



*Rewarding Learning*

**ADVANCED  
General Certificate of Education  
2024**

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**Health and Social Care**

**Assessment Unit A2 6**

*assessing*

**Understanding Human Behaviour**

**[AHC61]**

**THURSDAY 13 JUNE, AFTERNOON**

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**MARK  
SCHEME**

## **General Marking Instructions**

### ***Introduction***

The main purpose of a mark scheme 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) (i) Summarise **one** way the biological perspective explains aggression.  
(AO1, AO2)

**Examples of suitable points to be summarised:**

- **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 – this helps to explain the higher levels of aggression in males than 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, e.g. linked to the MAOA gene; 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. A study with MZ and DZ twins showed a high concordance rate for aggression in MZ twins, giving some support to the genetic explanation.

All other valid responses will be given credit

[1] basic summary [2] adequate summary [3] competent summary  
(1 × [3]) [3]

- (ii) Describe how **one** drug treatment works to control aggression.  
(AO1, AO2)

**Examples of suitable points to be included in description:**

- minor tranquilisers such as benzodiazepines reduce the activity of the brain (Central Nervous System) by helping to enhance the effect of its own anxiety-relieving chemical GABA (gamma-aminobutyric acid) which slows down the activity of neurones
- this sedates patients, so they are less likely to engage in aggressive behaviour.

Also accept antidepressants (SSRIs, MAOIs, tricyclics) and beta blockers. All other valid responses will be given credit

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

- (b) (i) Albert Bandura is famous for his Bobo doll experiments and his theory of how children learn to be aggressive. Examine how Bandura's experiments contributed to his theory. (AO1, AO2, AO3)

**Examples of suitable points to be included in examination:**

- 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 developed his social learning theory (SLT) and 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

AVAILABLE  
MARKS

**Level 1 ([1]–[3])**

Overall impression: basic

- basic knowledge and understanding of how Bandura’s experiments contributed to his theory
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to examine how Bandura’s experiments contributed to his theory.

**Level 2 ([4]–[6])**

Overall impression: adequate

- adequate knowledge and understanding of how Bandura’s experiments contributed to his theory
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to examine how Bandura’s experiments contributed to his theory.

**Level 3 ([7]–[9])**

Overall impression: competent

- competent knowledge and understanding of how Bandura’s experiments contributed to his theory
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to examine how Bandura’s experiments contributed to his theory. [9]

- (ii) Discuss how social skills training could help an aggressive individual to learn more appropriate behaviours. (AO1, AO2, AO3)

**Examples of suitable points to be included in discussion:**

- social skills training is a general term for instruction that promotes more productive/positive interaction with others. A social skills training programme would normally involve working in a group and might include:
  - “manners” and positive interaction with others
  - appropriate behaviour, e.g. at school or work or in social situations
  - better ways to handle frustration/anger, e.g. counting to 10 before reacting, distracting oneself, learning an internal dialogue to cool 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
- as the aggressive individuals develop these skills, the new behaviours replace the aggressive responses when they experience anger or frustration.

All other valid responses will be given credit

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

AVAILABLE  
MARKS

**Level 1 ([1]–[3])**

Overall impression: basic

- basic knowledge and understanding of how social skills training could help an aggressive individual to learn more appropriate behaviours
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how social skills training could help an aggressive individual to learn more appropriate behaviours.

**Level 2 ([4]–[6])**

Overall impression: adequate

- adequate knowledge and understanding of how social skills training could help an aggressive individual to learn more appropriate behaviours
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how social skills training could help an aggressive individual to learn more appropriate behaviours.

