



Rewarding Learning

**ADVANCED
General Certificate of Education
2025**

Health and Social Care

Assessment Unit A2 6

assessing

Understanding Human Behaviour

[AHC61]

THURSDAY 12 JUNE, AFTERNOON

**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) List **three** symptoms that would suggest an individual is experiencing stress. (AO1)

Answers may include **three** of the following:

- periods of irritability or anger
- apathy or depression
- constant anxiety
- panic
- rapid/shallow breathing
- nervous sweating
- dry mouth
- pallor/paling
- feeling dizzy
- tightness in chest
- a weakened immune system so more prone to infections
- irrational behaviour
- loss of appetite and weight loss
- comfort eating and weight gain/overeating
- lack of concentration
- loss of sex drive
- increased smoking, drinking, or taking recreational drugs
- excessive tiredness/fatigue
- skin problems, such as eczema
- aches and pains resulting from tense muscles, including neck ache, backache and tension headaches
- heart palpitations/increased heart rate
- feeling nauseous
- stomach problems
- missed periods
- sleep problems/insomnia
- hair loss
- hypertension.

All other valid responses will be given credit

(3 × [1])

[3]

- (b) Describe how any **two** types of drug can work to reduce feelings of stress. (AO1, AO2)

Answers may address any **two** of the following:

Beta blockers

- beta-blockers reduce the activity of the Sympathetic Nervous System, blocking the effects of the hormones adrenaline (epinephrine) and noradrenaline (norepinephrine) and so reduce heart rate, blood pressure and levels of the hormone cortisol, alleviating the symptoms of stress
- they work by blocking the action of the neurotransmitter noradrenaline at receptors in arteries and the heart muscle, causing arteries to widen and slowing the action of the heart, resulting in falling blood pressure and reduced work by the heart, and thus reducing the physiological experience of stress.

All other valid responses will be given credit

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

Anxiolytic drugs (e.g. benzodiazepines)

- 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.
- they often work to calm the nervous system and alleviate anxiety symptoms by enhancing the inhibitory neurotransmitter GABA (gamma-aminobutyric acid) in the brain.

All other valid responses will be given credit

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

Anti-depressants (e.g. MAOIs, TCAs, SSRIs)

- these work by altering neurotransmitters in the brain to enhance the individual's feelings of well-being and so reduce feelings of stress
- MAOIs or monoamine oxidase inhibitors block the action of the enzyme monoamine oxidase which normally breaks down the neurotransmitters noradrenaline and serotonin – therefore increases levels of serotonin and noradrenaline in the brain, making the individual feel happier
- TCAs or tricyclics prevent the neurotransmitters noradrenaline and serotonin from being re-absorbed after use, thus increasing the available levels of these neurotransmitters, making the individual feel happier
- SSRIs or selective serotonin uptake inhibitors increase the level of the neurotransmitter serotonin by slowing down its absorption by the brain, making the individual feel happier.

All other valid responses will be given credit

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

(2 × [3])

[6]

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

Examples of suitable advantages to be explained:

- can effectively reduce symptoms of stress for most patients with reasonably quick results – most people start to feel better within a few weeks
- more cost effective for the health service than patients spending long periods in talking therapies
- easily accessible for patients – no long waiting lists as there often is for talking therapies, free prescriptions in NI, no referral time from GP, minimal commitment of time and effort compared to attending therapy

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Examples of suitable disadvantages to be explained:

- does nothing about the root causes of the stress such as relationship problems or work-related issues
- some drugs like benzodiazepines become less effective over time as patients build up a tolerance for them
- some drugs used for stress can be addictive, e.g. benzodiazepines have a high potential for dependence and abuse with prolonged use, so individuals may develop both psychological and physical dependence and experience problems with withdrawal
- side effects of medication, e.g. beta blockers can cause dizziness, nausea and fatigue; benzodiazepines can cause drowsiness, muscle weakness

