

# **Course Companion for BTEC Level 3 in Health and Social Care**

## Unit 11: Psychological Perspectives

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# Contents

Thank You for Choosing ZigZag Education ..... ii

Teacher Feedback Opportunity.....iii

Terms and Conditions of Use .....iv

Teacher’s Introduction ..... 1

**Chapter A: Examining how psychological perspectives contribute to the understanding of human development and behaviour ..... 2**

A1 & A2: Psychological perspectives and their application to development, behaviour, and health and social care practice.....2

*Behaviourist perspectives* .....2

*Social learning perspectives*.....7

*Sections A1 and A2 Revision questions – the behaviourist and social learning perspectives* .....10

*Psychodynamic perspectives*.....11

*Humanistic perspectives* .....15

*Sections A1 and A2 Revision questions – the psychodynamic and humanistic perspectives* .....18

*Cognitive perspectives* .....19

*Biological perspectives*.....22

*Sections A1 and A2 Revision questions – the cognitive and biological perspectives*.....27

*Theories of human development* .....28

*Section A1 Revision questions – theories of human development* .....28

A3: Contribution of psychological perspectives to the understanding of specific behaviours .....29

*Application of complementary and contrasting psychological theories to the understanding of specific behaviours*.....29

*Specific behaviours*.....30

*Section A3 Revision questions*.....33

**Chapter B: Examining how psychological perspectives contribute to the management and treatment of service users’ specific behaviours.....34**

B1: Factors that affect human development and specific behaviours.....34

*Physical factors* .....34

*Social, cultural and emotional factors* .....35

*Economic factors*.....36

*Factors relating to the physical environment* .....37

*Psychological*.....38

*Section B1 Revision questions* .....38

B2: Contribution of psychological perspectives to the management of behaviours .....39

*Cognitive behavioural therapy*.....39

*Social learning theory* .....42

*Role of psychodynamic perspectives*.....43

*Humanistic perspectives* .....44

*Biological perspectives*.....45

B3: Contribution of psychological perspectives to the treatment of behaviours .....47

*Interventions – use of perspectives to inform development of therapeutic practices* .....47

*Therapeutic practices as relevant to behaviour*.....48

*Ethical issues*.....49

*How therapies work*.....50

*Reasons for attending therapy sessions*.....50

*Sections B2 and B3 Revision questions* .....51

**Chapter C: Examining health and social care**

C1: Behaviour of service users in different settings .....2

*Concept of role*.....2

*Conformity of service users*.....2

*Conformity to social norms*.....2

*Obedience* .....2

*Attitude change*.....2

*Factors influencing behaviour*.....2

C2: Practices in health and social care .....2

*Promoting independence*.....2

*Respecting individuality*.....2

*Value base of practice*.....2

*Sections C1 and C2 Revision questions*.....2

**Answers to Revision Questions** .....2

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# Teacher's Introduction

This is a Course Companion for **Unit 11: Psychological Perspectives**, part of the BTEC Level 3 Health and Social Care. The aim of this resource is to guide students through the core content of the unit with depth information that covers each of the specification points. This resource aims to provide knowledge and skills that will help them succeed in the assessment for this Unit, and to explore how psychological perspectives can be used to understand human development and how psychological perspectives to service user behaviours and functioning in health and social care settings.

For clarity and ease of use, the content of this Course Companion matches the content of the specification. The content is structured as follows against the Unit's learning aims:

- **Learning Aim A:** Examine how psychological perspectives contribute to the understanding of human behaviour.
  - **Sections A1 and A2:** Psychological perspectives and their application to health and social care practice (note that these spec points have been grouped together as they were provided together)
  - **Section A3:** Contribution of psychological perspectives to the understanding of human behaviour
- **Learning Aim B:** Examine the contribution of psychological perspectives to the understanding of service users' specific behaviours.
  - **Section B1:** Factors that affect human development and specific behaviours
  - **Section B2:** Contribution of psychological perspectives to the management of service users' behaviours
  - **Section B3:** Contribution of psychological perspectives to the treatment of service users' behaviours
- **Learning Aim C:** Examine how psychological perspectives are applied in health and social care settings.
  - **Section C1:** Behaviour of service users in health and social care settings
  - **Section C2:** Practices in health and social care settings

Throughout the resource, there are key features to keep an eye out for:

**Keywords:** used to draw students attention to different keywords of the unit

**Did you know?** Provides further information and additional content to inspire students

**Applied activities** encourage application of knowledge to the case studies or to real world scenarios in the health and social care sector

**Research activities** encourage research and stretch and challenge

Some of the activities can be completed using either computers, mobile phones, or the internet for research, and/or be completed outside the classroom as homework.

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## Chapter A: Examining how psychological perspectives contribute to the understanding of human development

### A1 & A2: Psychological perspectives and their impact on human development, behaviour, and health and social care

Psychology is a field of study which focuses on examining the human mind and the way that we do. However, there is no single, definitive psychological approach to the study of the human mind. This section will explore the foundations of several key perspectives within psychology and how they can be applied to practice in health and social care.

#### Behaviourist perspectives

The behaviourist approach argues that all behaviour is learnt either through the process of conditioning (classical conditioning) or through reinforcement and punishment. This means that human ways of thinking are all caused by what individuals have learnt from experience.

##### Classical conditioning

**Classical conditioning** proposes that we learn behaviours by associating them with natural responses. This theory was developed by Ivan Pavlov – a Russian physiologist – based on his experiments involving dogs. Pavlov was interested in salivation levels of dogs and in his research noticed that the dogs started to salivate before the food was presented as a response to factors in the environment that suggested that food was about to arrive. He then conducted the following experiment which led to the formation of classical conditioning:

##### *An unlearned response is used*

Pavlov's dogs naturally salivated when there was food present, without having any training to tell them to do so. Using the terminology of classical conditioning the 'unconditioned stimulus' is an object or situation that naturally (without training) produces a response. In the dogs, the unconditioned stimulus is food and this naturally produces the response of salivation.



##### *Associating the unconditioned stimulus with a neutral stimulus*

Pavlov decided that every time food was presented he would ring a bell to try and associate the two. Before this part of the experiment, the bell did not produce any kind of response. In classical conditioning terminology, the unconditioned stimulus (food) becomes associated with a neutral stimulus (the bell) when they both occur at the same time. Pairing together this unconditioned stimulus several times increases the strength of the association.

Unconditioned stimulus (UCS) and neutral stimulus occur together  
(Food (UCS) and the bell (neutral) occur together)

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**The neutral stimulus becomes a conditioned stimulus**

The bell itself now produces the same response, salivation, as food. Now, when they hear the bell they start to salivate. This means that the bell has become a **conditioned stimulus** which means it has been conditioned to produce salivation (the unconditioned response).

**Applying classical conditioning**

Watson and Rayner (1920) show how a phobia can be acquired through a learning process. In their experiment, 'Little Albert' (a nine-month-old boy) was initially very scared of the loud sound of a bar being hit, but not afraid of a white rat. Every time the white rat was presented the loud sound was created by hitting the bar. After several pairings Little Albert was showing the same fear reaction to the rat as he did the loud noise, even when the loud noise was not produced.

1. An unlearned association exists between the unconditioned stimulus (loud sound) and the unconditioned response (fear)
2. The neutral stimulus (the white rat) and the unconditioned stimulus (loud sound) occur together several times
3. The white rat becomes a conditioned stimulus and produces the conditioned response (fear)

**Applied activity**

Here are two classical conditioning scenarios:

1. Natalie often experiences motion sickness whenever her parents drive her. Now, whenever she smells the inside of a car she starts to feel nauseous even when she is not in a car.
2. Russell had been experiencing flu symptoms for several days when he had a cold at work. There he ate one of his favourite salmon dishes and was sick later. He no longer stands to eat salmon.

Describe the development of each association in classical conditioning terms, making reference to unconditioned stimulus, unconditioned response, conditioned stimulus and conditioned response.

**Did you know?**

Russell is showing what is called taste aversion, which is when we avoid a food because we associate it with illness. We are quick to learn these associations as they help us avoid repeating the same mistake. In some cases, food poisoning can be life-threatening which makes it very important to learn these associations. In some cases we may generalise this association and, therefore, avoid eating at that same restaurant again.

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## Operant conditioning and reinforcement

Operant conditioning argues that we learn new behaviours based on the responses we receive. A positive response makes us more likely to repeat the behaviour, while a negative response makes us less likely to repeat the behaviour. There are several different ways that behaviour can be reinforced. These are described below.

### **Positive reinforcement:**

When a reward is presented after a behaviour and this encourages the behaviour to be repeated.

For example, whenever Clara helps out by doing the washing-up for her parents, she is allowed to stay up later than usual, which encourages her to do the washing-up in the future.

### **Negative reinforcement:**

When something bad (an aversive stimulus) is removed after a behaviour, which encourages the behaviour to be repeated.

For example, when a smoke detector is low on battery it makes an irritating beeping noise, when the person changes the battery the noise goes away which encourages them to change the battery more often.

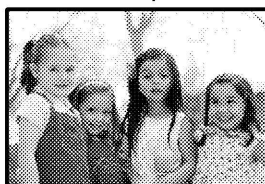
### **Positive punishment**

When something bad (an aversive stimulus) is presented after a behaviour which discourages the behaviour.

For example, when Mark drinks his cup of tea he scalds his tongue because he didn't wait. This discourages him to wait before drinking his tea in the future.

#### **Case study**

Bella is 4, and is at preschool. Her teachers ask the class to help with tidying up their toys and craft materials at the end of their lunch break. Bella helps and tidies away her toys and other children's toys. She receives a sticker on her behaviour chart for good behaviour. Amy is also 4, and refuses to help clear away any toys. Her teachers tell her off, and show her that she won't get a sticker on her chart today as she hasn't been very helpful.



### **Negative punishment**

When a reward is removed after a behaviour and this discourages repetition of the behaviour. For example, when Nick behaves badly in class he is kept inside at playtime when he would normally be outside. This discourages him from behaving badly in class.

### **Extinction**

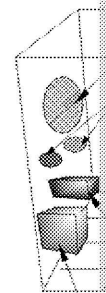
This is the term used when a previously conditioned response is weakened because the behaviour is no longer reinforced. If there is no outcome (i.e. no punishment or reinforcement) the behaviour disappears entirely and becomes 'extinct'.

