



Rewarding Learning

**ADVANCED
General Certificate of Education
2019**

Health and Social Care

Assessment Unit A2 6

assessing

Understanding Human Behaviour

[AHC61]

MONDAY 17 JUNE, AFTERNOON

**MARK
SCHEME**

General Marking Instructions

Introduction

The main purpose of a mark schemes is to ensure that examinations are marked accurately, consistently and fairly. The mark scheme provides examiners with an indication of the nature and range of candidates' responses likely to be worthy of credit. It also sets out the criteria which they should apply in allocating marks to candidates' responses.

Assessment objectives

Below are the assessment objectives for **GCE Health and Social Care**.

Candidates should be able to:

- AO1** Demonstrate knowledge and understanding of the specified content.
- AO2** Apply knowledge, understanding and skills to a variety of health, social care and early years contexts.
- AO3** Investigate, analyse, and evaluate acquired knowledge and understanding, present arguments, make reasoned judgements and draw conclusions.

Quality of candidates' responses

In marking the examination papers, examiners should be looking for a quality of response reflecting the level of maturity which may reasonably be expected of a 17- or 18-year-old which is the age at which the majority of candidates sit their GCE examinations.

Flexibility in marking

Mark schemes are not intended to be totally prescriptive. No mark scheme can cover all the responses which candidates may produce. In the event of unanticipated answers, examiners are expected to use their professional judgement to assess the validity of answers. If an answer is particularly problematic, then examiners should seek the guidance of the Supervising Examiner.

Positive marking

Examiners are encouraged to be positive in their marking, giving appropriate credit for what candidates know, understand and can do rather than penalising candidates for errors or omissions. Examiners should make use of the whole of the available mark range for any particular question and be prepared to award full marks for a response which is as good as might reasonably be expected of a 17- or 18-year-old GCE candidate.

Awarding zero marks

Marks should only be awarded for valid responses and no marks should be awarded for an answer which is completely incorrect or inappropriate.

Types of mark schemes

Mark schemes for tasks or questions which require candidates to respond in extended written form are marked on the basis of levels of response which take account of the quality of written communication.

Other questions which require only short answers are marked on a point for point basis with marks awarded for each valid piece of information provided.

Levels of response

In deciding which level of response to award, examiners should look for the ‘best fit’ bearing in mind that weakness in one area may be compensated for by strength in another. In deciding which mark within a particular level to award to any response, examiners are expected to use their professional judgement.

The following guidance is provided to assist examiners.

- **Threshold performance:** Response which just merits inclusion in the level and should be awarded a mark at or near the bottom of the range.
- **Intermediate performance:** Response which clearly merits inclusion in the level and should be awarded a mark at or near the middle of the range.
- **High performance:** Response which fully satisfies the level description and should be awarded a mark at or near the top of the range.

Quality of written communication

Quality of written communication is taken into account in assessing candidates’ responses to all tasks and questions that require them to respond in extended written form. These tasks and questions are marked on the basis of levels of response. The description for each level of response includes reference to the quality of written communication.

For conciseness, quality of written communication is distinguished within levels of response as follows:

Level 1: Quality of written communication is basic.

Level 2: Quality of written communication is adequate.

Level 3: Quality of written communication is competent.

Level 4: Quality of written communication is highly competent.

In interpreting these level descriptions, examiners should refer to the more detailed guidance provided below:

Level 1 (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 (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 (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 meaning is clear.

Level 4 (Highly competent): 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.

1 (a) Complete the table below to demonstrate your understanding of two eating disorders. (AO1)

Name of eating disorder

Anorexia Nervosa

(1 × [1])

[1]

Signs and symptoms of this eating disorder

Examples of suitable points:

- 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)
- feeling dizzy and tired

All other valid responses will be given credit

(2 × [1])

[2]

Name of eating disorder

Bulimia Nervosa

(1 × [1])

[1]

Signs and symptoms of this eating disorder

Examples of suitable points:

- regular bingeing on large quantities of food
- purging – making oneself sick, abusing laxatives or over-exercising (exercise bulimia)
- trying to hide evidence of bingeing, e.g. buying 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) Describe how the following three socio-economic factors may influence eating disorders. (AO1, AO2)

Examples of suitable points to include in description:

Gender

Eating disorders are far more common in females – 9 out of 10 sufferers of AN are female, perhaps linked to body consciousness in females in Western culture – eating disorders in males are much rarer but on the increase. There is some evidence that men are unlikely to seek treatment and so may be under-represented in some statistics.

