



Rewarding Learning

ADVANCED
General Certificate of Education
2017

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

WEDNESDAY 14 JUNE, MORNING

**MARK
SCHEME**

General Marking Instructions

Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations.

Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

- 1 (a) Define the term modelling from Bandura's Social Learning Theory and use it to explain why Jack is displaying aggressive behaviour. (AO1, AO2)

Definition of modelling

Answers may address the following points:

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

All other valid points will be given credit.

[1] mark for use of key phrase/s, [2] for definition.

(1 × [2])

[2]

Explanation of why Jack is so aggressive

Answers may address the following points:

- Jack's family members who have engaged in domestic violence are being selected as his role models
- He is imitating their aggressive behaviours by attacking others

All other valid points will be given credit.

[1] mark for use of key phrase/s, [2] for explanation.

(1 × [2])

[2]

- (b) (i) Write down the four other personality types in Eysenck's theory. (AO1)

Answers:

- Neurotic (unstable) introvert
- Stable extravert
- Stable introvert
- Psychotic

All other valid responses will be given credit.

(4 × [1])

[4]

- (ii) Describe the biological basis of extraversion, according to Eysenck. (AO1, AO2)

Answers may address the following points:

- In the lower parts of the brain are structures, which control the levels of arousal of higher brain centres, e.g. sleeping and waking. These can 'boost' or 'dampen down' incoming messages
- Extraverts have inherited a strong nervous system which inhibits (dampen down) incoming messages; therefore they become bored quickly by one set of stimuli and look for variation and novelty, usually by socialising

All other valid responses will be given credit.

[1] mark for use of key phrase/s, [2] for adequate description, [3] for fuller description.

(1 × [3])

[3]

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- (iii) Discuss other biological explanations for Jack's aggressive behaviour. (AO1, AO2, AO3)

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Answers may address the following points:

- Jack may have low serotonin levels in the brain – this has been linked to a reduced ability to control aggressive impulses
- Jack's aggression may be linked to dysfunctions in parts of the brain (e.g. hypothalamus), which regulate emotions
- Aggressive people may have higher testosterone (male hormone) levels – this may be the case for Jack, especially as he is undergoing puberty when testosterone increases for boys
- Aggression may be linked to a particular condition, e.g. ADHD which research suggests may have an inherited component
- 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 Jack to being aggressive
- Studies have shown there may be a genetic explanation – aggression may be an inherited personality characteristic from Jack's father
- In evolutionary terms, aggression may be described as an instinctive behaviour, a “fight or flight” response

All other valid points will be given credit.

[0] will be awarded to a response not worthy of credit.

Level 1 ([1]–[3])

Overall impression: basic

- Displays limited knowledge and understanding of the biological basis of 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 ([4]–[6])

Overall impression: adequate

- Displays adequate knowledge and understanding of the biological basis of 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.

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Level 3 ([7]–[9])

Overall impression: competent

- Displays good to excellent knowledge and understanding of the biological basis of 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. [9]

- (c) (i) Jack’s teachers and staff in the children’s home have agreed to use behaviour modification techniques to reduce his aggressive behaviours. Discuss what they will do. (AO1, AO2, AO3)

Answers may address the following points:

- They will start by measuring/quantifying the behaviours to be reduced, e.g. observing and recording acts of aggression at school and in the home
- They will ignore aggressive acts where possible or punish Jack, e.g. by using time out or by removing a privilege like playing computer games
- They will positively reinforce Jack’s periods of non-aggressive behaviour, e.g. by giving him attention or by using of star charts/rewards
- This approach will have to be consistently applied by all adults – teachers and the staff in the children’s home
- They will re-measure his behaviours to check for change and progress

All other valid points will be given credit.

[0] will be awarded to a response not worthy of credit.

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge and understanding of what Jack’s teachers and the staff in the children’s home will do
- 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

- Displays adequate knowledge and understanding of what Jack’s teachers and the staff in the children’s home will do
- 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

- Displays good to excellent knowledge and understanding of what Jack’s teachers and the staff in the children’s home will do
- 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]

- (ii) Jack’s social worker has also referred him for social skills training. Analyse what this may involve. (AO1, AO2, AO3, AO4)

Answers may address the following points:

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

- “Manners” and positive interaction with others
- Appropriate behaviour, e.g. at school
- 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 Jack 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] will be awarded to a response not worthy of credit.

