psychology would explain Mary's stress. (AO1, AO2, AO3)

Answers may address the following:

- Mary is stressed due to failing to self-actualise because she did not receive unconditional positive regard
- she has been influenced by conditions of worth – parents or perhaps teachers and peers only gave positive regard when Mary behaved as they wanted her to
- she developed conditional self regard – only liked herself when she behaved as others want her to
- Mary was forced to live with conditions of worth that were out of step with self-actualising and developed an ideal self that was mismatched or incongruent with her real self. The more incongruity, the greater the stress she experienced
- Mary has used two defence mechanisms, denial and distortion, to try to avoid the stress, but if she overuses these she could become so out of touch with reality that she suffers a psychosis

All other valid responses 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 the humanistic perspective in psychology would explain Mary's stress
- 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 the humanistic perspective in psychology would explain Mary's stress
- 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 good to excellent knowledge of how the humanistic perspective in psychology would explain Mary's stress
- There is competent discussion
- 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. [9]

- (d) Discuss how housing and environment, occupation and family may contribute to people experiencing stress. (AO1, AO2, AO3, AO4)

Examples of points that may be addressed:

- housing and environment – poor housing conditions, e.g. overcrowding contributes to stress as does living in an unpleasant environment, e.g. inner city housing estate with high levels of crime
- occupation – many individuals who suffer from stress cite work-related stress as a contributory factor. Some jobs are particularly associated with high levels of stress, e.g. working in the emergency services where workers often deal with traumatic incidents
- family – family breakdown is stressful, e.g. individuals undergoing

divorce often report problems with stress. There can be many other stressful events in family life for example falling out with family members, worry about illness in the family or the stress of a bereavement within a family. There is also some evidence that the propensity to experience stress may be an inherited characteristic within families

All other valid responses 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 housing and environment, occupation and family may contribute to people experiencing stress
- Answers that list points or focus on only one factor cannot achieve beyond this level
- 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 ([5]–[8])

Overall impression: adequate

- Displays adequate knowledge of how housing and environment, occupation and family may contribute to people experiencing stress
- at least two socio-economic factors must be addressed to achieve at this level
- 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 ([9]–[12])

Overall impression: competent

- Displays very good knowledge of how housing and environment, occupation and family may contribute to people experiencing stress
- 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.

[12]

34

3 (a) Explain what Freud meant by each of these. (AO1)

The id

Answers may address the following:

- the id is based on the pleasure principle, so it is selfish (I want, satisfy me)
- it is the first part of the personality and is present in the oral stage of development

All other valid points will be given credit.

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

The ego

Answers may address the following:

- the ego is based on the reality principle
- it develops in the anal stage of development during potty training when the child begins to recognise the need to satisfy the demands of the ego in a more realistic way and becomes more self-aware

All other valid points will be given credit.

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

The superego

Answers may address the following:

- the superego is based on the morality principle (ideas about right and wrong)
- it consists of the conscience (feeling bad about bad behaviour) and the ego ideal (ideas about what the perfect self should be)
- it develops during the phallic stage through the process of identification with same sex parent

All other valid points will be given credit.

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

(3 × [2])

[6]

(b) Analyse the psychoanalytic approach to understanding and treating depression. (AO1, AO2, AO3, AO4)

Answers may address the following:

Approach to understanding depression

- depression results from unconscious processes (Freud's iceberg theory of the mind consisting of the conscious, subconscious and unconscious) – depression results from problems buried in the unconscious mind
- depression occurs as a result of childhood experiences. Throughout childhood, the libido (the instinct that drives the individual towards positive behaviours) concentrates its energy on a particular sequence of body parts, or erogenous zones. Stimulation at each stage must be exactly right to avoid fixation, where some of the energy of the libido is left behind at a particular stage to deal with unresolved conflicts. It is this fixation which determines adult

personality characteristics. The first stage is the oral stage, age 0–1 year, when the erogenous zone is the mouth. Freud argued that too little stimulation of the mouth at this stage would lead to a pessimistic, depressive adult personality. Thus depression can occur due to fixation during the oral stage

- depression could result from the instinctive death wish having more control over the personality than the libido
- depression could occur due to the failure of defence mechanisms such as repression and denial to protect the ego, e.g. previously repressed childhood experiences, e.g. of neglect or abuse may enter the conscious mind and cause depression
- depression can result from an imbalance in the three parts of the personality (the id, ego and superego) with the superego being dominant making the individual feel inadequate

Approach to treating depression

- psychoanalytic/psychodynamic therapy aims to help depressed individuals cope better with inner emotional conflicts causing depression
- therapy aims to uncover unconscious conflicts and anxieties resulting from past to gain insight to causes of depression
- techniques employed include free association, word association, dream analysis, transference, projective tests and play therapy (for children)
- 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

- Displays limited knowledge of the contribution of the psychoanalytic perspective in understanding and treating depression – 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 the contribution of the psychoanalytic perspective in understanding and treating depression
- Answers which address only one half of the question cannot achieve beyond 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 ([9]–[12])

Overall impression: competent

- Displays good knowledge of the contribution of the psychoanalytic perspective in understanding and treating depression
- 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 the contribution of the psychoanalytic perspective in 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 meaning is absolutely clear. [15]

(c) Explain three criticisms of psychoanalysis. (AO1, AO4)

Answers may address three of the following:

- psychoanalysis tends to be expensive, as it is a one-to-one approach and it can take a lot of sessions before any progress is evident
- focuses too much on childhood/past experiences, failing to take into account factors in adulthood/the present
- the childhood conflicts that are uncovered may be very distressing for clients, so they may feel worse than ever whilst undergoing therapy
- clients' memories may be inaccurate – these are referred to as 'false memories'
- an analyst's interpretations, for example of dreams or of what a client says during free association, may be inaccurate
- it may be difficult to establish a therapeutic relationship as some clients may be very resistant to exposing their thoughts
- the whole approach has been criticised as being totally unscientific, e.g. there is no evidence for the existence of the 'unconscious'.

All other valid responses will be given credit.

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

(3 × [2])

[6]

Total

AVAILABLE
MARKS

27

100