



Rewarding Learning

ADVANCED

General Certificate of Education

January 2011

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

THURSDAY 27 JANUARY, AFTERNOON

**MARK
SCHEME**

- 1 (a) Explain what is meant by each of the following social influence processes. (AO1)

Conformity

Conformity means yielding to group pressure where an individual expresses the same opinion or behaves the same way as others in a group, even when he/she believes the group to be wrong.

[1] for key phrase(s), [2] for full explanation

Self-categorisation

Self-categorisation involves an individual classifying himself as part of one social group rather than another. An individual's self-concept is influenced by the way he sees himself as belonging to a particular social category, e.g. a particular race or class.

[1] for key phrase(s), [2] for full explanation

(2 × [2])

[4]

- (b) Define the following two concepts from Bandura's Social Learning Theory and using them discuss what causes aggressive behaviour. (AO1, AO2, AO3)

Modelling

Definition

Selecting a significant person to use as a role model – the behaviour of the role model is then imitated.

[1] for definition

(1 × [1])

[1]

Application to aggression

Individuals are likely to select role models whom they see as similar to themselves or as loving or powerful – for example, the same sex parent is often a powerful role model. If this role model displays aggressive behaviour this is observed and imitated, e.g. a young boy copying the behaviour of his father or children re-enacting aggressive behaviour from a television programme.

[1] for key phrase(s), [2] for explanation, [3] for discussion

(1 × [3])

[3]

Identification

Definition

Answers may include:

The process of internalising the behaviour of a role model so that the role model's behaviour is no longer simply imitated but part of the self.

[1] for definition

(1 × [1])

[1]

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Application to aggression

Answers may include:

If an individual has an aggressive role model and imitates that aggression, the aggressive behaviour eventually becomes internalised or part of that individual's own personality, e.g. a child with an aggressive parent grows up to be an aggressive person too – this goes some way to explaining why there can be a “cycle of abuse” in families.

[1] for key phrase(s), [2] for explanation, [3] for discussion

(1 × [3])

[3]

- (c) Discuss how the following therapies are used to treat the behaviours identified. (AO1, AO2, AO3)

Social skills training to treat aggression

Answers may include:

Social skills training is a general term for instruction that promotes more productive/positive interaction with others. A social skills training programme for an individual who is aggressive might include:

- “manners” and positive interaction with others
- appropriate behaviour, e.g. at work
- 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 individual develops these skills, the new behaviours replace the aggressive responses when the individual experiences anger or frustration.

All other valid points will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of social skills training to treat aggression
- there is limited discussion
- 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 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of social skills training to treat aggression
- there is adequate discussion
- 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 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays good to excellent knowledge of social skills training to treat aggression
- there is competent discussion
- 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.

[6]

Family therapy to treat an eating disorder

Answers may include:

- family therapy aims to help the whole family learn about eating disorders and how they are treated, in particular to help parents realise that a young person with an eating disorder cannot control his or her thoughts and behaviour. The idea is to help parents to understand and support the client more effectively
- the therapy aims to help everyone in the family to understand that the family is not the cause of the illness, but the family can help overcome it
- it aims to help parents take control of their child's eating until he or she has put on weight. For example, the therapist might suggest that parents monitor meals and limit exercise for a child who has anorexia. In return, parents might give the child choices over things like whether or not to tidy their room
- it tries to focus on how the family members gets along together to see if anything is making it hard for parents and the client to work towards improving the eating problems. For example, the family might be encouraged to consider the rules they have, how decisions are made and how limits are set.

All other valid points will be given credit.

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

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Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of family therapy to treat an eating disorder
- there is limited discussion
- 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 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of family therapy to treat an eating disorder
- there is adequate discussion
- 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 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays very good to excellent knowledge of family therapy to treat an eating disorder
- there is competent discussion
- 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.

[6]

Modelling therapy to treat phobias

Answers may include:

- modelling therapy involves getting someone with a phobia to observe someone else dealing with the feared object in a more productive way – the first person will learn by modelling the second
- clients with a phobia can watch another person, an actor, go through a slow and painful approach to the feared object. The actor acts terrified at first, but shakes himself out of it, tells himself to relax and breathe normally, and takes one step at a time towards the feared object

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- ultimately, the actor gets to the point where he approaches and touches the feared object, all the while giving himself calming instructions
- after the phobic individual sees this he/she is invited to try it
- the phobic individual takes on the behaviour of the actor with whom he can identify because they appear to have the same fear.

All other valid points will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of modelling therapy to treat phobias
- there is limited discussion
- 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 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of modelling therapy to treat phobias
- there is adequate discussion
- 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 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays very good to excellent knowledge of modelling therapy to treat phobias
- there is competent discussion
- 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.