- and confusion; and some SSRIs can suppress appetite, cause headaches
- may interact with other drugs/substances, e.g. pain killers or alcohol
- non-compliance can be a problem – patients may not take the drugs because they fear addiction or may stop taking them as soon as they feel better, causing relapse.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

(d) Describe how relaxation can work to alleviate stress. (AO1, AO2)

Examples of suitable points to be included in description:

- progressive muscle relaxation involves tightening and relaxing muscles until the whole body is relaxed
- this reduces muscle tension, heart rate, cortisol levels and blood pressure, all physiological symptoms of stress and so the individual feels less stressed
- other forms of relaxation work in the same way to reduce the physiological experience of stress, e.g. yoga, breathing exercises, mindfulness.

All other valid responses will be given credit

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

(1 × [3])

[3]

(e) Discuss how client-centred therapy and encounter groups can be used to treat stress. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

Client-centred therapy

- role of the therapist is to provide unconditional positive regard for clients one-on-one as stress is associated with a lack of unconditional regard, usually from parents as an individual grows up
- the Q-sort technique may be used to measure the difference between the real self and the ideal self
- by experiencing unconditional positive regard from the therapist, the client is freed from the conditions of worth they have previously experienced due to only receiving conditional regard. This helps to diminish conditional self-regard and so the client can truly self-actualise, reducing stress
- need for warmth, genuineness and empathy in the therapeutic relationship
- focus on dealing with the present rather than the past
- therapy is non-directive – clients should decide how to work towards self-actualisation so that behaviour becomes congruent with the self-concept, reducing feelings of anxiety
- therapist aims to improve self-esteem and help clients develop a realistic ideal self.

Encounter groups

- through encounter groups, clients can provide positive regard for each other by listening to each other and encouraging each other to develop self-regard and to achieve self-actualisation, thus reducing stress by achieving greater congruence between the real self and the ideal self.
- usually up to 10 people come together in a supportive environment

to share and examine their experiences of stress – all participants are treated as equal and all are required to demonstrate caring, acceptance and trust just as the therapist would in client-centred therapy
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 client-centred therapy and encounter groups can be used to treat stress
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how client-centred therapy and encounter groups can be used to treat stress
- 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 client-centred therapy and encounter groups can be used to treat stress
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how client-centred therapy and encounter groups can be used to treat stress
- 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 client-centred therapy and encounter groups can be used to treat stress
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how client-centred therapy and encounter groups can be used to treat stress
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

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- 2 (a) Draw lines below to match up the theorists from these perspectives with their theories. (AO1)

Skinner – operant conditioning
 Bandura – social learning theory
 Pavlov – classical conditioning
 (3 × [1])

[3]

- (b) (i) Discuss the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- Skinner developed the ‘Skinner box’, a piece of apparatus in which a hungry rat had to learn to press a lever to obtain a pellet of food. At first, the lever pressing occurred by chance. Every time the lever was pressed, food was delivered, so pressing the lever was **reinforced**. Any behaviour that is reinforced tends to be repeated, and so learning occurs. Later Skinner discovered that partial reinforcement is more effective for learning than this continuous type of reinforcement – only being rewarded for some of the responses leads to stronger learning, which is more resistant to extinction (i.e. doesn’t disappear so quickly when reinforcement stops)
- reinforcement is anything that increases the chances of the preceding behaviour being repeated. Reinforcement may be **positive reinforcement** – the chance to gain something pleasurable, like the food pellets in the Skinner box, or **negative reinforcement** – the chance to escape or avoid something unpleasant – 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 or to press a lever to stop the current. Both positive and negative reinforcement aim to produce a desired behaviour
- Skinner’s experiments help to explain that humans learn behaviours if those behaviours are reinforced by positive or negative reinforcement. Positive reinforcers, e.g. praise or money increase the probability of a behaviour occurring, e.g. learning table manners or producing good work. Negative reinforcers also encourage learning desired behaviours, e.g. working hard in class to avoid having to stay in after school.
- Skinner was also able to use the box to demonstrate the impact of positive punishment, a direct negative outcome following a behaviour, as the animal was trained to stop pressing the lever by electrifying the floor every time it pressed, and of negative punishment, which means taking away a reward, whereby the animal could be trained to stop the lever pressing by releasing pellets regularly and then withholding them when the lever was pressed.
- Also accept responses that address punishment. Punishment can be used to stop undesirable behaviours, e.g. giving a teenager extra chores for not completing a task (positive punishment) or taking a toy away from a child when he is naughty (negative punishment).