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**Skinner's work**

The American psychologist B F Skinner created the 'Skinner Box' or operant chamber, to investigate operant conditioning. He used this environment to investigate the optimum conditions to produce learned behaviour. His experiment used rats, which were placed in the box and taught to distinguish between different lights or sounds. If they pushed the lever at the correct time then they received food from the food dispenser (a reward). However, if they gave the incorrect response then they were punished by receiving an electric shock.



Food d

The experiment can also vary the requirements for reward, this is called varying the reinforcement schedule. For example, it may be that the rat must press the lever four times in order to get a food pellet. Or it may be that a food pellet is delivered for the first response after every 15 seconds.

One scheduling pattern that results in a high level of responses is called variable-ratio, where the reinforcers are presented in random manner. For example, the rat may press the lever twice and receive a food pellet and then the next time press the lever four times to receive a food pellet.

**Did you know?**

Skinner wrote a *Two*. This was b conditioning, an according to the

**Did you know?**

Slot machines can be considered a real-life application of operant conditioning, equivalent to the Skinner box. Slot machines reinforce gambling behaviour by u reinforcement. Players receive small rewards at random times, and this encour the 'big win'. With variable-ratio reinforcement players never know when they encourages the belief that a 'big win' could happen at any moment. 'Almost win of 'big win' tiles that are only missing one tile, also act as reinforcers, without a

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Extinction  
 conditioning  
 with the  
 the person  
 In classical  
 behaviour  
 reinforcement  
 the  
 the  
 Systematic  
 desensitisation  
 the  
 classical  
 conditioning  
 to a  
 is used  
 Behavioural  
 approach  
 techniques

## Changing and shaping behaviour via conditioning

The principles of behaviourism can be used to understand how mental health problems develop, and can be applied as a therapeutic method for shaping maladaptive behaviours.

### Maintenance of phobias

O H Mowrer was a psychologist that applied operant conditioning theory to help understand how phobias are maintained. He argued that avoidance of the feared stimulus acted as a negative reinforcer as it stopped the person from experiencing the aversive consequences of the stimulus. For example, by avoiding lifts we avoid the experiences of feeling trapped, afraid and unable to breathe, which encourages us to avoid lifts in the future. These consequences relate not only to real dangers such as biting from a snake, which would also be prevented, but to the feelings of anxiety, fear, panic, increased heart rate or dizziness that may result from exposure.

It also prevents the individual from realising that no true harm will come from the feared object or situation. This prevents the process of **extinction** in classical conditioning where the person finds that the aversive response that they are expecting does not occur when the stimulus is presented. For example, by avoiding flying we may never learn that it is very unlikely for a plane to crash, and without this realisation our phobia is maintained.

### Changing and shaping behaviours

One therapeutic method is '**systematic desensitisation**', which is based on classical conditioning. To overcome a phobic response to a particular stimulus, the participant is gradually exposed to the stimulus. This occurs in a hierarchical fashion – the participant is initially exposed to a stimulus such as a photo of a spider (in the case of spider phobia). The therapist and participant agree on different versions of the stimulus and rank them from least to most anxiety-provoking. When the participant looks at this with minimal anxiety and they have relaxed, they will proceed to view the next stimulus (e.g. a video of a spider). This process progresses until the participant is able to view the stimulus in full, without fear.

Operant conditioning can also be applied therapeutically; this is often called '**behaviour modification**'. It uses rewards and punishment to encourage good behaviours and discourage undesirable ones. It is often used in classrooms with young children, e.g. by giving them gold stars for sharing or helping others.

### Research activity

Look up the 'token economy' method of treating and managing mental health problems. Explain the principles of operant conditioning – what do you think about it? Make notes on the ethical implications you can think of.

## Evaluation of behaviourist theories

Strengths	Weaknesses
Can explain many different behaviours in real life, such as phobias, taste aversion and gambling.	Direct reinforcement does not explain certain behaviours, such as crime, without having actually experienced them.
Many behaviourist studies that are used as evidence for the theory are conducted in laboratories and feature highly controlled environments which allow for the establishment of high internal validity.	The use of animals in research means the findings are not generalisable to people. Animals have different emotional abilities as people and it is difficult to know how motivated a person is to perform a task.
The use of animals in research means you can employ much greater measures of control.	There are also ethical issues relating to the use of animals, e.g. causing them pain by delivering electric shocks.
Leads to effective treatments for changing behaviours.	The findings from laboratory experiments may not translate well to real life.

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## Social learning perspectives

The social learning approach differs from the behaviourist approach in that learning does not occur through direct methods but rather through observation and imitation of behaviour. When an individual observes a behaviour being rewarded or punished this may alter the likelihood of them performing the behaviour in the future. Additionally, the social learning approach emphasises the role of **cognitive** factors which are not accounted for by the behaviourist approach.



Social learning theory was developed by the psychologist Albert Bandura who argues that we learn new behaviours through observing role models and that humans are more active in learning than Skinner's behaviourist approach.

### Effects of other individuals on behaviour

Social learning theory explains how other people can influence an individual's behaviour, and consists of these major components:

- **Imitation** – *Imitation occurs when we observe a behaviour and then repeat the behaviour or parts of the behaviour. Many of our behaviours in childhood are learnt this way, with adults or other children demonstrating how to use an item and the child copying the same behaviour.*
- **Identification** – *We are more likely to imitate the behaviour of someone who is similar to us. For this reason, girls may be more likely to imitate their mothers than their fathers.*
- **The 'bobo doll' study** – *Bandura tested his ideas with a famous experiment in which Bandura found that children imitated the aggressive behaviour of a model. For more detail in Section C1 (Factors Influencing Hostility and Aggression).*

### Processes involved in observation and imitation of behaviours

There are several stages and factors which alter the likelihood or success of repeated behaviours described in the table below.

<b>Availability</b>	This means that the behaviour is available for us to be observed and imitate it! Is someone in our environment performing the behaviour that we are able to observe it?
<b>Attention</b>	A new behaviour cannot be learnt if the individual has not paid attention to the observational process. This is because the learner will not recall the information observed. The more the learner attends to a stimulus, the more likely they will be able to recall the behaviour and imitate it.
<b>Retention</b>	Children will often observe behaviours of parents or older siblings and imitate them for several years. Whether the behaviour is imitated at a later date depends on whether it is successfully stored in long-term memory. Long-term memory is dependent on the extent of memory rehearsal.
<b>Reproduction</b>	The individual may be more motivated to rehearse some behaviours than others if the behaviour is likely to lead to reward or if it is relevant to their current situation. New behaviour is easiest to learn when we have already acquired the components to form the new behaviour. For example, learning how to cook an egg requires that we already know how to crack eggs, use a saucepan and use the heat. We must learn all of these components first. An individual may show only one component if they have not acquired all of the components.
<b>Motivation</b>	Often a person has attended to the behaviour, stored it in long-term memory and has the components to reproduce the behaviour and yet this does not translate into action. Without sufficient motivation, we are unlikely to perform the behaviour. Behavioural reinforcement is needed to help motivate us to translate what we have learned into action.

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As a real-life example – sitting in our comfortable car seats, we often drive past road signs without a second's thought. We have paid attention to, stored and can correctly reproduce the information. With the exception of those occasions where we are about to miss a train, the answer is usually 'no'.

This is because we are not motivated to run: running requires high amounts of effort and may require the purchase of new items when we would rather spend the money on something else. Those who *are* motivated to run see the positive improvements of running, such as weight loss, as outweighing any negative effects.

## Effects of groups, culture and society on the behaviour of individuals

However, we do not only learn behaviours from other individuals. The behaviour of groups in society also shows us what the **social norms** are of our culture, and we also imitate these in order to fit in. Learning what these are and reproducing them is a key part of behaving in a socially appropriate way. For example, a young child is likely to learn from their family members the importance of being polite and using phrases such as 'please' and 'thank you'.

## Self-fulfilling prophecy

This means that we behave in a way that matches our expectations of ourselves and this behaviour has a reinforcing effect upon these expectations. For example, if a person goes to a job interview such as a job interview to go badly, they might act in a defensive or anxious manner during the interview than they need to. This could lead them to be rejected for the job as a result of their individual's initial expectations that the interview was going to go badly.

Alternatively, if someone approaches an interview with positive expectations, they will act more positively and come across as a more positive and confident candidate. This could lead to success as their behaviour will confirm the initial positive expectations that the individual had.

### Case study

John is 26, and is on a first date with Tony. John has had bad first dates in the past, and doesn't think he is very good at meeting new people. When he meets Tony, he is aloof and shy, and doesn't ask Tony many questions about himself.

After the date is over, John texts Tony to ask if he'd like to go out again. Tony doesn't reply, and John feels dejected.



### Applied

Read the case study and discuss how John's expectations might affect his behaviour in the interview.

Your role model is a self-fulfilling prophecy.

## Role theory

### Modelling

Not all **role models** are equal; there are some models we are more likely to pay attention to. For example, if we are newly introduced to a social group that we want to be part of, we are more likely to pay attention to and model the behaviour of a popular individual who everyone likes, compared to a relative outsider within the group. We are also more likely to observe and imitate the behaviours of people that we view as being similar to ourselves, because we identify with them.

A role model does not have to be someone that we know personally. Celebrities or public figures can also be particularly strong role models, as we may aspire to achieve their levels of success and, as a result, adopt behaviours and attitudes similar to theirs.

### Applied

Discuss how a role model can influence your behaviour.

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**Vicarious reinforcement**

Vicarious reinforcement occurs when a person observes the behaviour and then repeats the behaviour as being rewarding, which makes them more likely to repeat the behaviour. Vicarious reinforcement does not need to provide direct rewards for the individual (the individual performing it). Observing behaviour being rewarded or punished provides information about the consequences of the behaviour and allows the individual to make better predictions about the consequences of performing the behaviour. This information is stored and used in the future when performing the behaviour.

**Promotion of anti-discriminatory behaviours and practices**

Social learning theory has useful applications for health and social care practice, and its principles can be used to promote anti-discriminatory behaviours and practices. For example, a support worker in a residential care home may view their manager as a role model. If their manager models anti-discriminatory behaviour in the way that they carry out their role – perhaps by respecting and valuing the diversity of different service users, and ensuring cultural needs are respected – the support worker may be more likely to also adopt these anti-discriminatory practices.