**Level 3 ([7]–[9])**

Overall impression: competent

- competent knowledge and understanding of how social skills training could help an aggressive individual to learn more appropriate behaviours
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how social skills training could help an aggressive individual to learn more appropriate behaviours. [9]

- (c) Discuss how Skinner’s behaviourist perspective contributes to understanding and changing aggressive behaviour in children. (AO1, AO2, AO3)

**Examples of suitable points to be included in discussion:**

**Understanding**

- according to Skinner, children’s aggressive behaviour, like all behaviours is learned because it is reinforced as demonstrated in his experiments with rats and pigeons
- one way is through positive reinforcement, e.g. getting their own way
- another is through negative reinforcement, e.g. avoiding having to do things they don’t want to do
- aggressive behaviour is learned because it is not being effectively punished, e.g. has gone unchallenged by members of the family.

**Changing**

- behaviour modification is the technique used to change aggressive behaviour from this perspective

- this starts with identifying and measuring/quantifying the behaviours to be reduced – this means observing and counting specific acts of aggression by the child whose behaviour is causing concern
- adults such as an early years worker, teacher or parent can then ignore aggressive acts (so they are not being reinforced) where possible, or if necessary, for example to protect other children in the setting or home, can punish aggression, e.g. using time-out
- non-aggressive behaviour is positively reinforced by the adult, 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 all adults, e.g. a teacher would ask the child's family to follow through with it at home
- over time the adult should 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]–[4])**

Overall impression: basic

- basic knowledge and understanding of how Skinner's behaviourist perspective contributes to understanding and changing aggressive behaviour in children
- demonstrates a limited ability to apply knowledge and understanding to the question
- demonstrates a limited ability to discuss how Skinner's behaviourist perspective contributes to understanding and changing aggressive behaviour in children
- 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 Skinner's behaviourist perspective contributes to understanding and changing aggressive behaviour in children
- demonstrates an adequate ability to apply knowledge and understanding to the question
- demonstrates an adequate ability to discuss how Skinner's behaviourist perspective contributes to understanding and changing aggressive behaviour in children
- 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 Skinner’s behaviourist perspective contributes to understanding and changing aggressive behaviour in children
- demonstrates a competent ability to apply knowledge and understanding to the question
- demonstrates a competent ability to discuss how Skinner’s behaviourist perspective contributes to understanding and changing aggressive behaviour in children
- 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]

AVAILABLE  
MARKS

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- 2 (a) The psychoanalytic and humanistic perspectives are two very major influences on current psychology and psychiatry. Complete the tables below to show your understanding of some of the key concepts of the two perspectives. (AO1, AO2)

### The psychoanalytic perspective – Sigmund Freud’s theory

#### Libido

##### Examples of suitable points to be included in description:

- the libido is one of the two competing instinctive drives, present from birth
- the libido is a positive energy, which opposes the negative instinct of the death wish, and includes the sex and survival instincts
- the libido concentrates its energy on different body parts or erogenous zones as a child develops.

All other valid responses will be given credit

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

#### Erogenous zones

##### Examples of suitable points to be included in description:

- these are the parts of the body that become particularly sensitive as the child develops from birth onwards
- the libido focuses energy on these different body parts in a particular order and in each case the outcome influences the adult personality
- hence the oral, anal and phallic stages in the development of the young child up to the age of 6 years.

All other valid responses will be given credit

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

#### Fixation

##### Examples of suitable points to be included in description:

- this concept refers to how some of the energy of the libido is left behind in one of the stages of development due to the particular stage not being fully resolved in childhood
- this shows up in the personality characteristics of the adult who is ‘stuck’ in that stage of development, e.g. an aggressive, pessimistic adult is believed to be fixated at the oral stage of development due to under stimulation of the mouth as the erogenous zone in the oral stage of development.

All other valid responses will be given credit

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

(3 × [3])

[9]

### The humanistic perspective – Carl Rogers’ theory

#### Conditions of worth

##### Examples of suitable points to be included in description:

- these are the behaviours that an individual must produce to gain positive regard from others
- these come into play when an individual is not being given unconditional positive regard by key figures such as parents – instead positive regard is conditional or dependent on the individual producing the behaviours these others want

- by behaving as required to meet the conditions of worth of others, individuals fail to self-actualise.