[6]

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- 2 (a) Colette frequently lied about eating. Write down three other behaviours that might suggest a young person has anorexia nervosa. (AO1)

Any three of the following:

- eating very little, if at all
- restricting some types of food, such as any containing fat
- avoiding eating with others or social interaction that involves eating
- cutting food into tiny pieces to look as though they have eaten some
- denying being underweight or having a problem with food
- being obsessed with exercise
- using appetite suppressants such as diet pills
- using laxatives excessively
- self-induced vomiting
- hiding food.

[1] for each valid point

(3 × [1])

[3]

- (b) Complete the table below to highlight two differences between anorexia nervosa and bulimia nervosa. (AO1, AO2, AO3)

Anorexia Nervosa (AN)	Bulimia Nervosa (BN)
Very underweight	Tend to be of normal weight
Do not acknowledge that their eating patterns are abnormal	Recognise their behaviour is abnormal
Think they are fat when they are actually too thin	Realistic body image
Fast more consistently	Binge much more regularly
May well die unless treated	Unlikely to die of this condition
Amenorrhoea (periods stopping) is common	Amenorrhoea not a symptom
Difficult to treat/cure	Easier to cure
Occurs mainly in younger people	More likely than AN to occur in older people
Avoids eating with others	Will eat in social situations

[2] for each comparison

(2 × [2])

[4]

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- (c) Explain how each of the following socio-economic factors may influence eating disorders. (AO1, AO2)

Media

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

Gender

Eating disorders are far more common in females – 9 out of 10 sufferers of AN are female, perhaps linked to body consciousness in females in Western culture – eating disorders in males are much rarer but on the increase.

Social class

Eating disorders can occur in individuals from any class background but AN in particular is more prevalent in the middle class – children of professionals are more prone to eating disorders which may be linked to pressure to achieve in life, e.g. academically.

[1] for key phrase(s), [2] for fuller definition

(3 × [2])

[6]

- (d) Discuss how drug treatments may be used to treat bulimia nervosa. (AO1, AO2, AO3)

BN has been linked to low levels of serotonin and so is sometimes treated by using anti-depressants which increase serotonin in the brain. Examples include:

- Monoamine Oxidase Inhibitors (MAOIs) – block the action of the enzyme monoamine oxidase which normally breaks down the neurotransmitters noradrenaline and serotonin – therefore increases levels of serotonin and noradrenaline
- Tricyclics (TCAs) – prevent the neurotransmitters noradrenaline and serotonin from being re-absorbed after use, thus increasing the available levels of these neurotransmitters
- Selective Serotonin Reuptake Inhibitors (SSRIs) – also increase the level of the neurotransmitter serotonin.

(1 × [3])

[3]

- (e) Discuss how the psychoanalytic perspective contributes to the understanding **and** treatment of AN in young women like Colette. (AO1, AO2, AO3, AO4)

Answers may include:

Understanding

- eating disorders stem from problems in childhood, which are suppressed in the unconscious
- Freud saw eating disorders as personality problems resulting from fixation in the oral stage

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- eating disorders may be caused by an imbalance in the id, ego and superego – superego has too much control
- controlling eating could be a defence mechanism which allows the individual to avoid dealing with real problems
- the individual's behaviour is being determined by the death wish rather than the libido
- eating disorders are an attempt by adolescents to establish and control their own identities, particularly if they have domineering parents – allows self-control and independence (Hilde Bruch)
- AN is regression to childhood to avoid adult sexual role
- AN may be related to early trauma such as sexual abuse – experiences are repressed into the unconscious and express themselves in adolescence as AN – it may be an unconscious attempt by those who have been sexually abused to destroy their bodies, which they are disgusted by
- AN linked to sexual immaturity – women confuse fatness with pregnancy – starve themselves to avoid pregnancy (Hilde Bruch)
- Minuchia suggests AN develops as a result of enmeshed family dynamics – none of the family members has a clear identity because everything is done together – child rebels, gains control by developing an eating disorder.

Treating

- psychoanalytic/psychodynamic therapy aims to help sufferer cope better with inner emotional conflicts causing the eating disorder
- therapy aims to uncover unconscious conflicts and anxieties resulting from past to gain insight into causes of the eating disorder
- techniques employed include free association, word association, dream analysis, transference, projective tests
- client works through conflicts – process of catharsis.

All other valid points will be given credit.

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

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and/or treating AN in young women like Colette
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and treating AN in young women like Colette or good knowledge of understanding only or treatment only
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays good knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and treating AN in young women like Colette
- candidates need to focus on understanding and treating AN to achieve in this band
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of how the psychoanalytic perspective in psychology has contributed to understanding and treating AN in young women like Colette
- there is highly competent discussion
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [15]

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- 3 (a) Use the information in the scenario to identify the two socio-economic factors that are contributing to Pawan's stress. (AO1)

- occupation/work/job
- family.