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Level 1 ([1]–[2])

Overall impression: basic

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

Level 2 ([3]–[4])

Overall impression: adequate

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

Level 3 ([5]–[6])

Overall impression: competent

- Displays good to excellent knowledge and understanding of what social skills training may involve
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [6]

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- 2 (a) Complete the table below to highlight two differences between the eating disorders anorexia nervosa and bulimia nervosa. One example has been completed for you. (AO1, AO2)

Answers may address two of the following points:

Anorexia Nervosa (AN)	Bulimia Nervosa (BN)
At risk of dying	Not at risk of dying
Refuses to eat at all	Binges regularly
Does not believe there is a problem	Usually knows there is a problem
Excessive exercising common	Less likely to engage in excessive exercising

All other valid points will be given credit.

[1] mark for use of key phrase/s, [2] for clear comparison.

(2 × [2])

[4]

- (b) Discuss how the following socio-economic factors might influence the development of an eating disorder. (AO1, AO2, AO3)

Media

Answers may address the following points:

- Eating disorders may be linked to images of attractiveness on television or in teenage magazines
- Often these images are unnatural perhaps because they are airbrushed, leading to individuals of normal weight believing they are fat. 'Size zero' models are inappropriately portrayed as the ideal

All other valid points will be given credit.

[1] for use of key phrase/s, [2] for adequate discussion,

[3] for fuller discussion.

(1 × [3])

[3]

Social class

Answers may address the following points:

- AN much more prevalent in middle classes/children of professionals – this may be linked to pressure to succeed academically in middle class families and the eating disorder deflects attention from this
- The eating disorder may be a way of getting attention where both parents have busy professional careers
- BN is more equally spread across different social classes and some studies actually suggest it may be more prevalent in lower social classes

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All other valid points will be given credit.

[1] mark for use of key phrase/s, [2] for adequate discussion,
[3] for fuller discussion.

(1 × [3])

[3]

- (c) Explain three disadvantages of using drugs as treatment for eating disorders. (AO1, AO4)

Answers may address three of the following points:

- drugs do nothing about the root causes of the problem – the underlying problems causing the eating disorder aren't addressed by taking drugs
- possible side effects of medication, e.g. some SSRIs can suppress appetite which is a particular problem for patients who are already refusing to eat
- may be interactions with other drugs/substances
- non compliance can be a problem – patients who are so focused on their eating can easily forget to take the drugs, may not like swallowing the pills or may fear addiction to the drugs
- may be unsuitable for those with BN as purging means they are not retaining the drugs

All other valid points will be given credit.

[1] mark for use of key phrase/s, [2] for explanation of each disadvantage.

(3 × [2])

[6]

- (d) Analyse how anorexia nervosa might be explained and treated from the cognitive perspective in psychology. (AO1, AO2, AO3, AO4)

Answers may address the following points:

Explaining AN

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

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

- Ellis also argued that irrational thoughts are the main cause of AN as they lead to a self defeating internal dialogue of negative self statements, e.g. AN 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 problems, e.g.
 - I must be loved and accepted by absolutely everybody
 - I must be excellent in every respect, otherwise I’m worthless
 Sometimes referred to as the ‘ABC model’, Ellis claims AN begins with an activating event (A) (e.g. not fitting into a particular size) leading to a belief (B), which may be rational (e.g. I need to try the next size or lose a few pounds) or irrational (e.g. I’m far too fat, I’m ugly). The belief leads to consequences (C), which can be adaptive (appropriate) for rational beliefs (e.g. I’ll try a different size or cut back on treats) or maladaptive (inappropriate) for irrational beliefs (e.g. developing AN)

Treating AN

- Therapies focus on changing the irrational or inappropriate thoughts that are causing the eating disorder
- Beck’s cognitive therapy is referred to as Cognitive Restructuring and aims to change cognitive distortions and negative thoughts by challenging them in therapy over a series of sessions usually by considering the evidence for negative statements. The therapist will ask the client questions, such as
 - What is the evidence supporting the conclusion currently held by the client, e.g. that she is fat and ugly?
 - What is another way of looking at the same situation but reaching another conclusion, e.g. life could be better if she wasn’t always focussing on eating
 - What will happen if, indeed, the current conclusion/opinion is correct, e.g. if someone really is overweight what could happen?