**Research activity**

Look up the Equality Act 2010 – make notes on the nine 'protected characteristics' – what are they? For each, come up with an idea about how staff in health and social care services can reduce the risk of discrimination against this group.

**Use of positive role models in health education campaigns**

Role models can be a very effective way of promoting healthy behaviours. For instance, having a well-respected public figure promote the importance of engaging with cancer screening programmes might make people more likely to do so. Role models may also help to dispel myths and **stigma** around some mental health conditions. For example, although **OCD** is not easy to live with, it does not mean you cannot achieve success. Several celebrities have spoken openly about their OCD behaviours. Note that although some symptoms are similar, for example, feelings of distress, the actual behavioural manifestations of the disorder can be quite different. By speaking up about their experiences, other people with OCD that have observed this may feel less ashamed and more empowered to seek treatment for their condition.

**Stigma**  
shame  
**OCD**  
compulsive  
condition  
intrusive  
repetitive  
the individual  
obsessive

**Did you know?**

The famous footballer David Beckham has commented on having OCD behaviour to rearrange the objects in rooms so that they look a certain way; for example, numbers. The actress Cameron Diaz has spoken of being afraid of germs and the need for handwashing and opening doorknobs with her elbow.

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## Evaluation of social learning theory

Strengths	
Social learning theory takes into account why we do not always perform behaviours that are reinforced, by including the roles of mediational cognitive processes such as attention and motivation.	It may be that for the individual decides whether based on experience or of the outcome. For example, crime, a child or young witnessed or had any may have the knowledge and, therefore, choose
Social learning theory also allows for a great length of time to have passed before repetition as individuals store the memory in long-term memory and retrieve it when trying to reproduce the behaviour at an age-appropriate time.	A person may observe same consequences by way.
Mainstream psychology and modern attitudes to childrearing have argued for the importance of good role models for young children. This suggests that the idea of learning from observation is well accepted. It is likely that young children are particularly vulnerable due to cognitive differences, for example, they may be more motivated to learn.	This theory focuses on factors related to the (i.e. attention) but little on the observation and perform it. For example decide on the correct observed both reinforced
Social learning theory gives a way of understanding how aggressive behaviours can develop. Applying these ideas could potentially lead to a reduction in aggressive behaviours.	Social learning theory biological factors (e.g. some people might be

### Sections A1 and A2 Revision questions – the behaviourist and social learning perspectives

1. Explain the difference between classical and operant conditioning.
2. Describe what is meant by the phrase 'self-fulfilling prophecy' in social learning theory.
3. Read the case study below, then answer the questions beneath it.

#### **Case study**

Cara is 21 and has recently been diagnosed with social phobia. She experiences anxiety whenever she is the centre of attention, and is extremely fearful of speaking in public. She has tried to cope with her symptoms by herself for a long time, but her condition is now worsening.

- a) According to the behaviourist perspective, why might Cara have social phobia?
- b) According to the social learning perspective, why might Cara have social phobia?

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## Psychodynamic perspectives

In this section we will introduce Freud's psychodynamic approach, which focuses on the role of unconscious forces in driving behaviour. Sigmund Freud (1856-1939) is the founding father of the psychodynamic approach, an approach that views human behaviour to be largely the result of unconscious drives and the structural components of personality. Freud believed that making the unconscious conscious was the only way to cure mental illness and his treatment is called psychoanalysis. Note that Freud was not the only proponent of the psychodynamic approach; there were several other influential figures such as Carl Jung, before he moved away from Freud's ideas.

### The unconscious mind

Freud believed that our behaviour is often driven by unconscious forces and that all of our behaviour occurs for a reason. A '**Freudian slip**' is when we make a verbal mistake that reveals our true feelings towards a situation. For example, you might call your new boyfriend by your ex's name. Freud believed that these were not accidental but revealed unconscious beliefs.

Freud believed that there were three stages of consciousness:

1. **Conscious:** Everything that we are aware of
2. **Preconscious:** Unconscious at the moment but available to be recalled
3. **Unconscious:** Memories, thoughts, and feelings we are not aware of and are

#### *Applied activity*

The majority of our thoughts, feelings and memories are unconscious. A good way to think about consciousness is to imagine an island surrounded by water.

- **The island** represents consciousness and what we are aware of
- **Shallow water** represents preconsciousness and when the tide changes we become aware of the preconscious
- **The deep water** represents our unconsciousness; what is vast and inaccessible to us and which we can only explore with help.

Draw a diagram to represent this and make sure to label and explain clearly what each level is.

When we experience sexual or aggressive urges that are not appropriate for us to act on, we repress them into the unconscious as a protective measure. This is termed **repression**. However, even when we are not aware of them, they motivate our behaviour in ways that we are not aware of.

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### **The structure of personality**

Freud believed that personality was divided into three structures which interact:

1. **Id** – The id strives to satisfy the individual's basic needs, such as to survive and reproduce. The id is unconscious and operates on the pleasure principle and immediate gratification.
2. **Superego** – The superego represents the ideals and societal norms we have been taught and have accepted. These are not necessarily bound by reality and may not be suitable in real life, for example, the ideal to be generous and charitable may conflict with having little means for yourself. It should also be noted that societal ideals and norms are changeable which can result in a change in behaviour. Babies who have not developed superego, they only care about their immediate needs being met.
3. **Ego** – The ego acts as a mediator between the id, the superego and reality. It is mostly conscious and operates on the reality principle, and controls the id in order to meet the demands of reality. The ego develops and gains strength in adolescence and the individual can now defer gratification.

#### **Applied activity**

You could help your memory of the different structures of personality by imagining them as separate people. What kind of people would they be? Do they remind you of any real people?

### **Defence mechanisms**

**Defence mechanisms** are unconscious processes to reduce the experience of anxiety (excess energy). This can be useful in coping with events that are unexpected or cause us disappointment, but do not always result in beneficial outcomes. Some of the defence mechanisms identified by Freud are illustrated below.

<b>Repression</b>	When we exclude unacceptable thoughts or feelings from conscious awareness and store them in the unconsciousness. For example, a person with a severe phobia of spiders may have had a traumatic experience but cannot remember how they came to develop the phobia.
<b>Denial</b>	Maintaining that things are not what they seem to be. For example, a person who may deny that their drinking behaviour is having any impact on their health.
<b>Displacement</b>	When we transfer impulses that are unacceptable onto non-threatening objects or people. For example, a man who is angry at being fired now spends one or two hours a week kicking a football.

#### **Applied activity**

To show you understand these defence mechanisms, can you come up with two more examples for each mechanism?

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## Importance of early experiences

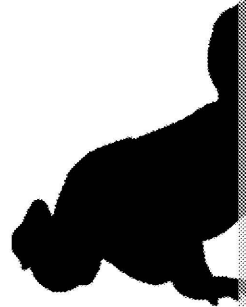
Freud believed that development occurred in a series of fixed ordered stages that a person may become permanently stuck (termed fixated) on a stage if they under

### The oral stage

In the oral stage the child gets pleasure from its mouth, it enjoys putting things inside its mouth, biting and breastfeeding. Someone who is fixated at the oral stage gets pleasure from behaviours related to their mouth, such as smoking and biting their nails.

### The anal stage

In the anal stage the child gets pleasure from defecating. However, at this stage parents try to teach their child to use a potty. This creates a conflict between the ego which seeks immediate gratification and parents who want to delay and control that gratification. This conflict can cause problems if it is not resolved in the correct manner. If parents were particularly strict about toilet training this can result in an anal-retentive personality, where the person is uptight, fanatically concerned with tidiness and organisation, and strict with their money. In contrast, when the parent is too tolerant in toilet training this can result in an anal-expulsive personality, where the person is messy, rebellious, and oversharing.



### The phallic stage

In the phallic stage the child gets pleasure from their genitals and masturbation. They begin to understand the differences between their own and those of the opposite sex. These differences lead to the development of a gender identity which is experienced differently dependent on the gender:

<b>Oedipus complex</b>	In the Oedipus complex boys realise that they are sexually attracted to their mother but that the father is in the way. The boy believes that if he fulfils his intentions he will remove his penis and the boy experiences penis envy.
<b>Electra complex</b>	Girls initially are attracted to their mother but at the phallic stage they realise the right sexual parts and experience penis envy (the Oedipus complex), the girl shifts her attention towards her father and desires for his attention.

Both of these complexes are resolved by imitating their same-sex parent and assuming that gender role.

### The latency stage

In the latency stage the **libido** is repressed and the child focuses on other things such as developing skills. In this stage they tend to have mainly same-sex friends and the focus is on staying within the confines of their own gender role.

### The genital stage

In the genital stage the person gets pleasure from heterosexual intercourse. Rather than self-pleasure, such as in the phallic stage, the focus is on sexual experimentation with others, which should lead to the later development of intimate relationships.

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**Case study**

When Ben was 2, his parents were trying to potty-train him. They were extremely strict with the training routine, and were harsh in their criticism of Ben when he didn't get it quite right. As an adult, Ben is extremely tidy and hates mess of any kind. He is also reluctant to share, and is quite a reserved person.



**The conscious and unconscious mind in practice**

Read through these real-life examples to learn how the unconscious and conscious mind influence an individual's behaviour.

*You are sat in class but you have started to feel hungry... what is your reaction?*

- **Id:** I need food right now. I need to leave the classroom and go eat... now!
- **Superego:** Other people do not do this and it is not acceptable behaviour.
- **Reality:** I may get into trouble if I leave the classroom without a good reason.
- **Ego:** Even though I am hungry, it is not urgent; I will stay in class and eat later.

*You were minding your own business when someone shoves you out of the way on a busy street. What is your reaction?*

- **Id:** I'm angry! I want to yell at them and shove them back.
- **Superego:** I should always avoid unnecessary violence and aggression.
- **Reality:** Starting a fight may result in getting hurt further.
- **Ego:** Although I am angry I should not act on this as this will not achieve anything.

In these examples, the ego makes the reasoned decision that brings the individual back to a state of calm. However, there are plenty of incidences when we act on impulse despite our better intentions. The superego has failed to control our id and delay gratification. In some cases, the id, superego and ego also allow extreme responses. For example, a person may have internalised norms of aggression in certain circumstances, such as aggression towards the supporters of a football team.

