



Rewarding Learning

**ADVANCED
General Certificate of Education
2022 RESERVE SERIES**

Health and Social Care

Assessment Unit A2 6

assessing

Understanding Human Behaviour

[AHC61]

THURSDAY 30 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.

COVID-19 Context

Given the unprecedented circumstances presented by the COVID-19 public health crisis, senior examiners, under the instruction of CCEA awarding organisation, are required to train assistant examiners to apply the mark scheme in case of disrupted learning and lost teaching time. The interpretation and intended application of the mark scheme for this examination series will be communicated through the standardising meeting by the Chief or Principal Examiner and will be monitored through the supervision period. This paragraph will apply to examination series in 2021–2022 only.

1 (a) Write down **three** signs or symptoms of depression. (AO1)

Examples of suitable points:

- feeling sad most of the time/frequently tearful
- losing interest in life and not enjoying anything
- finding it hard to make decisions
- feeling of not being able to cope with things that weren't a problem before
- feeling utterly tired/fatigued
- feeling restless and agitated
- changes in appetite and weight – overeating, loss of appetite
- changes in sleep patterns – insomnia, excessive sleeping
- losing interest in sex
- losing self-confidence, feeling useless, inadequate, worthless
- feeling hopeless
- avoiding other people
- irritability/lack of patience with others
- feeling worse at a particular time each day, usually in the morning
- thinking of/talking about suicide
- self-medicating with drugs or alcohol
- self-harming
- easily distracted, lack of concentration
- slowed thinking/movements
- feelings of guilt
- fixation on past failures
- low energy
- focusing on small matters.

All other valid responses will be given credit

(3 × [1])

[3]

(b) A range of socio-economic factors are linked to depression. Describe how each of the following factors may influence depression. (AO1, AO2)

Gender

Examples of suitable points to be included in description:

- women are almost twice as likely to be diagnosed with depression as men. The higher risk may be due partly to hormonal changes brought on by puberty, menstruation, menopause, and pregnancy
- although their risk for depression is lower, men are more likely to go undiagnosed and are less likely to seek help. Suicide is an especially serious risk for men with depression, who are four times as likely as women to take their own lives.

All other valid responses will be given credit

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

(1 × [3])

[3]

Social class

Examples of suitable points to be included in description:

- depression is more prevalent in socially disadvantaged groups where there is a higher lifetime prevalence of major mental health problems
- people from the lower social classes have relatively poor access to mental health care, e.g. they cannot afford to pay for private therapies so their depression may be more persistent as it is not properly addressed
- stressful life events are more common in the lower social classes and this

contributes to the raised prevalence of depression.

All other valid responses will be given credit

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

Employment

Examples of suitable points to be included in description:

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

All other valid responses will be given credit

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

- (c) Sigmund Freud used the concepts of ‘the unconscious’ and ‘fixation’ in his psychoanalytic theory. Complete the table below to explain what Freud meant by these concepts and describe how he applied them to depression. (AO1, AO2)

The unconscious

Meaning

Examples of suitable points to be included in explanation:

- Freud describes the unconscious as the part of the mind that individuals are unaware of
- he describes this as part of his iceberg theory with the unconscious representing the largest part of the iceberg under the water.

All other valid responses will be given credit

[1] basic explanation [2] adequate explanation
(1 × [2]) [2]

Application to depression

Examples of suitable points to be included in description:

- it can be the hidden thoughts and feelings in the unconscious that cause an individual to feel depressed
- these are the unresolved conflicts usually from childhood that the individual is not aware of and therefore a therapist may need to help the individual to access that part of the mind to resolve those issues.

All other valid responses will be given credit

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

Fixation

Meaning

Examples of suitable points to be included in explanation:

- fixation refers to the idea that some of the energy of the libido is left behind at a particular stage of childhood development to deal with unresolved conflicts
- it is this fixation which determines adult personality characteristics.

All other valid responses will be given credit

[1] basic explanation [2] adequate explanation
(1 × [2]) [2]

Application to depression

Examples of suitable points to be included in description:

- Freud argued that too little stimulation of the mouth during the first stage of personality development, the oral stage from age 0 – 1 year, when the erogenous zone is the mouth would lead to fixation at this stage
- this fixation at the oral stage leads to a depressive adult personality, so depression can be a result of fixation during the oral stage.