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 the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the contribution of Skinner’s experiments with the Skinner box to understanding how humans learn behaviours. [9]

- (ii) Summarise how Skinner’s theory has been applied to treating an eating disorder. (AO1, AO2)

Examples of suitable points to be included in summary:

- Skinner’s theory has been applied to treating anorexia nervosa in the use of behaviour modification – this involves measuring/quantifying the problem behaviours, e.g. observing eating behaviour and quantifying intake
- appropriate behaviour like eating as opposed to fasting is positively reinforced, e.g. by awarding points or tokens for eating at mealtimes or achieving weight gain – points can be used to earn treats such as trips out or visits home from a residential setting
- behaviour is monitored to check for change.

Also accept points about reinforcing appropriate eating behaviours for bulimia.

All other valid responses will be given credit

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

(1 × [3])

[3]

- (c) (i) Discuss the contribution of Bandura's Bobo doll experiments to understanding how children learn to be aggressive. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- Bandura et al conducted numerous experiments with the Bobo doll with a focus on investigating how aggression is learned. These experiments generally involved children observing adults being physically and verbally aggressive to this 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 towards 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' aggression is 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. Their behaviour is initially imitated and then internalised.

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 the contribution of Bandura's Bobo doll experiments to understanding how children learn to be aggressive
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the contribution of Bandura's Bobo doll experiments to understanding how children learn to be aggressive.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of the contribution of Bandura’s Bobo doll experiments to understanding how children learn to be aggressive
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the contribution of Bandura’s Bobo doll experiments to understanding how children learn to be aggressive.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of the contribution of Bandura’s Bobo doll experiments to understanding how children learn to be aggressive
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the contribution of Bandura’s Bobo doll experiments to understanding how children learn to be aggressive. [9]

- (ii) Summarise how Bandura’s theory has been applied to treating phobias. (AO1, AO2)

Examples of suitable points to be included in summary:

- Bandura’s theory has been applied to treating phobias in the use of modelling therapy – this involves a psychologist getting a client to watch someone else with the same phobia role playing a situation where they overcome their fear
- an actor, either live or filmed, will make a slow and painful approach to the feared object, acting terrified at first, but will talk himself through it, using calming instructions about breathing etc., and will ultimately be able to be calm in the presence of the phobic object
- the client will be offered the chance to mimic the actor.

All other valid responses will be given credit

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

(1 × [3])

[3]

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

Examples of suitable points to be included in analysis:

Understanding

- any phobia is a learned response to the feared stimulus – the focus is on the learned behaviour rather than what the client is thinking or feeling
- this happens through classical conditioning of physiological reflexes as described by Pavlov – an unconditioned stimulus becomes paired with a conditioned stimulus so that a conditioned response develops – so a phobia is a learned association between a conditioned stimulus (the feared object) and the conditioned response (fear)
- Watson and Raynor’s Little Albert experiment showing how he developed a fear of rats may be used to illustrate this process

- fear is not extinguished because the stimulus is avoided
- from the perspective of operant conditioning avoidance is reinforced by reduced anxiety
- also through operant conditioning, the phobic behaviour may be reinforced by attention from others

Treating

- behaviour therapy focuses on changing responses as opposed to trying to understand reasons for them – the aim is to replace the fear response with a more appropriate response i.e. a more relaxed response
- systematic desensitisation – the client draws up a hierarchy of fears – learns to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation and gradually working up the hierarchy
- implosion therapy and flooding – clients are required to remain with the feared stimulus despite high levels of anxiety – it is physiologically impossible to maintain an anxiety state, so it subsides and fear is extinguished as a result. With implosion therapy the feared stimulus is imagined whilst with flooding the stimulus is present, e.g. taking an individual with a phobia of cars out driving until the fear subsides.