**Research activity**

Research the 'free association' technique of psychoanalysis (a therapeutic method that explores unconscious perspectives). Make notes on what it involves, how it is supposed to help, and how effective it is.

**Evaluation of the psychodynamic approach**

Strengths	Weaknesses
People do show evidence of defence using defence mechanisms, such as denial.	However, other mechanisms have been called into question. Cases where a person has recovered repression without the assistance of a therapist have been called into question, as these could be false memories.
Freud was pioneering in suggesting that talking about a problem might be beneficial and lead to insights about the cause of the problem. This has proved highly influential and is now a widely accepted practice in many therapies today.	The majority of evidence for Freud's theory comes from case studies and the interpretation of these has often been called into doubt. Most of the research has been done on middle-class people from the West. Many of the disorders of neurosis (disorders that concern normal behaviour) do not generalise these results to other cultures.
Freud was one of the first to suggest that our early childhood experiences, which we are often unable to remember, may be important in determining our later behaviour. Modern psychology supports the influence of early experiences but believes that later experiences moderate these effects.	Freud's theory is unfalsifiable and has not been tested scientifically, and the approach is on unconscious processes. A patient does not show improvement if they do not show improvement because the unconscious mind is not accessible. While Freud's ideas were once mainstream psychology has moved on and the psychoanalytic approach is now largely discredited.

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## Humanistic perspectives

Carl Rogers founded the humanistic approach which believes that the individual is at the core in determining their own behaviour and that we have an innate drive to be good and to self-improve. The humanistic approach has led to the development of person-centred therapy, a therapy that creates a bond of trust between the therapist and the client and seeks to alter the client's sense of self.

One of the central assumptions in humanist psychology is that people have **free will**. That is, people make the decision to behave in a certain way and can, therefore, make the decision to behave differently. Behaviour is not entirely determined but humanism believes that people are fundamentally good and that we have a drive to improve ourselves.

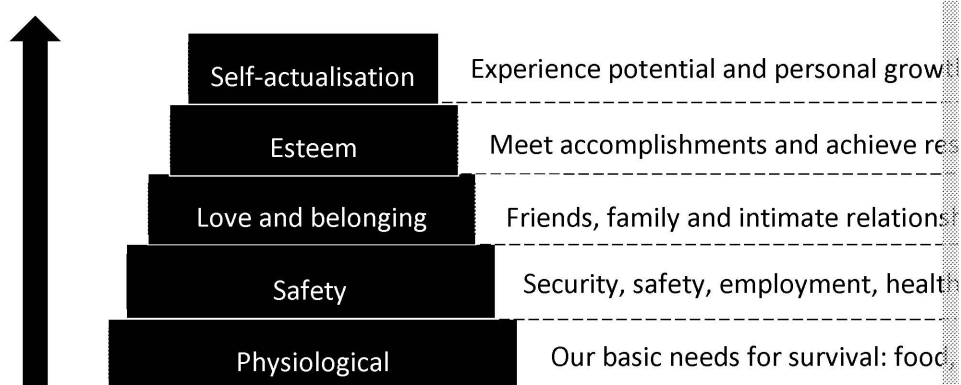
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### Maslow's hierarchy of needs

Abraham Maslow, an American psychologist, believed that we could only achieve our potential when all of our other needs had been satisfied. These started at a level of our most basic need to simply survive and progress to **self-actualisation**. Self-actualisation means to be in a state where we have achieved our potential in terms of skills, abilities and personality, which allows for higher-order functions such as the development of creativity, morality and our inner talents.

Maslow did not suggest that our needs had to be completely satisfied to move on to the next level but that they needed to be satisfied enough that the person was not preoccupied with attempting to fulfil them. Look at the diagram below to learn about the different levels of Maslow's hierarchy of needs.

**Did you know?**  
Maslow listed that 'self-actualisation' is a unique state of being. These uniqueness and



**Applied activity**

Which stage are you at? Are they really ordered and discrete stages?

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## Self-actualisation, self-concept and self-esteem

Carl Rogers was another American psychologist, who was also part of the humanistic approach to psychology. He built on the ideas of Maslow, and believed that people had an innate drive to improve themselves and this served as motivation for the majority of our behaviours. We are motivated to move from our **real self** to our **ideal self** and the closer we are to our ideal self the happier we will be. Realising our full potential is termed self-actualisation.

People try to work towards becoming their ideal self, which means a state of **congruence**. However, this can cause problems when their ideal self is unrealistic and not achievable. This can encourage the person to view themselves as a failure and leads to poor self-regard. The humanistic approach argues that how an individual views who they are as a person is very important for their well-being. People function best when they have a positive **self-concept**.

**Self-esteem** is similar to self-concept, as it is related to how we view ourselves. However, self-esteem focuses on the feelings of respect and value a person holds towards themselves. Do they feel worthy? Do they feel valued? Do they feel respected? People with low self-esteem are at a greater risk of developing mental health problems, and may allow others to treat them poorly as they do not believe they are worthy of good treatment.

## Client-centred therapy

The humanistic approach to counselling is person-centred therapy (also known as client-centred therapy), and was developed by Carl Rogers. It employs the following principles to encourage self-actualisation:

### Research activity

The principles of client-centred therapy have also been applied in education. Think of the term 'learner-centred' – what does this mean? Write your thoughts in the space below.

### Special therapist relationship

Rogers believed that building a close and supportive relationship between the therapist and the client is essential for effective therapy. Such a relationship promotes trust and understanding which are necessary for self-actualisation.

### Non-expert role

Rather than providing guidance from the point of view of an expert, the therapist acts as a facilitator for the client but works with the client to help develop their own solutions.

### The three 'core' conditions in person-centred therapy:

#### Therapist-client congruence

The therapist shows their real self to the client and acknowledges that they are not perfect and make mistakes. The therapist shows clearly their thoughts about the topic and this opens up a space for the client to trust the therapist. In return, the client will hopefully be similarly transparent and the relationship between the therapist and the client will be achieved.



#### Unconditional positive regard

Unconditional positive regard is when the therapist shows the client for who they are, even when they are not what the therapist wants them to be. The therapist teaches the patient that it is acceptable to be who they are. This allows for personal growth. If the client is not accepted, they are denied the good opinion of the therapist. The therapist takes over the role of the client and shows unconditional positive regard when the client is not what the therapist wants them to be.

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**Empathetic understanding**

Trust is of fundamental importance to the therapist-client relationship and part of the knowledge that the client will not be judged for their beliefs or actions. The therapist demonstrates and shows an empathetic understanding of the person’s beliefs.

**Putting service users at the centre of care planning**

One key influence of the humanistic approach on health and social care practice is putting service users at the centre of care planning. This means that service users are treated as individuals in how their care plans are designed and carried out. This can help to design a care plan that is individualised and acceptable to the individual, which in turn makes it more likely to be carried out.

**Case study**

Arnold is 35, and works as a dietician. He is working with a new client to design a nutrition plan to reduce the person’s risk of having a second heart attack. Arnold wants to make sure he is putting the individual at the centre of their care plan.



**Applied**

Read Arnold’s notes on how he could ensure his care is client-centred. Arnold could...

**Evaluation of the humanistic approach**

Strengths	Weaknesses
The humanistic perspective is a holistic approach that focuses on the individual, and does not try to constrain the individual by reducing them down to a combination of traits.	Unconditional positive regard is an appropriate approach for people who are extremely serious offenders. It is not appropriate to employ this approach in counselling. There is no self-acceptance and the person is not normal, the therapy may not be effective and actions are unacceptable.
Contrasting humanism with behaviourism which focuses on the outward observation, this approach accounts for something that is lacking in other theories: even if we behave the same way that does not mean that we are all the same.	One of the fundamental principles of psychology is that people are different. However, this provides a basis for understanding why people behave deviantly, such as in crime and violence.
Client-centred therapy promotes respect towards service users by treating them as individuals, and by empowering them to lead the direction of the therapy.	Humanistic psychology focuses on the individual and maintains that people have the freedom and motivation to behave as they wish. It ignores the influences of external factors such as culture and background on the individual from self-acceptance.

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## Sections A1 and A2 Revision questions – the psychodynamic and humanistic perspectives

1. Outline the **three** key aspects of Freud's ideas on the structure of personality.
2. Explain what the phrase 'self-actualisation' means in a humanistic approach to psychology.
3. Read the case study below, then answer the questions beneath it.

### ***Case study***

Robin is 25 and has recently been diagnosed with anorexia nervosa, an eating disorder. He has been severely restricting his food consumption and exercising excessively. He has recently finally went to visit his general practitioner to ask for help.

- a) According to the psychodynamic perspective, why might Robin have developed this disorder?
- b) According to the humanistic perspective, why might Robin have developed this disorder?

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## Cognitive perspectives

In this section we introduce the cognitive approach which focuses on understanding internal mental processes such as language and attention. The aim of cognitive psychology is to understand how internal mental processes work. For example:

- How is information in the brain organised?
- Can our minds be compared to computer systems?
- How do we study what goes on inside of our heads?
- How do we solve problems?
- How do we make decisions?
- How does emotion influence our reasoning?
- How do biases influence the way we process information?

### *Did you know?*

The 'Cocktail Party Effect' shows the filtering ability of your brain. Imagine you and your friend is sat next to you talking. You are concentrating on your conversation and ignoring other conversations. If someone was to ask you what other people were talking about you might suggest a topic or say who was speaking but not much more than that. However, if someone was to say your name you are likely to 'tune' into it suggesting that your brain filters out unimportant information.

## Information processing

Cognition is an umbrella term for the processes of the mind and these include perception, categorising information, planning, imagining and many others. It would not be surprising if children's and adults' cognitive skills and way of thinking would be different. As we grow up we improve and the cognitive processes that underlie them become more complex. Jean Piaget examined how children's cognitive skills differ as they get older and in

## Jean Piaget

Piaget provided the first comprehensive theory of developmental cognition and the ways in which children and adults differ. He was responsible for a sudden upsurge in developmental psychology during his lifetime. He also developed new ingenious methods to study children and explain themselves verbally. His theory argued that children's cognition develops through stages. Piaget believed that the individual's own activities allowed for progression through the stages. Exploration of the world they make advances.