The aim is to move the client away from negative cognitive processes and towards positive cognition

- Ellis’s Rational Emotive Therapy (RET) and Rational Emotive Behaviour Therapy (REBT) – RET also aims to challenge irrational beliefs linked to AN, but the therapist is more active and directive than in Beck’s therapy. Techniques include challenging clients to prove unrealistic statements like ‘I’m really fat’ and role playing different situations during therapy, e.g. eating with other people. REBT also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. gradually introducing small amounts of new foods into the diet

All other valid points will be given credit.

[0] will be awarded to a response not worthy of credit.

Level 1 ([1]–[4])

Overall impression: basic

- Displays limited knowledge and understanding of how anorexia nervosa might be explained and treated from the cognitive perspective in psychology – may focus on only one half of the question
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- Displays adequate knowledge and understanding of how anorexia nervosa might be explained and treated from the cognitive perspective in psychology
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- Displays good knowledge and understanding of how anorexia nervosa might be explained and treated from the cognitive perspective in psychology
- There is competent analysis – there may be some variation in the quality of analysis between the two parts to the question, explanation 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 the meaning is clear.

Level 4 ([13]–[15])

Overall impression: highly competent

- Displays excellent knowledge and understanding of how anorexia nervosa might be explained and treated from the cognitive perspective in psychology
- There is highly competent analysis
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style

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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) Write down three common symptoms of depression. (AO1)

Any three of the following points:

- Feeling unhappy most of the time
- Losing interest in life and not enjoying anything, lacking motivation
- Finding it hard to make decisions, lacking concentration
- Feeling of not being able to cope with things that weren't a problem before
- Feeling utterly tired
- Feeling restless and agitated
- Losing appetite and weight (some people find they do the reverse and put on weight)
- Taking a long time to get off to sleep, and then waking up earlier than usual or oversleeping
- Losing interest in sex
- Losing self-confidence
- Feeling useless, inadequate and hopeless
- Avoiding other people
- Feeling irritable
- Feeling worse at a particular time each day, usually in the morning
- Thinking of suicide
- Feeling isolated
- Regularly tearful
- Abuse of alcohol or drugs to self-medicate

All other valid points will be given credit.

(3 × [1]) [3]

(b) Explain two advantages of using drugs to treat depression. (AO1, AO4)

Answers may address two of the following points:

- Effectively reduce symptoms for most patients with reasonably quick results – most people start to feel better within 3 weeks
- More cost effective for the health service than patients spending long periods in talking therapies
- Easily accessible for patients – no long waiting list as there often is for therapy, free prescriptions in NI, no referral time from GP

All other valid points will be given credit.

[1] mark for use of key phrase/s, [2] for explanation of each advantage.
(2 × [2]) [4]

- (c) Discuss how depression may be influenced by the following socio-economic factors. (AO1, AO2, AO3)

Gender

Answers may address the following points:

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

[1] mark for use of key phrase/s, [2] for adequate discussion, [3] for detailed discussion.

Housing

Answers may address the following points:

- Poor housing conditions, e.g. overcrowding or damp contributes to stress which can lead to depression in the longer term
- Living in a poorly maintained house, e.g. a poorly decorated home can have a negative influence on self esteem, making a person feel down and depressed

[1] mark for use of key phrase/s, [2] for adequate discussion, [3] for detailed discussion.

(2 × [3])

[6]

- (d) (i) Explain what is meant by each of these concepts. (AO1, AO2)

Unconditional regard

Answers may address the following points:

Unconditional positive regard is the love and respect of another, often a parent, without having to behave in any particular way – it is a basic human need.

[1] mark for use of key phrase/s, [2] for explanation.

(1 × [2])

[2]

Conditions of worth

Answers may address the following points:

Conditions of worth refer to the actions expected by those who give an individual conditional as opposed to unconditional positive regard – the individuals therefore behave in ways that please others rather in ways that are true to themselves.