All other valid responses will be given credit

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

### **Incongruence**

#### **Examples of suitable points to be included in description:**

- this concept refers to a gap or mismatch between the real self and the ideal self, in other words between how an individual sees himself/herself and how he/she would like to be – the ‘I am’ and the ‘I should be’
- Rogers proposed the real self and the ideal self need to be aligned for positive mental health, so self esteem is damaged by incongruence.

All other valid responses will be given credit

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

### **Denial and distortion**

#### **Examples of suitable points to be included in description:**

- these are the two defence mechanisms Rogers proposed that individuals use to protect themselves when they perceive a threat to their self-concept (because of incongruence between the self and the real self)
- distortion means they distort or change the perception so that it fits their self-concept
- denial means they deny or ignore the existence of any threat
- denial and distortion can help to protect the self-concept but when they are overused the individual becomes more and more out of touch with reality.

All other valid responses will be given credit

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

(3 × [3])

[9]

- (b) (i) Both Freud and Rogers proposed talking therapies to deal with a variety of mental health issues and behaviours. Analyse how both therapies would be used to help adults who are depressed. (AO1, AO2, AO3)

#### **Examples of suitable points to be included in analysis:**

##### **Freud’s therapy for depression**

- psychoanalytic/psychodynamic therapy aims to help depressed individuals cope better with the inner emotional conflicts causing depression
- psychoanalysis aims to uncover unconscious conflicts and anxieties resulting from the past to gain insight to causes of depression rather than focusing on changing conscious thoughts or behaviours
- techniques employed include:
  - free association – patients encouraged to relax and freely talk about anything that comes into their heads (Freud’s famous patient Anna O referred to this as ‘the talking cure’)
  - word association – patients encouraged to respond to words called out by the therapist with the first words that come to mind
  - dream analysis – patients tell the therapist what they can remember about their dreams (Freud referred to dreams as ‘the royal road to the unconscious’)
  - projective tests – patients are asked to respond to ambiguous stimuli – the best-known projective test is the Rorschach inkblot test in

which a client is shown irregular spots of ink, and asked to explain what they see

- 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 individual is depressed
- the individual works through the conflicts that are causing the depression, so they experience catharsis (release of negative energy).

### **Rogers' therapy for depression**

- client centred therapy/person centred therapy (PCT) is Rogers' therapy – 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 positive regard, usually from parents as the individual grew 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
- the therapist can employ the Q-sort technique to determine the discrepancy between the client's self-image and ideal self. This involves cards which contain statements that the client can sort into piles to represent the self and the ideal self. This technique can be repeated to measure progress
- 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 both therapies would be used to help adults who are depressed – may only address one therapy
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how both therapies would be used to help adults who are depressed
- 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 both therapies would be used to help adults who are depressed
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates adequate ability to analyse how both therapies would be used to help adults who are depressed
- answers that focus on just one of the therapies can score a maximum of 9 marks
- 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 both therapies would be used to help adults who are depressed
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how both therapies would be used to help adults who are depressed
- there may be some variation in the quality of analysis between the two 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.

**Level 4 ([15]–[18])**

Overall impression: highly competent

- highly competent knowledge and understanding of how both therapies would be used to help adults who are depressed
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to analyse how both therapies would be used to help adults who are depressed
- 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]

- (ii) Explain **one** strength and **one** weakness of Freud’s talking therapy and **one different** strength and **one different** weakness of Rogers’ talking therapy. (AO1, AO2)

**A strength of Freud’s therapy**

**Examples of suitable points to be explained:**

- a well-established therapy that is still popular and widely used – there are lots of published case studies to help therapists in their own development
- can be applied to treating a range of behaviours such as depression, aggression and eating disorders
- patients/clients are able to express their feelings and conflicts in a safe environment, so gets to the root cause of the problem
- it is a one-to-one, idiographic approach designed to address problems at an individual level
- recognises that earlier/childhood experiences can negatively affect an individual’s ability to cope with life and aims to address the resulting issues, getting to the root cause of the problem
- can be applied to children as well as adults – play therapy can help children who may find it difficult to explain how they are feeling.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