### *Sensorimotor stage (0–2 years)*

Piaget believed that children at this first stage of development were thinking using their senses rather than mentally. During this stage the most development occurs in terms of spatial movement, with babies increasing their ability to voluntarily control behaviours and to react to and act on the environment. The infant's motor skills continue to develop and they learn to manipulate objects. At around 8 to 12 months, the baby starts to intentionally use behaviour more often and can solve simple problems. A core achievement of this stage is that children learn how to imitate behaviour. Imitation helps infants to learn new skills and behaviours. Piaget did not believe that children as young as this were effective problem-solvers but rather used trial-and-error, observations and exploration to get the correct answer.

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**Pre-operational stage (2–7 years)**

Around this time there is a rapid growth in the child's language abilities. Increasingly, the child represents objects and concepts with words, pictures and mental images. These symbolic representations help the child to understand the world. Piaget believed that cognitive development led to the increase in language abilities.

The pre-operational stage is characterised by **egocentrism**, the idea that the infant's view is the only view that exists. Here the individual is unaware that other individuals may have different views or that individuals have access to different amounts of information.

Children in the pre-operational stage fail at **conservation** tasks. Success in a conservation task requires awareness that although the shape looks different the quantity of it has not changed.

**Concrete operations stage (7–11 years)**

In this stage, children learn logical reasoning related to maths (these are referred to as 'operations'). Children in the concrete operations stage are able to solve problems using these operations provided that they use real objects. Before this stage, children are not able to use relative terms, for example, they can understand 'big' but not 'bigger'.

**Applied activity**

Children have vastly different mathematical abilities, which suggests that not all have an understanding of logical operations. Some children fail to achieve any kind of understanding. This may reflect teaching practices and other factors besides a limit on actual abilities. Other children may not achieve logical reasoning. What does this say about children who go through these stages? Discuss with a partner.

**Formal operations stage (11+ years)**

In the formal operations stage, logical operations are no longer restricted to real objects but can be applied to abstract or hypothetical events. Children can think about hypothetical scenarios and can show idealistic thinking: thinking about the best possible version of an event. Children at this stage can apply **hypothetico-deductive reasoning** to problem-solving situations. This involves the formulation of a hypothesis and testing the hypothesis to reach a conclusion. Unlike the concrete operational stage, problem-solving is not an error approach. Instead, using logical reasoning these children are able to exclude the remaining possibilities to reach the correct answer.

**Case study**

Katherine is 17, and is starting to think about what she would like to do after she leaves further education. She is weighing up the different pros and cons involved in taking certain courses at college or university, and what the possible career options would be for her. She also needs to think about where she'll be going to college or university, and how to get there.



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## Understanding intellectual development and developmental norms

The cognitive approach is relevant to health and social care practice, as it can be used to help us understand the intellectual development and developmental norms of children. Developmental **milestones** provide a guideline based on what skills and abilities should be achieved by a given age.

Theories such as Piaget's (described above) can be used as guidance on these developments. For example, we would expect a child to have achieved all the abilities of the concrete operational stage by 11, as this is the end of this stage. By 11, the child should be able to carry out logical operations. If they are not able to do this, this could indicate a possible developmental issue for that child.

## Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) was developed by the psychologist Aaron Beck. It is one of the most widely used therapeutic approaches to treating mental health problems. The underlying principle is that there is an interaction between the way we think (e.g. our cognitions, our emotions and our behaviours). Therefore, a core part of CBT is the identification of problematic or maladaptive cognitions that are affecting our emotions and behaviour. CBT is covered in more detail later in this unit.

## Neurolinguistic programming

Neurolinguistic programming (NLP) is another therapeutic approach which centres around the principle of changing the way an individual thinks. For instance, during NLP, the therapist may identify language used by the client that indicates negative ways of thinking, and then attempt to change these cognitive patterns. The overall aim of NLP is to 'retrain' the way someone thinks, in order to give them a more positive world view that will help them be more successful. However, NLP has not had the same level of research conducted about its effectiveness as CBT.

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## Evaluation of the cognitive approach

Strengths	Weaknesses
There are many therapeutic, practical applications of the cognitive approach. Cognitive behavioural therapy is one of the most widely studied forms of talking therapy.	Cognitions are not directly observable and are not easily examined by researchers.
The cognitive approach considers the role of internal mental processes, not just external influences as in behaviourism.	The role of other influences such as unconscious early experiences is not considered from the cognitive perspective.
Many of the research studies in cognitive psychology use experimental methods, which can be helpful for determining cause and effect.	On the other hand, the use of experimental methods means that the results may not be generalisable to real-life settings.

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## Biological perspectives

In this section we take a look at the biological approach to psychology. The biological approach seeks to explain behaviour in terms of genetics, biochemical imbalances and brain anatomy.

### Applied activity

Discuss the following:

- How much is behaviour determined by genetics?
- Which is more important, genes or environment?
- How might we change behaviour?

### Maturational theory

Arnold Gesell was an American psychologist and paediatrician and proposed the maturational theory of development.

According to maturational theory, a child's development is biologically predetermined by their genes and proceeds in a series of fixed stages. All children proceed through the stages in the same order, but there may be differences in the rate of progress and develop through these. Although the focus is on biology, the environmental conditions of the child's environment influence how these biological processes unfold.

### Genetic influences on behaviour

The distinction between genotype and phenotype is an important one in the study of genetics. The genotype refers to the individual's genetic make-up that the individual inherits from their parents, whereas the phenotype is the outside expression of genes. Genotypes are very important in determining a person's traits; however, the environment is also important. For example, identical twins have exactly the same genetic make-up (genotype) but they differ in their phenotype. Both identical twins may have the genotype that makes them susceptible to developing depression, but only one twin may develop it.

Most behaviours or disorders are the result of a contribution of several genes rather than one. It is difficult to know how important individual genes are for different characteristics. Twin and adoption studies are used to try to determine how genetics influences our behaviour. There are two different types of study.

Twin studies	Family studies	Adoption studies
This involves examining the <b>concordance rate</b> , which is the likelihood that if one twin has a disorder the other twin will also have the same disorder. If only one twin develops the disorder then genes cannot be the sole determining cause and the environment must be also important.	Family studies look at if the prevalence of a disorder is more common in the immediate family of an individual compared to the whole population. However, in family studies it is difficult to separate the influence of genes from the influence of the environment. Family members share more similar environments than members of the whole population do, for example, they may share the same traumatic events which may make them more likely to experience depression.	Adoption studies of twins are very rare, but very useful. Here, we compare identical twins who have been brought up in different homes. Usually, we compare identical twins who have the same genotype but different environments to attribute the similarity of behaviour to genetics; however, identical twins also share a similar environment. To distinguish between the effects of genes and environment we use adoption studies. Here, we see if a behaviour or characteristic is present in identical twins whose environment is different and if it is, we attribute it to having the same genes.

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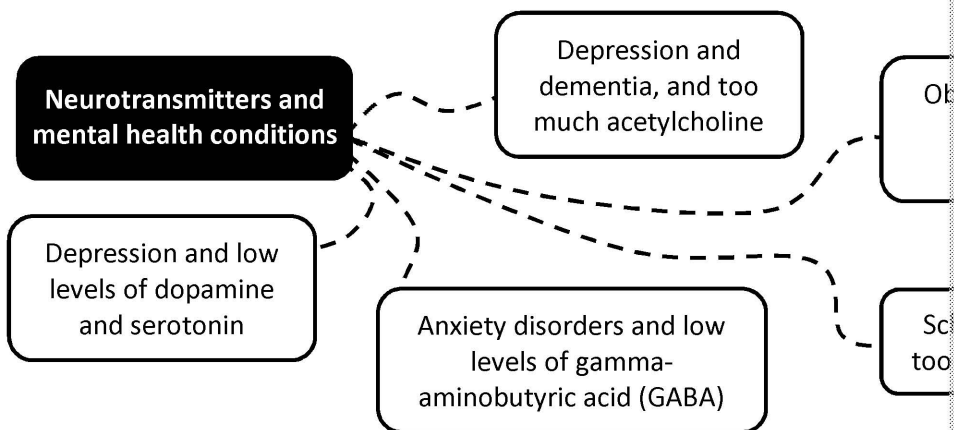
## Influence of the nervous system on behaviour

The **central nervous system**, including the brain and spinal cord, is involved in all types of cognition and also in movement. The **peripheral nervous system** connects the central nervous system to the rest of our body via a system of **neurons**. The peripheral nervous system is further divided into two systems: the somatic nervous system, which deals with voluntary actions, and the autonomic nervous system, which deals with automatic behaviours.

The central nervous system includes the brain and the spinal cord; it is responsible for all types of cognition and is also involved in movement and interpretation of sensory stimuli. The central nervous system is formed of approximately 100 billion neurons; approximately 80% of these are in the brain.

### Neurotransmitters and biochemical imbalances

**Neurotransmitters** are the chemicals that relay signals between two neurons. When there are abnormalities in the release of neurotransmitters, the result can be dangerous to a person's mental and physical health. The neurochemical approach suggests that disorders are the result of biochemical imbalances; that is, the quantities of certain neurotransmitters are wrong. Look at the figure below to learn about the association of different neurotransmitter imbalances with different health conditions.



#### Did you know?

The 'dopamine hypothesis' is a biological explanation of schizophrenia (a severe mental illness in which the person loses touch with reality), which argues that schizophrenia is caused by having too much of the neurotransmitter dopamine. Evidence for this theory includes the fact that drugs called neuroleptics – which block the dopamine receptors and decrease the amount of dopamine at the synapse – are effective at treating schizophrenia. However, it is very difficult to measure levels of neurotransmitters in live subjects, making it difficult to prove or disprove the theory.