Social class

Eating disorders can occur in individuals from any class background but AN in particular is more prevalent in the middle class – children of professionals

are more prone to eating disorders which may be linked to pressure to achieve in life, e.g. academically.

The media

Eating disorders may be linked to images of attractiveness on television or in teenage magazines – thinness is regarded as attractive – size 0 models. There is some evidence that sufferers share ideas and promote eating disorders through websites and social media.

All other valid responses will be given credit

[1] basic description, [2] adequate description, [3] competent description
(3 × [3]) [9]

- (c) Discuss how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults. (AO1, AO2, AO3)

Examples of suitable points to be discussed:

Contribution to understanding eating disorders

- eating disorders in adults 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 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)
- eating disorders may be an attempt by adults to establish and control their own identities, particularly if they have had domineering parents when they were younger – allows self-control (Hilde Bruch)

Contribution to treating eating disorders

- psychoanalytic/psychodynamic therapy aims to help the sufferer cope better with inner emotional conflicts causing eating disorders
- therapy aims to uncover unconscious conflicts and anxieties resulting from the past to gain insight to causes of eating disorders
- techniques employed include: free association – individuals are 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 – individuals are encouraged to respond to words called out by the therapist with the first words that come to mind; dream analysis – individuals tell the therapist what they can remember about their dreams (Freud referred to dreams as ‘the royal road to the unconscious’); transference – the redirection of feelings and desires and especially of those unconsciously retained from childhood toward a

new object – Freud noticed that some patients reacted to him as though he were a parent and that female patients often tended to “fall in love” with him – Freud concluded that, during therapy sessions, patients were unconsciously transferring the feelings and attitudes they had had toward early significant figures in their lives onto the analyst; projective tests – individuals are asked to respond to ambiguous stimuli – the best known projective test is the Rorschach inkblot test in which an individual is shown irregular spots of ink, and asked to explain what they see; slips of the tongue – phrases or words that are said accidentally or mistakenly indicate unconscious thoughts and feelings. The 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 suffering from an eating disorder

- the therapist helps the individual to work through conflicts – process of catharsis

All other valid responses will be given credit

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

Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of how the psychoanalytic perspective in psychology contributes to understanding and/or treating eating disorders in adults – may only address one aspect
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults
- 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 ([6]–[10])

Overall impression: adequate

- adequate knowledge and understanding of how the psychoanalytic perspective in psychology contributes to understanding and/or treating eating disorders in adults
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates adequate ability to discuss how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults
- 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 ([11]–[14])

Overall impression: competent

- competent knowledge and understanding of how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults
- there may be some variation in the quality of discussion between understanding and treatment
- 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 meaning is clear.

Level 4 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to discuss how the psychoanalytic perspective in psychology contributes to understanding and treating eating disorders in adults
- quality of written communication is highly competent. 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. [18]

- (d) Explain two strengths and two weaknesses of psychoanalytic therapy for eating disorders. (AO1, AO2)

Strengths:

- it is a well-established therapy that is still popular and widely used with lots of published case studies to help therapists in their own development
- patients are able to express their feelings and conflicts in a safe environment
- tries to get to the root cause of the eating disorder to help the individual deal with it
- recognises that negative early experiences can cause an individual to develop an eating disorder

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Weaknesses:

- psychoanalysis is time consuming, one-to-one over a long period of time, so it is expensive because it can take many sessions before patients with eating disorders begin to feel better
- the therapy depends on patient's memories of their childhood – these may be inaccurate or distorted, sometimes referred to as 'fake memories'
- psychoanalysts may interpret information given inaccurately, e.g. dreams
- the eating disorder may stem from events and experiences in adulthood, so dealing with childhood trauma may not be appropriate
- there may be difficulties in establishing a therapeutic relationship between the patient and psychoanalyst
- the childhood conflicts that are uncovered during therapy may be very distressing for clients

