



*Rewarding Learning*

**ADVANCED  
General Certificate of Education  
2014**

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**Health and Social Care**

**Assessment Unit A2 12**

*assessing*

**Unit 12: Understanding Human Behaviour**

**[A6H61]**

**TUESDAY 3 JUNE, AFTERNOON**

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**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 **four** symptoms of stress. (AO1)

Answers may include four of the following

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

All other valid responses will be given credit

(4 × [1])

[4]

**(b)** Discuss how individuals can address their own stress using the following techniques. (AO1, AO2)**Time management**

Answers may address the following

This technique focuses on changing the learned behaviour i.e. the stress response. The individual draws up a work schedule in an attempt to remove the stressor of lack of time. This improves the individual's sense of control and he/she feels less stressed

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

**Meditation**

Answers may address the following

Meditation involves getting into a comfortable position and repeating a mantra of a single syllable – this can reduce oxygen consumption and induce electrical activity in the brain indicative of a calm mental state; it also reduces blood pressure

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

(2 × [3])

[6]

- (c) Identify two types of drug a GP might prescribe for stress and explain how they work. (AO1, AO2, AO3)

**Types of drug**

Answers may include any two of the following

Beta blockers

Anti-depressants

Anxiolytic drugs

(2 × [1])

[2]

**Explanation of how they work**

Two of the following

- Beta blockers – beta blockers 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
- Anti-depressants – anti-depressants such as Monoamine Oxidase Inhibitors (MAOIs), Tricyclics (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs) increase levels of the neurotransmitter serotonin, enhancing the mood of patients, and reducing their feelings 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

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

(2 × [2])

[4]

- (d) Explain **two** advantages and two disadvantages of using drug treatments for stress. (AO1, AO2, AO3, AO4)

**Advantages**

Answers may address two of the following points

- effectively reduce symptoms for most patients – as the physiological symptoms of stress reduce, so does the individual's experience of feeling stressed
- more cost effective for the health service than patients spending long periods in talking therapies
- easily accessible for patients – no long waiting list as there often is for therapy

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

(2 × [2])

[4]

**Disadvantages**

Answers may address one of the following points

- does nothing about the root causes of the problem – the stressors aren't addressed by taking drugs
- side effects of medication, e.g. some SSRIs can suppress appetite
- may be interaction with other drugs/substances
- non compliance can be a problem – patients who are stressed can easily forget to take the drugs

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

(2 × [2])

[4]

- (e) Work is only one socioeconomic factor that influences stress. Analyse the role of family, housing and social exclusion in contributing to stress. (AO1, AO2, AO3, AO4)

Answers may address the following

- Family – family breakdown is stressful, e.g. individuals undergoing divorce often report problems with stress. Other problems within families can also cause stress, e.g. looking after a family member who needs care can be very stressful or addiction to alcohol or drugs in a family member can be very stressful for others in the family
- Housing – poor housing conditions contribute to stress – for example poorly insulated or damp houses can cause worry and concern about health. Overcrowding is very stressful, for example young people who don't have a private space to study can feel very stressed about their school work
- Social exclusion – stress goes hand-in-hand with social exclusion, e.g. homeless people living in hostels, temporary accommodation or on the streets experience high levels of stress. People who are socially excluded feel stressed that they cannot access things that others seem to have, e.g. jobs, consumer goods, holidays

All other valid responses will be given credit

**Level 1 ([1]–[3])**

Overall impression: basic understanding

- Displays limited knowledge of how family, housing and social exclusion can contribute to stress – may list points or only discuss one
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

**Level 2 ([4]–[6])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how family, housing and social exclusion can contribute to stress – answers must address at least two factors to achieve at this level
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

**Level 3 ([7]–[9])**

Overall impression: competent knowledge and understanding

- Displays very good to excellent knowledge of how family, housing and social exclusion can contribute to stress
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

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

[9]

33

- 2 (a) Complete the table below to demonstrate your knowledge of different psychological perspectives on aggression. (AO1, AO2)

Perspective	Explanation of aggression
Behaviourist [1]	Aggression is learned because it is reinforced
Social [1]	Aggression is imitated from role models
Cognitive [1]	Aggression is caused by irrational thinking
Psychoanalytic [1]	Aggression is instinctive behaviour and controlled by the unconscious

(4 × [1])

[4]