## Influence of the endocrine system on behaviour

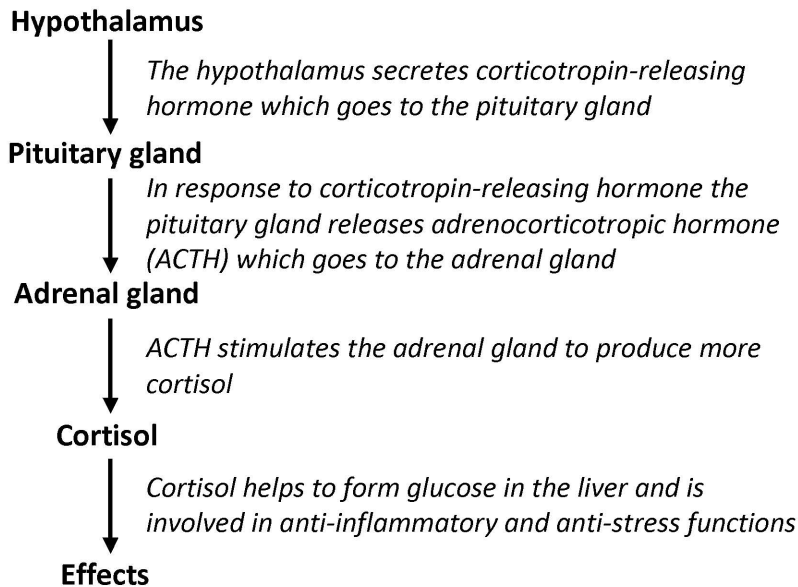
The endocrine system is a system of **hormones** and **glands** that communicate information over the body. Hormones adjust the activity of specific organs or functions by binding to a specific organ or cells, much like a lock and key process. Like a balancing act, when there is too much of a hormone, glands stimulate its production to increase the amount and when there is too little, they decrease it. Unlike neurotransmitters, hormones can transmit over a much wider area and take longer rather than milliseconds because they have to travel through the blood.

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Hormones are regulated by the endocrine system and controlled by other glands and hormones within the system. Tropic hormones are hormones that influence other glands and are, therefore, influential in the hormones these glands produce.

For example:



When you encounter a perceived threat, the body releases several hormones to respond. These 'stress' hormones include adrenaline and cortisol. While these have benefits in the short term – e.g. by increasing your heart rate and increasing blood sugar levels – a prolonged stress response can carry serious risks for your health. An individual experiencing mental health conditions such as anxiety and depression, and physical conditions such as heart disease.

### Understanding genetic predisposition to certain illnesses or health conditions

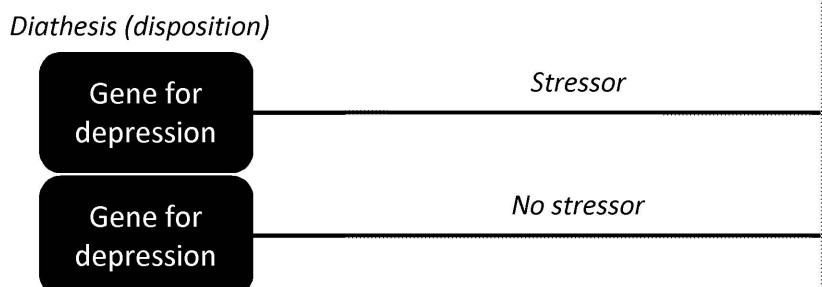


Having a '**genetic predisposition**' towards a certain health condition means that an individual has inherited genes which make it more likely that they will develop a health condition. It doesn't necessarily mean that they *will* go on to develop the condition, as lifestyle and environmental factors also have an influence. Not everyone who inherits a gene associated with a health condition (i.e. their genotype) will go on to develop this health condition (i.e. their phenotype).

#### The diathesis-stress model

In terms of mental illnesses, we may describe the reason for this discrepancy between genotype and phenotype in terms of the diathesis-stress model. This model argues that a person may only express a mental illness if there is an environmental trigger. For example, a person may have a gene which makes them more likely to develop anorexia, but only develop the disorder if they experience a stressor.

See the diagram below, which illustrates the relationship between genetic disposition and environmental stressors for depression.



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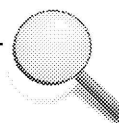


Having a genetic predisposition towards certain conditions may also affect an individual's health-related behaviours if they are aware of their increased likelihood of a certain condition. For example, someone with a strong family history of **type 2 diabetes** may be more likely to follow a healthy diet and maintain a healthy weight, to mitigate against their increased genetic risk.

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**Case study**

Bernard is 22, and has recently been diagnosed with schizophrenia. He has been experiencing paranoid delusions and hallucinations, and dropped out of university last year. His father also had the condition, and was in and out of hospital for most of Bernard's life. Bernard has a supportive group of friends now, but his life at home with his parents was high in conflict and tension, particularly in his younger years.



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**Biology of emotion**

Many of our emotions also have a biological component. A set of structures within the brain known as the **limbic system** and the **autonomic nervous system** have been implicated in the experience of emotions.

The **amygdala** is one part of the limbic system, and research has shown that it has a strong link with the experience of fear. For example, people with damage to their amygdala may react to fear- and anxiety-inducing stimuli differently.

As described above, the body's stress response prepares the body to deal with threats. The autonomic nervous system plays a role in this response by instructing the body to release hormones which alter processes such as heart rate and breathing. Many of these physiological indicators can be monitored as a way of measuring an individual's emotional state – for example, by looking at the way the level of sweat on someone's skin changes.

**Impact of substances on behaviour**

Taking various substances can also have a profound impact on an individual's behaviour. Some substances are taken recreationally (e.g. drugs – legal and illegal), or may be prescribed by a health professional for a health condition (i.e. medication).

**Drugs**

Recreational drugs are used for enjoyment rather than for medical reasons. Alcohol and tobacco are examples of recreational drugs that are legal in the United Kingdom. Most often when we talk about drugs they are talking about drugs that are illegal. Examples of illegal recreational drugs are heroin, cannabis and LSD. Although many of these drugs initially produce pleasurable feelings, they can lead to addiction, health problems and damage to social relationships.

In addition to rewarding normal everyday behaviours, dopamine is also responsible for the feelings of pleasure we get when we use addictive drugs. Many recreational drugs produce feelings of euphoria and first-time users often feel motivated to take the drug again and recreate the feelings they experienced. Such high levels of dopamine and pleasure are not possible from everyday behaviours and so drug users can only achieve the same feeling by

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There are many different types of drugs, which vary in their use, their effects, and how they are. For the purpose of this chapter, we can classify drugs by their effect on the CNS.

**CNS stimulants:** Speed up the activity of your central nervous system and make you feel more alert and energised (e.g. caffeine)

**CNS depressants:** Slow the activity of the nervous system and make you feel relaxed and drowsy (e.g. alcohol)

**Medication**

Some drug treatments aim to resolve biochemical imbalances by either increasing or decreasing the number of neurotransmitters produced in the synapse. For example, one theory of OCD is that the individual has too little of the neurotransmitter serotonin. Therefore, drugs such as **Selective Serotonin Reuptake Inhibitors (SSRIs)** are effective because they prevent the reuptake of serotonin which increases the amount of serotonin in the synapses.

**Research activity**

Look up at least three different medications which have been used as a treatment for mental health conditions. Make notes on:

- Which conditions they are prescribed for
- How they work (e.g. which neurotransmitters do they affect?)
- What their side effects are.



**Evaluation of the biological perspective**

Strengths	
Biological approaches allow for the formation of clear hypotheses that can be investigated and tested.	It is hard to separate biological influences, as identical twins are genetically similar to non-identical twins. Differences between them could be due to their genes.
Biological approaches have led to the development of medications for mental health disorders, which can be beneficial for improving symptoms for at least some people.	Just because a medication works does not mean it is the cause. This is known as the 'fallacy of correlation'.
Biological processes can in some ways be more easily measured and quantified than social or emotional factors.	The biological approach is 'reductionist', as some complex human behaviours cannot be explained by biological factors alone.

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## Sections A1 and A2 Revision questions – the cognitive and biological

1. List Piaget's stages of cognitive development.
2. Explain how biological perspectives contribute towards our genetic certain health conditions.
3. Describe neuro-linguistic programming.
4. Read the case study below, then answer the questions beneath it.

### ***Case study***

Asha is 38 and has been feeling really low for a couple of months. She has lost motivation, has been teary a lot and feels hopeless about her future. She wants to see a doctor and get some help, and her doctor suggested she may be experiencing depression.

- a) According to the biological perspective, why might Asha have depression?
- b) Describe **one** treatment method for Asha, based on the biological perspective.

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## Theories of human development

There are several relevant 'debates' about how and why human development proceeds and how development should best be studied. Having an understanding of these will build confidence and diversity of perspectives on human development.

### Nature versus nurture

The nature side of the debate argues that there are biological and evolutionary factors that determine behaviour, whereas the nurture side of the debate argues that behaviour is the result of environmental factors. For example, behaviourists believe that a baby is born as a 'blank slate' and that all behaviour is learnt, which follows the nurture side of the debate. However, many people believe that both nature and nurture play a role. As an example, revisit the 'diathesis-stress' model of mental illness (outlined above), which provides roles for genetic dispositions ('nature') and environmental stressors ('nurture').

### Continuity versus discontinuity

This debate concerns *how* human development proceeds. Taking a 'continuity' view would see development proceed in a smooth and gradual fashion, with no major, sudden changes. For example, you would look at the gradual increase in a baby's height or weight, and gradual acquisition of skills. On the other hand, the 'discontinuity' view sees development as comprised of distinct stages, with clear features and achievements at each stage. Piaget's model of a child's cognitive development is an example of a 'discontinuity' perspective.

### Nomothetic versus idiographic

In psychology, this debate focuses on the best approach to studying individuals and groups. A 'nomothetic' approach focuses on commonalities and shared qualities between groups. Therefore, a psychologist might choose to investigate commonalities in the environment of people diagnosed with schizophrenia. This could help to uncover factors which trigger or influence behaviour. Using a nomothetic approach can help to establish laws about human behaviour.

On the other hand, an 'idiographic' approach involves the study of the unique traits of an individual. This approach would generally reject the use of standardised questionnaires to study behaviour, instead would focus on uncovering the rich and detailed circumstances of an individual.

## Section A1 Revision questions – theories of human development

1. Summarise the difference between a nomothetic and idiographic approach to understanding of human behaviour.
2. Read the case study below, then answer the questions beneath it.

### Case study

Isobel and Matt have recently had a new baby daughter called Josie, and are excited to watch her grow up, and have been keen to find out more about her throughout their lives.

- a) Using an example, suggest how the nurture approach explains Josie's development?
- b) How would a discontinuity view explain Josie's development?