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

AVAILABLE
MARKS

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- 2 (a) In Skinner's operant conditioning theory, reinforcement leads to aggressive behaviours being learned. Describe what is meant by reinforcement. (AO1, AO2)

Examples of suitable points to be explained:

- reinforcement occurs when a consequence of a behaviour means it is likely to be repeated and therefore learned
- positive reinforcement is when the chance to gain something pleasurable (e.g. sweets, praise, money) increases the probability of a 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
- negative reinforcement is when the chance to escape or avoid something unpleasant (e.g. staying in after school) increases the probability of a response/behaviour occurring. Skinner showed that rats would learn to jump up into a compartment when a warning buzzer sounded in order to avoid electric shock in the Skinner box.

All other valid responses will be given credit

[1] basic description, [2] adequate description, [3] competent description

(1 × [3])

[3]

- (b) Describe how play therapy can help an aggressive child. (AO1, AO2)

Examples of points to be described:

- play is used as a means of communication with the aggressive child to allow his/her feelings and conflicts to emerge
- play can be used with the child in a similar way to how free association, dream analysis, etc. are used by psychotherapists with adults to reveal unconscious thoughts and feelings causing the aggression
- toys are provided, e.g. dolls, houses, bricks, art materials to allow the child to play out and thus uncover his unconscious fantasies
- the child's play can be interpreted by a therapist to help gain insight into the aggressive behaviour
- the therapist can help the child to work through his/her feelings which in turn will help to change his/her aggressive behaviour and achieve catharsis.

All other valid responses will be given credit

[1] basic description, [2] adequate description, [3] competent description

(1 × [3])

[3]

- (c) Discuss how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour. (AO1, AO2, AO3)

Examples of suitable points to be discussed:

- behaviour modification involves identifying and measuring/quantifying the behaviours to be reduced – this means observing and counting specific acts of aggression by any child whose behaviour is causing concern
- the teacher can then ignore aggressive acts (so they are not being reinforced) where possible, or if necessary punish aggression, e.g. using time-out.
- non-aggressive behaviour is positively reinforced by the teacher, e.g. by giving the child lots of attention or by using star charts, whereby the child achieves stars for periods when not displaying any aggression and can then get treats for building up stars.

- this approach must be consistently applied by the teacher and he/she could ask the child's family to follow through with it at home
- over time the teacher may observe and count the child's aggressive acts again to check for change

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

- basic knowledge and understanding of how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how a teacher could use behaviour modification techniques in the classroom to deal with aggressive behaviour. [9]

(d) Discuss how the biological perspective views aggression. (AO1, AO2, AO3)

Examples of suitable points to be discussed:

- **brain:** low levels of the neurotransmitter serotonin in the brain have been linked to a reduced ability to control aggressive impulses. Aggression may also be linked to dysfunctions in parts of the brain (e.g. hypothalamus), which regulate emotions. Eysenck argues that aggression is a personality characteristic of the unstable or neurotic extrovert. These individuals have a nervous system that responds rapidly to stress and a brain that heightens external stimuli.
- **hormones:** aggressive people may have higher testosterone (male hormone) levels. Research has shown that female rodents injected with testosterone are more aggressive than other females.

- **chromosomes:** research has shown that males may be generally more aggressive than females due to the chromosomal make up of men, an X and Y chromosome rather than the double X chromosome. One study showed that a proportion of very violent male criminals had an extra Y chromosome. This suggests that simply being male may predispose an individual to being aggressive.
- **genes:** aggression may be a genetically inherited trait; aggression may be linked to a particular condition, e.g. ADHD which research suggests may have an inherited component. Eysenck believes that the type of brain an individual has is inherited.