- (b) A psychologist might recommend encounter groups to help individuals overcome aggression. Discuss how encounter groups work. (AO1, AO2, AO3)

Answers may address the following

- Clients can provide unconditional positive regard for each other in a group
- This allows clients to work towards self actualisation as they are freed from trying to satisfy conditions of worth of critical others in order to achieve positive regard
- Clients can develop warm, genuine and empathetic relationships with each other
- Clients don't advise or direct each other – they simply support each other

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

(1 × [3])

[3]

- (c) Discuss how behaviour modification can be used to change a child's aggressive behaviour. (AO1, AO2, AO3)

Answers may address the following points

- Behaviour modification involves measuring/quantifying the behaviours to be reduced – observing and counting acts of aggression
- Aggressive acts are ignored where possible or punished using time out
- Non aggressive behaviour is positively reinforced, e.g. by attention or use of star charts
- This approach must be consistently applied by teachers and parents
- Behaviour is measured to check for change

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

### **Level 1 ([1]–[2])**

Overall impression: basic understanding

- Displays limited knowledge of how behaviour modification can be used to change a child's aggressive behaviour.
- There is limited discussion

### **Level 2 ([3]–[4])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how behaviour modification can be used to change a child's aggressive behaviour.
- There is adequate discussion

**Level 3 ([5]–[6])**

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of how behaviour modification can be used to change a child’s aggressive behaviour.
- There is competent discussion [6]

- (d) Discuss how social skills training addresses aggressive behaviour in young adults. (AO1, AO2, AO3)

Answers may address the following points

Social skills training is a general term for instruction that promotes more productive/positive interaction with others. A social skills training programme for young adults might include

- “Manners” and positive interaction with others
- Appropriate behaviour, e.g. at work or college
- Better ways to handle frustration/anger, e.g. counting to 10 before reacting, distracting oneself, learning an internal dialogue to calm oneself down and reflect upon the best course of action
- Acceptable ways to resolve conflict with others, e.g. using words instead of physical contact or seeking the assistance of others to resolve a conflict

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

**Level 1 ([1]–[2])**

Overall impression: basic understanding

- Displays limited knowledge of how social skills training addresses aggressive behaviour in young adults
- There is limited discussion

**Level 2 ([3]–[4])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how social skills training addresses aggressive behaviour in young adults
- There is adequate discussion

**Level 3 ([5]–[6])**

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of how social skills training addresses aggressive behaviour in young adults
- There is competent discussion [6]

(e) Analyse the biological basis of aggression. (AO1, AO2, AO3, AO4)

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Answers may address the following points

- Low serotonin levels in the brain have been linked to a reduced ability to control aggressive impulses
- Aggression may be linked to dysfunctions in parts of the brain (e.g. hypothalamus or amygdala), which regulate emotions,
- Aggressive people may have higher testosterone (male hormone) levels
- Aggression may be linked to a particular condition, e.g. ADHD which research suggests may have an inherited component or to acquired brain damage caused by injury or disease
- 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
- Aggression may be a genetically inherited trait – Eysenck proposes that aggression is a trait of an unstable extrovert and that personality traits are determined by the way a person's brain operates
- In evolutionary terms aggression may be described as an instinctive behaviour

All other valid responses will be given credit

### **Level 1 ([1]–[3])**

Overall impression: basic understanding

- Displays limited knowledge of the biological basis of aggression
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

### **Level 2 ([4]–[6])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of the biological basis of aggression
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

**Level 3 ([7]–[9])**

Overall impression: competent knowledge and understanding

- Displays good knowledge of the biological basis of aggression
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

**Level 4 ([10]–[12])**

Overall impression: highly competent knowledge and understanding

- Displays excellent knowledge of the biological basis of 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

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

[12]

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**3 (a)** Analyse how Rogers explains depression from the humanistic perspective. (AO1, AO2, AO3)

Answers may include the following

- 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 – like themselves only if they meet the standards others have applied to them, rather than if they are truly self-actualising, making it difficult to maintain self-esteem and so depression sets in
- The real self is the self an individual will become if he receives positive regard and develops self-regard and is self-actualising. Otherwise he develops an ideal self with high standards that are out of reach. There is a gap between the real self and the ideal self – incongruity. The more incongruity, the greater the depression the individual experiences
- When there is incongruity between the ideal and the real self the individual is in a threatening situation and will feel anxiety. To reduce this the individual uses defences – denial and perceptual distortion. Using these defences creates more incongruence, more

threat, and greater depression. A serious psychotic depression occurs when a person's defences are overwhelmed, and their sense of self becomes "shattered"