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## A3: Contribution of psychological perspectives to the understanding of specific behaviours

The various psychological perspectives you have just learnt about in Sections A1 and A2 help us to understand why individuals behave in the way that they do. In health and social care, you will come across many individual service users who have unique needs in certain areas and who may display some specific behaviours. Some of these will be outlined in this chapter, and you will explore needs on the basis of specific, observed behaviours.

### Application of complementary and contrasting psychological theories to the understanding of specific behaviours

As you will have noticed by reading through Sections A1 and A2, people's psychologists have very different ideas about the underlying causes of human behaviour. For instance, a biological approach to understanding human behaviour would focus mainly on factors such as neurochemistry, without considering the role of early life experiences and unconscious processes (a psychodynamic psychologist would).

Drawing from more than one perspective can be helpful in gaining a more complete understanding of why someone is behaving in the way that they are, and many psychologists combine elements of different theories to understand behaviour more fully. Several of these perspectives are particularly complementary, and cognitive and behavioural perspectives can be brought together to explore the influence of learning on how someone learns a particular behaviour.

#### Case study

Justin is 24, and has recently been diagnosed with **depression**. His parents are concerned, and have been researching the different reasons why Justin may have developed depression.

After doing their research, they think that a mixture of cognitive and biological factors may have influenced Justin's susceptibility to depression.



#### Applied activity

Read Justin's case study. What do you think his parents are likely to have researched? List three cognitive perspectives relevant to depression.

What could be the possible biological factors based on these perspectives?

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## Specific behaviours

In this section we will consider the key characteristics (behaviours and/or symptoms) and experiences you may be likely to come across in health and social care. It is important to remember that all service users are individuals, and not everyone will show the same characteristics.

Being aware of behaviours that could be a sign that an individual is struggling can help you to intervene and provide appropriate support more quickly. This can reduce the risk of the individual's condition declining further. You should remember that these behaviours also need to be viewed in context. For example, a surgeon may wash their hands much more excessively than a typical person but this is part of their job. Some behaviours may not be appropriate or typical in normal contexts but may be behavioural signs of a disorder. For example, it is normal to feel sad when someone dies, but it is extreme that a person is unable to function normally for a long period of time that is characteristic of depression.

### Anxiety

Anxiety disorders include persistent worries and fears, which can have a hugely detrimental effect on an individual's health and functioning.

Behaviours/symptoms associated with anxiety include:

- Sweating
- Increased heart rate/heart **palpitations**
- Dizziness
- Inability to sleep/sleep disturbances
- Avoiding situations
- Shortness of breath
- Nausea
- Engagement in behaviours to lessen the anxiety (e.g. repeatedly checking if a door is locked)

#### *Did you know?*

Phobias are a type of anxiety disorder, which can be subcategorised into 'simple phobias' and 'complex phobias'. Simple phobias are extreme fears of a single, specific situation or object (e.g. of spiders or snakes). Complex phobias are more generalised, across multiple contexts and situations, which can be difficult to manage. One example of a complex phobia is social phobia, which is an extreme fear of speaking or the workplace.

### Depression

Depression is a mood disorder that is characterised by persistent low mood and a loss of interest in activities that the person had previously found pleasurable. Behaviours/symptoms associated with depression include:

- Sleep disturbances
- Loss of motivation
- Tearfulness and sadness
- Memory problems
- Appetite changes
- Slower movements
- Withdrawal, e.g. missing work
- Reduced functioning

Note that depression should be distinguished from another disorder called **bipolar disorder** which is a type of mood disorder where a person swings between depressive and manic episodes. A manic episode is one of heightened mood, inflated self-esteem, and an increase in speed of movement and thoughts.

#### *Applied activity*

Discuss with a partner, and make some notes on the following questions:

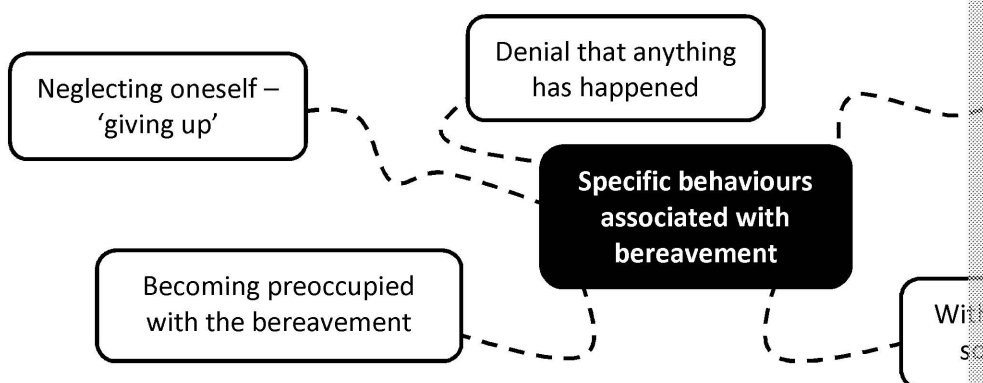
- How do you think people suffering from depression see themselves, their environment and their future?
- What are irrational thoughts?
- Are all depressed thoughts irrational?



## Separation and loss

Being separated from loved ones can be highly stressful and have a profound impact. This is particularly the case for children, when separated from their primary caregiver. It can affect their development, and cause problems in their future relationships and trust in other people.

People that have experienced a serious loss such as a bereavement may also display behaviours associated with grief. Examine the diagram below to learn about a few different behaviours that may manifest in external behaviours and symptoms.



## Stress and coping

In our evolutionary past we faced real life-or-death situations which would trigger an acute stress response which gears the body towards dealing with a physical threat. The stressors we experience are psychological but they still result in the same response. Although most of the time stress is not beneficial because it prepares us for a physical response that is not our situation. Experiencing a lot of stress has a negative effect on us, such as reducing our immune system to fight off infections, and this is an example of how an evolutionary adaptation can be maladaptive.

Behaviours/symptoms associated with stress include:

- Irritability
- Avoidance of stressful situations
- Relationships are affected
- Use of substances to cope, e.g. excessive alcohol consumption
- Fatigue and poor sleep
- Withdrawal from social activities
- Loss of sex drive

### Coping

Not all coping methods are equal in effectiveness and, therefore, those who use certain methods are likely to experience fewer of the negative side effects of stress. For example, Lazarus and Folkman (1984) make the distinction between **problem-focused coping** (taking action or seeking information in order to solve a problem) and **emotion-focused coping** (trying to reduce the symptoms rather than the cause)

While problem-solving coping is the preferred approach when action can be taken, emotion-solving coping is more suitable when the person cannot do anything about it (for example, in the case of terminal illness or the loss of a loved one).

### Self-harm

‘Self-harm’ means performing behaviours which hurt oneself, e.g. cutting or burning. It should not be confused with suicidal behaviours, as people who self-harm are unlikely to be suicidal (although self-harm and suicidal thoughts do co-occur). The reasons behind self-harm are complex and unfortunately many negative stereotypes about the behaviour persist (e.g. the fact that it is done for attention). Self-harm can give people a sense of relief from extreme mental distress by replacing it with physical pain – however, this relief is only temporary and does not solve the underlying difficulties.

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## Prejudice and discrimination

Our beliefs about someone based on their membership of a group greatly influence them and behave towards them.

There are three important related concepts:

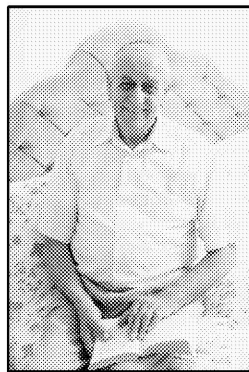
Concept	Definition	
<b>Prejudice</b>	<b>Affective:</b> Pre-existing feelings about a person or group (often negative, but they can be positive)	'E... am
<b>Stereotyping</b>	<b>Cognitive:</b> Holding beliefs about a group that are generalisations	'E... rox
<b>Discrimination</b>	<b>Behavioural:</b> Changing your behaviour towards a person based on their group membership	Co... elo

All of these three concepts are connected, but a person does not necessarily need you could discriminate without harbouring negative feelings about a group (preju

### Case study

Mr Benson is 80, and still lives in his own home. He suffered a fall last year, which means his mobility is not as it used to be. To help him achieve the activities of daily living, he has a **domiciliary care** worker come in twice a day.

He has a good relationship with his regular carer, Mateus, but he has recently been making Mateus uncomfortable. He speaks negatively about immigrants, and has been using racist words in his presence.



### Applied activities

Read the case study about Mr Benson with a partner, and make notes.

- What kind of prejudice is shown in the case study?
- How would you feel if you were Mr Benson?
- What would you do if you were Mr Benson?

**Domiciliary care**  
an individual

## Child abuse

There are several different kinds of abuse – being able to spot these is incredibly important for health and social care. This is because they have a duty of care to protect service users and involve reporting any suspected abuse. The table below provides a definition of several examples of each.

Type of abuse	Physical	Emotional	Sexual
<b>Definitions</b>	Carrying out actions which hurt or injure another person.	Acting or speaking in a way that harms someone psychologically.	Manipulating or coercing someone participating in an activity without their consent.
<b>Examples</b>	Hitting/punching, biting, kicking.	Excessive criticism, insults, ignoring or isolating someone.	Forcing someone to take explicit or implicit inappropriate touching.

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## Addiction

If someone is addicted to something, this means they have limited control over the relationship with it and may be physiologically dependent on it (e.g. in the case of misuse). Highly addictive substances include nicotine (the active ingredient in cigarettes) and illegal drugs, such as cocaine.

People can also become addicted and physiologically dependent upon alcohol, and severely dependent drinkers, sudden withdrawal of alcohol can be lethal. Individuals can also be psychologically addicted to other activities such as gambling. Gambling exploits the brain's reward systems, which means that some individuals find it very hard to control the relationship with gambling and may lose all of their wealth and sabotage their relationships as a result.

The specific behaviours associated with addiction will depend on what exactly it is. However, in most cases there is a significant impact on the individual's ability to maintain relationships with people around them.

## Violence and aggression

Being violent means to act in a way that intends to harm another person, such as hitting or threatening someone. What constitutes 'aggression' is a little broader, as this can also include threatening someone or insulting them).

Note that the factors that influence violence and aggression will be explored in detail in the next section.