**A weakness of Freud’s therapy**

**Examples of suitable points to be explained:**

- 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/patients, so they may feel worse than ever whilst undergoing therapy
- clients’/patients’ 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/patients 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] basic explanation [2] competent explanation

(1 × [2])

[2]

**A strength of Rogers’ therapy**

**Examples of suitable points to be explained:**

- as the therapy is non-directive, clients are given the chance to work out what they need to do to address their own problems which gives them a sense of control
- as therapists are trained to develop a warm and empathetic relationship with their clients, clients will feel valued

- encounter groups allow clients to express problems openly in a group and gain feedback from others who may have similar problems, so they feel accepted
- being in an encounter group can help the clients to see they are not the only ones with problems so they don't feel so alone or isolated and may even develop new supportive friendships.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

### **A weakness of Rogers' therapy**

#### **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 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

(1 × [2])

[2]

44

- 3 (a) (i) The two most common eating disorders are known as AN and BN.  
Give the full name of each. (AO1)

AN: anorexia nervosa

BN: bulimia nervosa

(2 × [1])

[2]

- (ii) Identify **one** common sign or symptom of AN and BN. (AO1)

**Examples of suitable points to be identified:**

- being obsessed with weight and appearance
- irregular periods/periods absent
- purging – can be through making themselves sick or through excessive exercise
- damage to teeth – this is caused by acid in vomiting
- secretive behaviours around food
- low energy/feeling weak and tired.

All other valid responses will be given credit

(1 × [1])

[1]

- (iii) Explain **two** differences between AN and BN. (AO1, AO2)

**Examples of suitable points to be explained:**

- people with BN engage in regular bingeing whereas people with AN avoid eating as much as possible
- people with BN tend to recognise they have a problem whereas those with AN are in denial
- AN is much more associated with extreme weight loss than BN, making it easier to recognise
- AN can eventually lead to death, which does not occur due to BN.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (b) Summarise Hilde Bruch's theory of AN. (AO1, AO2)

**Examples of suitable points to be included in summary:**

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

All other valid responses will be given credit

[1] basic summary [2] adequate summary [3] competent summary

(1 × [3])

[3]

- (c) Discuss the influence of gender, the media and family on eating disorders.  
(AO1, AO2, AO3)

**Examples of suitable points to be included in discussion:**

Gender

- eating disorders are far more commonly diagnosed in females – at least 75% of those diagnosed with AN or BN in the UK are female, perhaps linked to body consciousness in females in Western culture – and to changes in female bodies, e.g. postpartum and menopause
- eating disorders in males are rarer but on the increase
- there is some evidence that men are less likely to seek treatment and so may be under-represented in some statistics.

Media

- eating disorders may be influenced by images of attractiveness portrayed on television or in magazines – thinness is regarded as attractive – size 0 models exemplify this
- there is also evidence that social media now plays a major role- people with eating disorders share ideas and promote eating disorders through websites and social media platforms. Individuals may also be influenced by celebrities promoting weight loss, bullying, comments about weight and likes and positive comments about weight loss on social media.

Family

- there is some evidence that eating disorders can run in families, with first-degree biological relatives (parents, siblings, and children) of sufferers having an increased risk
- a family history of mood or personality disorders is also associated with an increased risk of developing an eating disorder
- AN may be an attempt to maintain a position as a child in the family or may stem from family pressure to succeed
- in some cases eating disorders may occur to prevent dissension in the family for example, an attempt by adolescents to divert attention onto themselves to prevent the breakdown of their parents' marriage.