All other valid points will be given credit

### **Level 1 ([1]–[3])**

Overall impression: basic understanding

- Displays limited knowledge of how Rogers explains depression from the humanistic perspective
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

### **Level 2 ([4]–[6])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how Rogers explains depression from the humanistic perspective
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

### **Level 3 ([7]–[9])**

Overall impression: competent knowledge and understanding

- Displays very good to excellent knowledge of how Rogers explains depression from the humanistic perspective
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

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

[9]

- (b)** Comment on the relationship between gender and depression.  
(AO1, AO2)

Answers may address two of the following points

- Women are almost twice as likely to be diagnosed with depression as men.
- Depression in women can be associated with hormonal changes brought on by puberty, menstruation, menopause, and pregnancy
- Depression in women can be associated with stressors, e.g. juggling work and family life
- Although their risk for depression is lower, men are more likely to go undiagnosed and less likely to seek help
- Suicide is an especially serious risk for men with depression, who are four times more likely than women to kill themselves

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

(1 × [3])

[3]

- (c)** Describe how ECT is used to treat very severe depression.  
(AO1, AO2, AO3)

- This involves the passage of an electrical current through the brain
- Patients are given a drug to relax them and are then wired up to the ECT machine which produces the electric current
- This process produces unconsciousness and seizure
- It is not clear how ECT works but it has been proven to help with very severe depression where counselling and medication have failed

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

(1 × [3])

[3]

- (d)** Discuss how Ellis's Rational Emotive Therapy (RET) and Rational Emotive Behaviour Therapy (REBT) can be used to treat depression.  
(AO1, AO2, AO3)

Answers may address the following

- Ellis's RET aims to challenge irrational beliefs linked to depression so that thinking becomes more adaptive
- The therapist is very active and directive in the therapy session
- Techniques include challenging individuals to prove unrealistic statements like 'no-one likes me'
- The therapist and depressed individual role play different situations during therapy, e.g. meeting and talking to new people
- REBT also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. arrange to go out with a friend this week

All other valid points will be given credit

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

**Level 1 ([1]–[2])**

Overall impression: basic understanding

- Displays limited knowledge of how Ellis’s Rational Emotive Therapy (RET) and Rational Emotive Behaviour Therapy (REBT) can be used to treat depression
- There is limited discussion

**Level 2 ([3]–[4])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how Ellis’s Rational Emotive Therapy (RET) and Rational Emotive Behaviour Therapy (REBT) can be used to treat depression
- There is adequate discussion

**Level 3 ([5]–[6])**

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of how Ellis’s Rational Emotive Therapy (RET) and Rational Emotive Behaviour Therapy (REBT) can be used to treat depression
- There is competent discussion [6]

- (e) Analyse the contribution of the psychoanalytic perspective to understanding and treating depression in adults.  
(AO1, AO2, AO3, AO4)

Answers may address the following

**Understanding**

- 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 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 may result from the death wish having a greater influence on the individual than the libido.
- There may be an imbalance in the three elements of the personality

with the superego imposing high standards that the individual may not meet.

### Treating

- Psychoanalysis aims to uncover unconscious conflicts and anxieties resulting from past experiences to gain insight into the causes of depression
  - Techniques employed include
    - free association – depressed individuals 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 – depressed individuals 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 linked to depression
- 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 depression
- Individuals work through the conflicts that are causing their depression 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 understanding

- Displays limited knowledge of the contribution of the psychoanalytic perspective in understanding and treating depression in adults – 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 knowledge and understanding

- Displays adequate knowledge of the contribution of the psychoanalytic perspective in understanding and treating depression in adults
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

**Level 3 ([9]–[12])**

Overall impression: competent knowledge and understanding

- Displays very good to excellent knowledge of the contribution of the psychoanalytic perspective in understanding and treating depression in adults
- There is competent analysis – there may be some variation in the quality of analysis between the two parts to the question, understanding and treating
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

**Level 4 ([13]–[15])**

Overall impression: highly competent knowledge and understanding

- Displays very good to excellent knowledge of the contribution of the psychoanalytic perspective in understanding and treating depression in adults
- There is highly competent analysis
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear

[15]

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**Total**

**100**

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