All other valid responses will be given credit

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

(1 × [3]) [3]

- (d) (i) Discuss how depression should be treated from Carl Rogers' humanistic perspective. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

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

All other valid responses will be given credit

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

Level 1 ([1]–[4])

Overall impression: basic

- basic knowledge and understanding of how depression should be treated from Carl Rogers' humanistic perspective
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how depression should be treated from Carl Rogers' humanistic perspective
- 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 depression should be treated from Carl Rogers' humanistic perspective
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how depression should be treated from Carl Rogers' humanistic perspective
- 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 depression should be treated from Carl Rogers' humanistic perspective
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how depression should be treated from Carl Rogers' humanistic perspective
- 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]

- (ii) Explain **two** strengths and **two** weaknesses of Rogers' therapeutic approach. (AO1, AO2)

Strengths

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 they may even develop new supportive friendships.

All other valid responses will be given credit

[1] basic explanation [2] adequate explanation

(2 × [2])

[4]

Weaknesses

Examples of suitable points to be explained:

- as people who are depressed often have difficulty making decisions, some clients may feel the need for an authority figure to tell them what to do rather than a facilitator who works in a non-directive way
- it may be difficult for the therapist and client to develop a warm, genuine and empathetic therapeutic relationship especially if the depressed individual is experiencing problems relating to other people
- some clients have difficulty discussing problems in encounter groups and also forming a trusting relationship with the therapist
- as the facilitator does not offer an overall judgement on the clients' 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] adequate explanation

(2 × [2])

[4]

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AVAILABLE
MARKS

- 2 (a) Name the key theorists for the traditional learning theories of classical and operant conditioning. (AO1)

Classical conditioning
Name of theorist: Pavlov

Operant conditioning
Name of theorist: Skinner

(2 × [1])

[2]

- (b) Discuss how Bandura's Bobo doll experiments contributed to his social learning theory. (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 are more likely to be imitated than others. Models who have the most influence will be people who are warm and loving to children, people who have power, influence and competence and people who are similar, e.g. same gender
- Bandura used these experiments to develop social learning theory, which claims that children learn by imitating role models (i.e. through observational learning) as well as by reinforcement. He claimed learning by observing someone else achieving good results is more efficient than learning by trial and error or waiting for reinforcement to be given, as had been suggested by Skinner. This theory explains how children learn more complex behaviours like language
- in Bandura's theory, identification is a progression from simply imitating a model and involves 'internalising' the role i.e. the role becomes part of the individual and is no longer simply being imitated.

All other valid responses will be given credit

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

Level 1 ([1]–[3])

Overall impression: basic

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

Level 2 ([4]–[6])

Overall impression: adequate

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

Level 3 ([7]–[9])

Overall impression: competent

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

- (c) Discuss how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- behaviour modification involves measuring/quantifying the problem behaviours, e.g. observing eating behaviour and quantifying intake
- inappropriate behaviours are punished, e.g. pocket money or shopping trip withdrawn if meals are not eaten or a residential setting may cancel a weekend home visit
- appropriate behaviour is positively reinforced, e.g. by getting points for eating at mealtimes – by accumulating points patients can earn treats
- behaviour is monitored to check for change
- for patients with eating disorders, this type of programme can be followed through both at a residential setting and at home – consistency is essential.

All other valid responses will be given credit

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

Level 1 ([1]–[3])

Overall impression: basic

- basic knowledge and understanding of how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question

- demonstrates a limited ability to discuss how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how behaviour modification techniques, based on operant conditioning theory, can be used in the treatment of the eating disorder anorexia nervosa. [9]

- (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
- this happens through classical conditioning of physiological reflexes – 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 may be used to illustrate this
- the focus is on the learned behaviour rather than what the client is thinking or feeling
- fear is not extinguished because the stimulus is avoided
- from the perspective of operant conditioning – avoidance is reinforced by reduced anxiety.

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]

AVAILABLE
MARKS

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3 (a) Describe how the media might influence aggressive behaviour. (AO1, AO2)

Examples of suitable points to be included in description:

- pro social messages in media can reduce aggression
- people who are exposed to violent media images, e.g. in films or games, may imitate the aggressive actions they see- some individuals seem to be more predisposed than others to respond with aggression to aggressive stimuli in the media
- repeated exposure to violent media images may desensitise individuals to the effects of violent behaviour on victims
- positive images, e.g. of family life and success, in the media can result in frustration and anger leading to aggression.