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

- basic knowledge and understanding of the influence of gender, the media and family on eating disorders
- demonstrates a limited ability to apply knowledge and understanding to the question
- demonstrates a limited ability to discuss the influence of gender, the media and family on eating disorders
- answers which address only one of the factors cannot achieve beyond this level
- 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 the influence of gender, the media and family on eating disorders
- demonstrates an adequate ability to apply knowledge and understanding to the question
- demonstrates an adequate ability to discuss the influence of gender, the media and family on eating disorders
- answers which address only two of the three factors 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 the influence of gender, the media and family on eating disorders
- demonstrates a competent ability to apply knowledge and understanding to the question
- demonstrates a competent ability to discuss the influence of gender, the media and family on eating disorders
- 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]

- (d) Analyse how the cognitive perspective in psychology contributes to understanding and treating eating disorders. (AO1, AO2, AO3)

**Examples of suitable points to be included in analysis:****Understanding eating disorders**

- this perspective focuses on thoughts and beliefs, suggesting that irrational thoughts and beliefs cause eating disorders. Irrational thoughts are clearly documented in research which shows individuals with AN, for example, perceive their own size and weight inappropriately, e.g. describe themselves as much fatter than they really are – will draw pictures of themselves as fat even when they are very underweight
- negative cognitions influence behaviour, e.g. refusing to eat, not going out with friends, telling lies about eating, purging, bingeing etc.
- since eating disorders are caused by maladjusted thinking, in order to understand people with eating disorders, it is necessary to understand their thought processes
- Aaron Beck referred to the irrational and maladaptive assumptions and thoughts that lead to eating disorders as cognitive errors. Beck claims eating disorders are rooted in the maladaptive ways people think about
  - themselves, e.g. I'm disgusting if I can't get into this pair of jeans
  - the world, e.g. it's necessary to be thin to be liked
  - the future, e.g. I will never be happy and normal

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

- Ellis also argued that irrational thoughts are the main cause of eating disorders as they lead to a self-defeating internal dialogue of negative self-statements, e.g. eating disorders are caused by catastrophising self-statements like ‘I’ll never be a happy person, my life may as well be over’. He identified 11 basic irrational beliefs that are emotionally self-defeating and commonly associated with problems, e.g.
  - I must be loved and accepted by absolutely everybody
  - I must be excellent in every respect, otherwise I’m worthless
- eating disorders begin with an activating event (A) (e.g. not fitting into a particular size) leading to a belief (B), which may be rational (e.g. I need to try the next size or lose a few pounds) or irrational (e.g. I’m far too fat, I’m ugly). The belief leads to consequences (C), which can be adaptive (appropriate) for rational beliefs (e.g. I’ll try a different size or cut back on treats) or maladaptive (inappropriate) for irrational beliefs (e.g. developing an eating disorder).

### Treating eating disorders

- therapies focus on changing the irrational or inappropriate thoughts that are causing the eating disorder
- 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 they are fat and ugly?
  - What is another way of looking at the same situation but reaching another conclusion, e.g. life could be better if they weren’t always focussing on eating
  - What will happen if, indeed, the current conclusion/opinion is correct, e.g. if someone really is overweight 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) – RET also aims to challenge irrational beliefs linked to eating disorders, but the therapist is more active and directive than in Beck’s therapy. Techniques include challenging clients to prove unrealistic statements like ‘I’m really fat’ and role-playing different situations during therapy, e.g. eating with other people. REBT also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. gradually introducing small amounts of new foods into the diet.

All other valid points 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 cognitive perspective in psychology contributes to understanding and treating eating disorders
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question

- demonstrates a limited ability to analyse how the cognitive perspective in psychology contributes to understanding and treating eating disorders
- 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 cognitive perspective in psychology contributes to understanding and treating eating disorders
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how the cognitive perspective in psychology contributes to understanding and treating eating disorders
- 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 cognitive perspective in psychology contributes to understanding and treating eating disorders
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how the cognitive perspective in psychology contributes to understanding and treating eating disorders
- 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 cognitive perspective in psychology contributes to understanding and treating eating disorders
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to analyse how the cognitive perspective in psychology contributes to understanding and treating eating disorders
- 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.

[18]

**Total**

**AVAILABLE  
MARKS**

40

**120**