All other valid 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 behaviourist perspective in psychology contributes to understanding and treating phobias
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how the behaviourist perspective in psychology contributes to understanding and treating phobias
- 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 behaviourist perspective in psychology contributes to understanding and treating phobias
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how the behaviourist perspective in psychology contributes to understanding and treating phobias
- 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 behaviourist perspective in psychology contributes to understanding and treating phobias
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how the behaviourist perspective in psychology contributes to understanding and treating phobias
- 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 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of how the behaviourist perspective in psychology contributes to understanding and treating phobias
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to analyse how the behaviourist perspective in psychology contributes to understanding and treating phobias
- 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]

45

- 3 (a) Complete the table below to describe how the concepts from Freud's psychoanalytic theory can be applied to understanding depression. (AO1, AO2)

The unconscious

Examples of suitable points to be included in description:

- Freud's iceberg theory of the mind suggests it is made up of three elements – the conscious, subconscious and unconscious – depression results from problems buried in the unconscious mind that the individual is not aware of
- depression results from the unresolved conflicts usually from a childhood that are buried in the unconscious, so a therapist may need to help the individual access this part of their mind to resolve those issues.

All other valid responses will be given credit

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

Instinct

Examples of suitable points to be included in description:

- Freud proposed that individuals are born with two competing instinctive drives, the libido or life instinct (Eros) which focuses on pleasure and reproduction and the death instinct (Thanatos) which drives individuals towards destruction, and it is the latter which causes depression
- Freud believed that the two instincts are in a dynamic state of tension – depression can result from the death wish having more control over the personality than the libido.

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:

- fixation refers to the idea that some of the energy of the libido is left behind at a stage of childhood development to deal with unresolved conflicts – it is this fixation that determines adult personality characteristics, such as pessimism that can lead to depression
- too little stimulation of the mouth during the first stage of personality development, the oral stage from 0–1 year, when the erogenous zone is the mouth, would lead to fixation at this stage and a depressive adult personality. Depression results from fixation during the oral stage.

All other valid responses will be given credit

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

(3 × [3])

[9]

- (b) Discuss how the socio-economic factors housing and environment, family and employment might influence depression. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

Housing and environment

- poor housing conditions, such as living in a damp house, can make people worried about their health and the health of their family – this worry can contribute to depression
- living in overcrowded housing conditions or in a house which is in a state of disrepair can put stress on individuals and contribute to depression

- living in an unpleasant environment such as an inner city housing estate with high levels of crime and/or pollution can lead to individuals feeling depressed.

Family

- difficulties or breakdown in relationships within a family can cause individuals to experience depression, e.g. people undergoing divorce may report feeling depressed
- other stressful events in family life, e.g. worry about illness in the family or a bereavement within the family, can contribute to depression
- there is evidence that the propensity to experience depression may be influenced by family, either genetically or as a learned behaviour.
- caring responsibilities in family life can be stressful and lead to depression in the longer term.

Employment

- many individuals who suffer from depression cite work-related stress as a contributory factor including difficult relationships at work
- people who have interesting and challenging jobs they enjoy are much less likely to suffer from depression than those who feel trapped in jobs characterised by routine and repetitiveness, job insecurity and low pay or uncomfortable or challenging working conditions
- overall people in employment are less at risk from clinical depression than those who are not employed.