All other valid responses will be given credit

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

(1 × [3])

[3]

(b) Discuss the biological basis of aggression. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- **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 dampens down external stimuli
- **hormones:** aggressive people may have higher testosterone (male hormone) levels. Research has shown that female rodents injected with testosterone are more aggressive than other females
- **chromosomes:** research has shown that males may be generally more aggressive than females due to the chromosomal make up of men, an X and Y chromosome rather than the double X chromosome. One study showed that a proportion of very violent male criminals had an extra Y chromosome. This suggests that simply being male may predispose an individual to being aggressive
- **genes:** aggression may be a genetically inherited trait; aggression may be linked to a particular condition, e.g. ADHD which research suggests may have an inherited component. Eysenck believes that the type of brain an individual has is inherited.

All other valid responses will be given credit

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

Level 1 ([1]–[4])

Overall impression: basic

- basic knowledge and understanding of the biological basis of aggression
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the biological basis of aggression
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling,

punctuation and grammar may be such that intended meaning is not clear.

AVAILABLE
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Level 2 ([5]–[8])

Overall impression: adequate

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

Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of the biological basis of aggression
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the biological basis of aggression
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

- (c) (i) Describe one drug treatment to control aggressive behaviour. (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.

All other valid responses will be given credit

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

- (ii) Explain one advantage and one disadvantage of using drugs to control aggression. (AO1, AO2)

An advantage

Examples of suitable points to be explained:

- effective for most patients in dealing with aggressive behaviour due to sedating effect

- usually have reasonably quick results, for example, most patients who are prescribed minor tranquilisers will become less aggressive quite quickly
- much more cost effective for the health service than patients spending long periods in talking therapies to help them become less aggressive
- easily accessible from own GP and free for patients on prescription.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

A disadvantage

Examples of suitable points to be explained:

- can have side effects, e.g. benzodiazepines can cause dizziness, drowsiness and confusion
- benzodiazepines can be addictive and so their use is often time limited to avoid this problem
- withdrawal symptoms can be very unpleasant, for example anxiety, tremors and headaches can be experienced
- non-compliance – patients may refuse to take drugs because they fear addiction, may forget to take their medication or may feel they no longer need the drug as soon as they become less aggressive
- there may be reactions with other drugs the patient uses, e.g. alcohol, barbiturates or opioids.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

- (d) The cognitive perspective in psychology focuses on internal thought processes. Analyse how this perspective contributes to understanding and treating aggressive behaviour. (AO1, AO2, AO3)

Examples of suitable points to be included in analysis:

Understanding aggression

- this perspective focuses on thoughts and beliefs, suggesting that irrational thoughts and beliefs cause aggression. Since aggression results from maladjusted thinking, in order to understand an individual who is aggressive, it is necessary to understand his thought processes
- **Aaron Beck** referred to the irrational and maladaptive assumptions and thoughts that lead to aggression as cognitive errors. Beck claims problems like aggression are rooted in the maladaptive ways people think about:
 - themselves, e.g. I have to be aggressive to protect myself
 - the world, e.g. people are always out to get me
 - the future, e.g. nothing will change, people will always pick on me
 This is referred to as a ‘cognitive triad’ of negative, automatic thoughts. These negative schemas dominate thinking and aggression is the result
- **Ellis** also argued that irrational thoughts are the main cause of aggression as they lead to a self-defeating internal dialogue of negative self-statements, e.g. aggression results from catastrophising self-statements, such as ‘I’ll never be in control of my life unless I take on other people.’ Sometimes referred to as the ‘ABC model’, Ellis claims disorders begin with an activating event (A) (e.g. a disagreement) leading to a belief (B), which may be rational (e.g. people have the right to have

different opinions) or irrational (e.g. I'm always being challenged and picked on). The belief leads to consequences (C), which can be adaptive (appropriate) for rational beliefs (e.g. I'll try to understand this alternative point of view) or maladaptive (inappropriate) for irrational beliefs (e.g. becoming aggressive).

Treating aggression

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

All other valid responses will be given credit

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

Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of how the cognitive perspective contributes to understanding and treating aggressive behaviour
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how the cognitive perspective contributes to understanding and treating aggressive behaviour
- 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 contributes to understanding and treating aggressive behaviour
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how the cognitive perspective contributes to understanding and treating aggressive behaviour
- 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 contributes to understanding and treating aggressive behaviour
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how the cognitive perspective contributes to understanding and treating aggressive behaviour
- 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 cognitive perspective contributes to understanding and treating aggressive behaviour
- 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 contributes to understanding and treating aggressive behaviour
- 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