[1] for each factor

(2 × [1])

[2]

- (b) Discuss how the following three socio-economic factors might contribute to stress for other individuals. (AO1, AO2, AO3)

Housing and environment

Poor housing conditions, e.g. overcrowding or living in a damp house can cause stress. So can living in an unpleasant environment, e.g. inner city housing estate with high levels of crime – parents may worry more about their children if they live in an environment like this.

[1] for key phrase(s), [2] for explanation, [3] for discussion

Education

People with lower levels of education and their families have an decreased capacity for getting help to deal with stress, due perhaps to a lack of resources for research, problems in accessing services and lack of confidence in dealing with professionals.

[1] for key phrase(s), [2] for explanation, [3] for discussion

Social exclusion

Stress goes hand-in-hand with social exclusion, e.g. homeless people living in hostels, temporary accommodation or on the streets experience high levels of stress. When people feel they cannot get access to the same opportunities as others in society it is very stressful for them.

All other valid points will be given credit.

[1] for key phrase(s), [2] for explanation, [3] for discussion

(3 × [3])

[9]

- (c) Discuss how each of the following contributes to reducing stress in adults like Pawan. (AO1, AO2, AO3)

Meditation

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

[1] for key phrase(s), [2] for explanation, [3] for discussion

Time management

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

[1] for key phrase(s), [2] for explanation, [3] for discussion

(2 × [3])

[6]

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- (d) Explain how any one type of drug could alleviate Pawan's stress. (AO1, AO2)

Any one of the following:

- **beta blockers** reduce the activity of the Sympathetic Nervous System and so reduce heart rate and blood pressure, thus reducing the physiological experience of stress
- **anxiolytic (anxiety reducing) drugs** depress activity in the Central Nervous System which in turn reduces activity in the Sympathetic Nervous System, which is responsible for physiological changes, such as the increase in heart rate associated with experiencing stress
- **anti-depressants** – anti-depressants such as Monoamine Oxidase Inhibitors (MAOIs), Tricyclics (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs) increase levels of the neurotransmitter serotonin, enhancing the mood of clients suffering from stress.

[1] for key phrase(s), [2] for explanation

(1 × [2])

[2]

- (e) Explain two advantages and two disadvantages of using drug treatments for stress. (AO4)

Advantages

Any two of the following:

- effectively reduces symptoms of stress for most patients
- reasonably quick results – physiological symptoms of stress can be reduced almost immediately
- more cost effective for the health service than patients spending long periods in talking therapies
- more accessible than other therapies – can be easily accessed through GP and doesn't require much time commitment from the client.

[1] for key phrase(s), [2] for explanation

(2 × [2])

[4]

Disadvantages

Any two of the following:

- does nothing about the root causes of the problem, e.g. environmental stressors or “daily hassles”
- side effects of medication, e.g. some beta blockers may make an individual lethargic
- may be interaction with other drugs/substances
- patients may worry about developing a dependency on medication and be resistant to using it
- some anxiolytic drugs can be addictive, leading to long term dependency
- patients may forget to take them regularly
- can be problems with tolerance, meaning dosage has to be increased.

[1] for key phrase(s), [2] for explanation

(2 × [2])

[4]

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- (f) Discuss how Roger's humanistic theory can contribute to understanding stress. (AO1, AO2, AO3, AO4)

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Answers address some of the following points:

- individuals who are stressed are failing to self-actualise because they are not receiving/have not received unconditional positive regard. They have been influenced by conditions of worth – they got love and affection only if they behaved as others wanted them to – they experienced conditional positive regard
- over time, individuals develop conditional positive self-regard – like themselves only if they meet the standards others have applied to them, rather than if they are truly self-actualising, making it difficult to maintain self-esteem and so stress sets in
- the real self is the self an individual will become if he receives positive regard and develops self-regard and is self-actualising. Otherwise he develops an ideal self with high standards that are out of reach. There is a gap between the real self and the ideal self – incongruity. The more incongruity, the greater the stress the individual experiences
- when there is incongruity between the ideal and the real self the individual is in a threatening situation and will feel anxiety. To reduce this, the individual uses defences – denial and perceptual distortion. Using these defences creates more incongruence, more threat, and greater levels of anxiety. More serious stress or mental breakdown occurs when a person's defences are overwhelmed, and their sense of self becomes "shattered".

All other valid points will be given credit.

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

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of how Roger's humanistic theory can contribute to understanding stress
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how Roger’s humanistic theory can contribute to understanding stress
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays good knowledge of how Roger’s humanistic theory can contribute to understanding stress
- there is competent discussion
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([10]–[12])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of how Roger’s humanistic theory can contribute to understanding stress
- there is highly competent discussion
- 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.

[12]

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Total**100**AVAILABLE
MARKS