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 how the socio-economic factors housing and environment, family and employment might influence depression
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the socio-economic factors housing and environment, family and employment might influence 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 ([5]–[8])

Overall impression: adequate

- adequate knowledge and understanding of how the socio-economic factors housing and environment, family and employment might influence depression
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how the socio-economic factors housing and environment, family and employment might influence depression

- answers must address at least two socio-economic factors to achieve at 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 the socio-economic factors housing and environment, family and employment might influence depression
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the socio-economic factors housing and environment, family and employment might influence depression
- answers must address all three socio-economic factors to achieve at this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

- (c) (i) Analyse the contribution of the cognitive perspective in psychology to understanding and treating depression. (AO1, AO2, AO3)

Examples of suitable points to be included in analysis:

Understanding

- this perspective focuses on thoughts and beliefs, suggesting that irrational thoughts and beliefs cause depression. Since depression is caused by maladjusted thinking, in order to understand an individual with depression, it is necessary to understand his thought processes
- Aaron Beck referred to the irrational and maladaptive assumptions and thoughts that lead to depression as cognitive errors. Beck claims mental disorders like depression are rooted in the maladaptive ways people think about:
 - themselves, e.g. I can't succeed at anything
 - the world, e.g. it's necessary to be successful to be a good person
 - the future, e.g. nothing will change.
- this is referred to as a 'cognitive triad' of negative, automatic thoughts. These negative schemas dominate thinking and depression is the result
- Ellis also argued that irrational thoughts are the main cause of depression as they lead to a self-defeating internal dialogue of negative self-statements, e.g. depression is 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 depression, e.g.

- I must be loved and accepted by absolutely everybody
- I must be excellent in every respect and never make mistakes – otherwise I'm worthless
- sometimes referred to as the 'ABC model', Ellis claims disorders begin with an activating event (A) (e.g. a failed exam) leading to a belief (B), which may be rational (e.g. I didn't work hard enough) or irrational (e.g. I'm too stupid to pass). The belief leads to consequences (C), which can be adaptive (appropriate) for rational beliefs (e.g. I'll do more revision) or maladaptive (inappropriate) for irrational beliefs (e.g. becoming depressed)

Treating

- the focus is on changing the irrational or inappropriate thoughts that are causing depression
- 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 individual questions, such as:
 - what is the evidence supporting the conclusion currently held by the individual, e.g. that his life is not worth living?
 - what is another way of looking at the same situation but reaching another conclusion, e.g. life could be better if some changes are made?
 - what will happen if, indeed, the current conclusion/opinion is correct, e.g. if someone really doesn't have any positive relationships what could happen?
- the aim is to move the individual away from negative cognitive processes and towards positive cognition
- Ellis's Rational Emotive Therapy (RET) also aims to challenge irrational beliefs linked to depression, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging individuals to prove unrealistic statements like "no-one likes me" and role playing different situations during therapy, e.g. meeting and talking to new people. His Rational Emotive Behaviour Therapy (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 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 the contribution of the cognitive perspective in psychology to understanding and/or treating 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 the contribution of the cognitive perspective in psychology to understanding and treating 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 the contribution of the cognitive perspective in psychology to understanding and/or treating depression – answers that address only one aspect can achieve mid-band at best
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse the contribution of the cognitive perspective in psychology to understanding and treating 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 the contribution of the cognitive perspective in psychology to understanding and treating depression
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse the contribution of the cognitive perspective in psychology to understanding and treating 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. ^[1]_[SEP]

Level 4 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of the contribution of the cognitive perspective in psychology to understanding and treating depression
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to analyse the contribution of the cognitive perspective in psychology to understanding and treating 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. [SEP] [18]

(ii) Explain **two** weaknesses of using cognitive therapies to treat depression. (AO1, AO2)

Examples of suitable points to be explained:

- they are only useful for clients who are well enough to have insight and reflect on their own thoughts, so those who are very unwell may not benefit
- they ignore hidden reasons for problems, like unconscious thoughts, so don't really get to the root of the depression
- changing thinking patterns can be difficult and may not be enough to help severe depression where brain chemistry needs to be altered to help the client
- individuals have to be determined to address their problems and for REBT they have to be willing to do 'homework' and practise new behaviours, which can require a considerable commitment of time and effort

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Total

AVAILABLE
MARKS

43

120