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

- basic knowledge and understanding of how the biological perspective views aggression
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the biological perspective views aggression
- 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

- adequate knowledge and understanding of how the biological perspective views aggression
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how the biological perspective views aggression
- 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

- competent knowledge and understanding of how the biological perspective views aggression
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the biological perspective views aggression
- 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 meaning is clear. [12]

- (e) Discuss how an adult's aggression would be addressed using Beck and Ellis's therapies. (AO1, AO2, AO3)

Examples of suitable points to be discussed:

- these theorists would focus on changing the irrational or inappropriate thoughts that are causing the adult to be aggressive
- Beck's cognitive therapy: this 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 adult questions, such as:
 - What makes you think other people don't like you or pick on you?
 - What is another way of looking at situations where you become aggressive, so that you reach alternative conclusions, e.g. the other person may not even be paying any attention to the individual and probably doesn't have any negative opinion of him/her and isn't going to harm him/her
 - What could happen if, indeed, the current conclusion/opinion is correct (e.g. that another person doesn't particularly like the individual or disagrees with the individual or picks on him/her) other than the individual becoming aggressive?
 - The aim is to move the aggressive individual away from negative cognitive processes and towards positive cognition.
- Ellis's 'Rational Emotive Therapy' (RET): this 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 clients to prove unrealistic statements like 'I can't get on with other people' or "other people always pick on me more than anybody else" and role playing different situations during therapy, e.g. dealing with conflict or difference of opinion without becoming aggressive. Ellis's 'Rational Emotive Behaviour Therapy' (REBT) also addresses behaviour change with behavioural tasks set by the therapist between sessions, for example the individual might be asked to address an area of conflict with a friend, colleague or family member whilst remaining calm.

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

- basic knowledge and understanding of how an adult's aggression would be addressed using Beck and Ellis's therapies
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how an adult's aggression would be addressed using Beck and Ellis's therapies
- 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

- adequate knowledge and understanding of how an adult’s aggression would be addressed using Beck and Ellis’s therapies
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how an adult’s aggression would be addressed using Beck and Ellis’s therapies
- answers which address only one of the two therapies or which do not differentiate between the two 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

- competent knowledge and understanding of how an adult’s aggression would be addressed using Beck and Ellis’s therapies
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how an adult’s aggression would be addressed using Beck and Ellis’s therapies
- 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 meaning is clear. [12]

3 The social learning and humanistic perspectives in psychology both recognise the importance of other people, such as parents, in the development of individuals' behaviours and personalities.

(a) Discuss how Bandura's Bobo doll experiments contributed to his social learning theory. (AO1, AO2, AO3)

Examples of suitable points to be discussed:

- Bandura et al conducted numerous experiments with the Bobo dolls with a focus on investigating how aggression is learned. These experiments generally involved children observing adults being physically and verbally aggressive to a large inflatable doll by attacking it with a mallet, throwing it, punching it, shouting at it etc. Afterwards children were given the chance to play with the Bobo doll and their behaviour was recorded. Bandura et al noted that the children would not only imitate the behaviour of the adults, but would also find novel ways of being aggressive to the dolls
- there were many variations on these experiments. For example, three groups of nursery school children were shown a video of an adult attacking a Bobo doll with 3 different endings; the adult was given sweets for good performance, the adult was scolded and smacked for being aggressive or there was no reward or punishment (the control group). Afterwards the first group was the most aggressive, the second was the least aggressive and the control group was in between. This showed children's behaviour is influenced by what they observe and by reward and punishment. When researchers began to reward all the children for aggressive behaviour, the least aggressive group became equally aggressive. This shows that learning was the same even though the initial behaviour was different
- following a series of experiments, Bandura concluded-
 - an aggressive model teaches children new ways of being aggressive
 - the aggression is generalised, not just towards the Bobo doll
 - some models are more likely to be imitated than others. Models who have the most influence will be people who are warm and loving to children, people who have power, influence and competence and people who are similar, e.g. same gender
- Bandura used these experiments to develop social learning theory, which claims that children learn by imitating role models (i.e. through observational learning) as well as by reinforcement. He claimed learning by observing someone else achieving good results is more efficient than learning by trial and error or waiting for reinforcement to be given, as had been suggested by Skinner. This theory explains how children learn more complex behaviours like language
- In Bandura's theory, identification is a progression from simply imitating a model and involves 'internalising' the role i.e. the role becomes part of the individual and is no longer simply being imitated

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

- basic knowledge and understanding of how Bandura's Bobo doll experiments contributed to his social learning theory

- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how Bandura's Bobo doll experiments contributed to his social learning theory.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of how Bandura's Bobo doll experiments contributed to his social learning theory
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how Bandura's Bobo doll experiments contributed to his social learning theory.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how Bandura's Bobo doll experiments contributed to his social learning theory
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how Bandura's Bobo doll experiments contributed to his social learning theory. [9]