[1] mark for use of key phrase/s, [2] for explanation.

(1 × [2])

[2]

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Self-actualisation

Answers may address the following points:

This is Rogers' 'force for life' or what he called the actualising tendency – the built-in motivation present in every life form to develop its potential to the fullest extent possible. People who self-actualise are seen as having achieved their full potential.

[1] mark for use of key phrase/s, [2] for explanation.

(1 × [2])

[2]

- (ii)** Discuss how an individual could be helped to overcome depression in an encounter group. (AO1, AO2, AO3)

Answers may address the following points:

- Through encounter groups clients can provide unconditional positive regard for each other, effectively replacing the role of the therapist
- This frees the individual from having to meet the conditions of worth of others in their lives and helps them on the road to self actualization, improving self esteem and reducing depression
- Clients can develop warm, genuine and empathetic relationships with each other
- Clients don't advise or direct each other – they simply support each other

[1] mark for use of key phrase/s, [2] for adequate discussion, [3] for detailed discussion.

(1 × [3])

[3]

- (e)** Analyse how depression can be explained and treated from the psychoanalytic perspective in psychology. (AO1, AO2, AO3, AO4)

Answers may address the following points:

How depression can be explained

- Depression results from unconscious processes (Freud's iceberg theory of the mind consisting of the conscious, subconscious and unconscious) – depression results from problems buried in the unconscious mind
- Depression occurs as a result of childhood experiences. Throughout childhood, the libido (the instinct that drives the individual towards positive behaviours) concentrates its energy on a particular sequence of body parts, or erogenous zones. Stimulation at each stage must be exactly right to avoid fixation, where some of the energy of the libido is left behind at a particular stage to deal with unresolved conflicts. It is this fixation which determines adult personality characteristics. The first stage is the oral stage, age 0 – 1 year, when the erogenous zone is the mouth. Freud argued that too little stimulation of the mouth at this stage

would lead to a pessimistic, depressive adult personality. Thus depression can occur due to fixation during the oral stage

- Depression could occur due to the failure of defence mechanisms such as repression and denial to protect the ego, e.g. previously repressed childhood experiences, e.g. of neglect or abuse may enter the conscious mind and cause depression
- Depression may result from Thanatos (the death wish) having a greater influence on the individual than the libido
- There could be an imbalance between the three elements of the personality, with the superego imposing high standards that the individual cannot meet, leading to depression

How depression can be treated

- Psychoanalysis aims to uncover unconscious conflicts and anxieties resulting from past experiences to gain insight into the causes of depression
Techniques employed include:
free association – clients encouraged to relax and freely talk about anything that comes into their heads (Freud’s famous patient Anna O referred to this as ‘the talking cure’)
word association – clients encouraged to respond to words called out by the therapist with the first words that come to mind
dream analysis – clients tell the therapist what they can remember about their dreams (Freud referred to dreams as ‘the royal road to the unconscious’)
transference – the redirection of feelings and desires and especially of those unconsciously retained from childhood toward a new object. Freud noticed that some patients reacted to him as though he were a parent and that female patients often tended to ‘fall in love’ with him. Freud concluded that, during therapy sessions, patients were unconsciously transferring the feelings and attitudes they had had toward early significant figures in their lives onto the analyst
projective tests – clients are asked to respond to ambiguous stimuli – the best known projective test is the Rorschach inkblot test in which a client is shown irregular spots of ink, and asked to explain what they see
- In children play therapy may be used
- The purpose of all these techniques is to allow the therapist to gain access to the unconscious – the therapist interprets the meaning of what is revealed to work out why the client is suffering from depression
- Clients work through the conflicts that are causing their depression so they experience catharsis (release of negative energy)

All other valid points will be given credit.

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

Level 1 ([1]–[4])

Overall impression: basic

- Displays limited knowledge and understanding of how depression can be explained and treated from the psychoanalytic perspective in psychology – may focus on only one half of the question
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

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

Level 3 ([9]–[12])

Overall impression: competent

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

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Level 4 ([13]–[15])

Overall impression: highly competent

- Displays excellent knowledge and understanding of how depression can be explained and treated from the psychoanalytic perspective in psychology
- There is highly competent analysis
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [15]

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