- (b) Discuss how Bandura's modelling therapy could be used to help an individual with a phobia of birds. (AO1, AO2, AO3)

Examples of suitable points to be discussed:

- this 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 of birds will watch another person, an actor, go through a slow and painful approach to a bird, perhaps in a cage. The actor acts terrified at first, but shakes himself/herself out of it, telling himself/herself to relax and breathe normally, and take one step at a time towards the bird. Ultimately, the actor gets to the point where he/she approaches and touches the bird, all the while giving himself/herself calming instructions. After the individual sees this he/she will be invited to try it. The models can be live and actually present or observed indirectly, for example on TV
- it works by modelling the behaviour of the actor so the individual learns to cope with the feared stimulus

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

- basic knowledge and understanding of how Bandura's modelling therapy could be used to help an individual with a phobia of birds
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how Bandura's modelling therapy could be used to help an individual with a phobia of birds.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of how Bandura’s modelling therapy could be used to help an individual with a phobia of birds
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how Bandura’s modelling therapy could be used to help an individual with a phobia of birds.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how Bandura’s modelling therapy could be used to help an individual with a phobia of birds
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how Bandura’s modelling therapy could be used to help an individual with a phobia of birds. [9]

- (c) Analyse how the humanistic perspective contributes to understanding and treating people who have depression. (AO1, AO2, AO3)

In terms of analysis: candidates are required to separate their knowledge and understanding of the humanistic perspective in both explaining and treating depression into different components, such as lack of unconditional positive regard, inability to self-actualise and incongruity to explain depression and client/person centred therapy and encounter groups to treat depression. They are required to present arguments and make reasoned judgements on how the characteristics of each component demonstrates the role of the humanistic perspective in understanding and treating depression.

Understanding people who have depression

- 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 were given 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 – this means they 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. In someone who has depression, there is a gap between the real self and the ideal self; this is referred to as 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 depression. A serious psychotic depression occurs when a person’s defences are overwhelmed, and their sense of self becomes “shattered”

Treating people who have depression

- client centred therapy/person centred therapy (PCT) is used to treat people who have depression – the role of the therapist is to provide unconditional positive regard for the client as his/her mental health problems are associated with a lack of unconditional regard, usually from parents as the individual grows up
- there is a need for warmth, genuineness and empathy in the therapeutic relationship
- the therapist focuses on dealing with the present rather than the past
- the therapy is non-directive – a person who is depressed should decide how to work towards self-actualisation so that his/her behaviour becomes congruent with his/her self-concept, reducing the feelings of anxiety that are causing his/her depression
- the therapist will aim to improve the person's self-esteem and help him/her to develop a realistic ideal self
- through encounter groups people with depression can provide positive regard for each other – individuals can be encouraged to engage in this type of group therapy to receive positive regard from others with similar problems – this can contribute to self-actualising behaviour.

All other valid responses will be given credit

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

Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of how the humanistic perspective in psychology contributes to understanding and/or treating people who have depression – may only address one aspect
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how the humanistic perspective in psychology contributes to understanding and treating people who have depression
- 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 ([6]–[10])

Overall impression: adequate

- adequate knowledge and understanding of how the humanistic perspective in psychology contributes to understanding and/or treating people who have depression
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates adequate ability to analyse how the humanistic perspective in psychology contributes to understanding and treating people who have depression
- 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 ([11]–[14])

Overall impression: competent

- competent knowledge and understanding of how the humanistic perspective in psychology contributes to understanding and treating people who have depression
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how the humanistic perspective in psychology contributes to understanding and treating people who have depression
- there may be some variation in the quality of analysis between understanding and treatment
- 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 meaning is clear.

Level 4 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of how the humanistic perspective in psychology contributes to understanding and treating people who have depression
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to analyse how the humanistic perspective in psychology contributes to understanding and treating people who have depression
- quality of written communication is highly competent. 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. [18]

- (d) Explain two weaknesses of humanistic therapies in treating depression. (AO1, AO2)

Examples of suitable points to be explained:

- 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 client's 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.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Total

**AVAILABLE
MARKS**

40

120