### Section A3 Revision questions

1. List **four** specific behaviours that might be demonstrated by someone with a mental health problem.
2. Define 'prejudice' and 'discrimination'.
3. Read the case study below, then answer the questions beneath it.

#### **Case study**

Evan has recently been diagnosed with Obsessive Compulsive Disorder. He has high anxiety levels, but sadly his sister died recently. Since that happened his anxiety has been extremely high and he has been struggling to function.

- a) List **three** specific behaviours associated with anxiety disorder that Evan might exhibit.
- b) List **three** specific behaviours associated with bereavement that Evan might exhibit.

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## Chapter B: Examining how psychological perspectives to the management and treatment of service users behaviours

### B1: Factors that affect human development and specific behaviours

Every person is an individual, with a different set of circumstances and experiences that influence how they develop and the specific behaviours they use. This section will provide you with some examples of factors that influence human development and behaviour. However, the examples are not an exhaustive list – there is a near-infinite number of ways that an individual's development can be influenced!

#### Physical factors

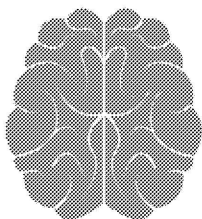
##### *Applied activity*

How has your diet been in the last three days? Make a list of foods you've consumed, and judge whether they are more likely to have a positive or detrimental impact upon your mental well-being.



Physical factors relate to an individual's body and the biological processes. The quality of someone's diet is one such factor. It is shown that following a healthy diet can support mental health. A right balance of nutritious food can help to support mental health. Eating regularly can also help to avoid crashes. Crashes have been linked to feelings of irritability. Diet is also important for mental well-being, as it can be used to support and reduce the risk of developing mental health problems. Unfortunately many people in the UK do not eat a healthy diet.

Substance usage is another physical factor which can influence mental well-being. For instance, people who are heavy drinkers are at a greater risk of developing anxiety and depression. The use of illegal drugs – such as cocaine and ecstasy – can provide a temporary high in the short term, but withdrawing from the drugs can cause an extremely low mood and irritability.



How well-rested we are also has an impact on our mental state. Disruptions to our **circadian rhythms** influence how effective our cognitive processing is, and can increase the risk of serious health conditions (e.g. cardiovascular disease) in the long term.

Another key physical factor is whether or not an individual has a brain injury. Depending on where the damage is located, many processes may be affected. For example, damage to the amygdala can affect the experience of fear.

##### *Research activity*

Look up how damage to different areas of the brain can have different impacts on mental health or personality.

##### *Did you know?*

'Caffeine use disorder' has been listed as being worthy of future research by the DSM-5 Manual of Mental Disorders (a well-established manual for diagnosing mental health conditions).

This means it is not yet an official diagnosis, but could become one in the future. An excessive use of caffeine, which has a detrimental impact on health, well-being and mental health.

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## Social, cultural and emotional factors

Human beings do not exist in isolation – for most people, their relationships with family and colleagues) are hugely important and influential in their lives. If these relationships are strong, the individual is much more likely to have a better standard of mental well-being. Talking to someone you can turn to and speak to about your problems helps to build your confidence in tackling difficulties, and supportive relationships are more likely to praise you and encourage you, which can raise your self-esteem.

**Culture** refers to shared norms, values, behaviours, customs etc. of a community or group of people. An individual's culture is likely to have an influence on the way they act, behave and feel throughout their lives. For example, in some cultures, expression of your emotions may be encouraged. In cultures which are more reserved, the open display of emotions may be discouraged. This can lead to some individuals struggling to access support with their mental health when they need it.

### Applied activity

Do you think that emotions are universal – do people from all areas of the world experience them the same way? Discuss with a partner, and make notes on the emotions you think are universal (if any). How could this be tested?

### Case study

Ron is 55, and works as an accountant. Throughout most of his life, he has experienced significant periods of low mood. These cause him to lose a lot of his motivation and enjoyment of life, and he tends to withdraw himself socially. As a coping strategy, his consumption of alcohol increases and sometimes he smokes cigarettes.

A close friend recently told Ron he was worried about him, and suggested that Ron looks into psychotherapy. Ron dismissed the idea, and told his friend that he doesn't feel going to therapy is a very 'manly' thing to do. Ron said that he would rather deal with it on his own, and doesn't need any help.



### Applied activity

Read Ron's case study with a partner – what are the social and cultural factors affecting Ron's mental health?

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## Economic factors



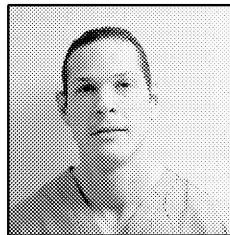
Key economic factors include how wealthy we are, and with a high income level is more likely to be able to afford positive mental health, such as nutritious food, leisure and housing. On the other hand, someone with a low income has fewer things. They are also more likely to suffer from chronic stress, worried about how they are going to pay their bills and rent. Furthermore, individuals on a low income may not be able to order to access health and social care services. This means that people with mental health needs may be less likely to seek support if they are located a long way from where they live.

Being in employment can have a positive or detrimental influence on an individual's well-being, depending on their circumstances. Someone in a well-paid job that they enjoy, with supportive colleagues and opportunities to progress and build their skills, are likely to be satisfied with their employment. Their self-esteem and **self-efficacy** is likely to be higher, and they are less likely to be stressed out about paying their bills.

Consider the alternative – an individual who is in a stressful, high-pressure job, with a hostile boss, and is not paid very well. This individual is much more likely to develop mental health conditions as a result, and may have to take time off work due to stress. This reduces the knock-on effect on their circumstances, and could cause additional stress as a result.

### Case study

Gerald is 45, and has recently had to give up his job as a nurse. This is because he injured his back whilst attempting to lift a patient, in an unsafe position. He has regained mobility, but is still experiencing a great deal of pain. He has had to go onto welfare benefits, as he no longer has an income from his job. His wife, Julie, is still working but spends a lot of time acting as Gerald's carer as he is less able to do the things he used to do.



### Application

Read the case study and Julie's story, and follow the steps below.

- How would you support Gerald?
- How would you support Julie?

### Research activity

Look up the different welfare benefits that might be available to somebody that is unemployed and disabled. Do you think these are enough to live on? Discuss with a partner.

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## Factors relating to the physical environment

Environmental factors are those which relate to aspects of the physical circumstances. Use the table below to learn about a few different environmental factors, and how they affect well-being.

<b>Air pollution</b>	Inhaling harmful toxins in the air – caused by traffic fumes – is a cause of many serious health conditions, e.g. raised blood pressure. Those with <b>asthma</b> may also find that their symptoms are exacerbated.
<b>Noise pollution</b>	People living in areas with high levels of noise may be more stressed and sleep can be disturbed. This can have a knock-on effect on an individual's life (e.g. struggling to concentrate at work/school).
<b>Poor housing conditions</b>	Homes with insufficient heating may lead to conditions worsening respiratory conditions. If an individual's home contains structural hazards which could cause injury, this could cause stress.
<b>Availability of green space</b>	People who live near to open, green and safe spaces are more likely to exercise outside and obtain fresh air.
<b>Availability of nearby facilities</b>	Being able to access health and social care services easily contributes to good health. Additionally, if an individual lives near to shopping facilities, this enables them to obtain the produce they need to have a healthy diet.

### *Did you know?*

Noise pollution affects animals negatively too. For example, some species – such as owls and bats – find it more difficult to locate prey in noisier areas.



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## Psychological

One psychological factor concerns how people are treated emotionally through their lives by others, as this can have a significant impact on later psychological development and the specific behaviours used by an individual. If a child is criticised excessively and harshly in their early years by their parents, they are likely to suffer low self-esteem and be low in confidence (compared to a child who has not been treated in this way). They may be less likely to try new things, and may have a high degree of anxiety about interacting with other people. They may be withdrawn, and may struggle to express how they feel to others.

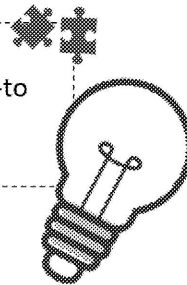
Another key psychological factor is the styles of coping adopted by individuals when going through challenging circumstances in their lives. For instance, people who tend to react to negative life events (such as bereavement or divorce) with denial or resistance to change may find it harder to adapt to their new circumstances. An individual who takes a more proactive approach to coping, or views a change in circumstances as a new opportunity for personal growth, is much more likely to adapt to their new circumstances more effectively.

### Did you know?

Different child's development whilst 'parenting' involve different parenting ground. boundaries supportive authority to have positive

### Applied activity

How do you usually cope with a problem? What is your go-to coping strategy? Do you think this is a positive form of coping, or not? Make some notes about your ideas.



## Section B1 Revision questions

1. Explain **two** ways that economic factors could positively influence a mental well-being.
2. Explain **two** physical factors that could have a negative influence on being.
3. Read the case study below, then answer the questions beneath it.

### Case study

Geoff is 60, and lives in a small rural village. In his community, many people find it socially acceptable for men to express sadness. He has been living alone for a while as his wife died unexpectedly. Some of his family members have tried to talk to him but he says that everything is fine and that he doesn't need any help.

- a) Explain a cultural factor that could be affecting Geoff's mental health.
- b) Explain a psychological factor that could be affecting Geoff's mental health.

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## B2: Contribution of psychological perspectives to the management of behaviour

This section will further describe how key psychological perspectives can be applied to understand and manage behaviours. These will be illustrated with examples and activities to help you understand how they can be relevant to real-world practice.

### Cognitive behavioural therapy

Cognitive therapies such as Cognitive Behavioural Therapy (CBT) involve challenging thoughts and changing thinking patterns and are often first-line treatments for depression. The psychologist Aaron Beck believed that depression could be understood by recognising the influence of a person's negative thoughts. He believed that depressed individuals showed three kinds of negative beliefs (called the **cognitive triad**):

1. **Themselves** – they view themselves as worthless
2. **The world** – they view the world as a terrible place
3. **The future** – they view the future as hopeless because they cannot change how useless they are

Part of CBT involves targeting the automatic cognitions/thoughts that alter our perceptions, called 'cognitive distortions'.

#### Applied activity

Burns (1989) identified several different kinds of cognitive distortion. These are examples provided of each. Can you think of one more example for each?

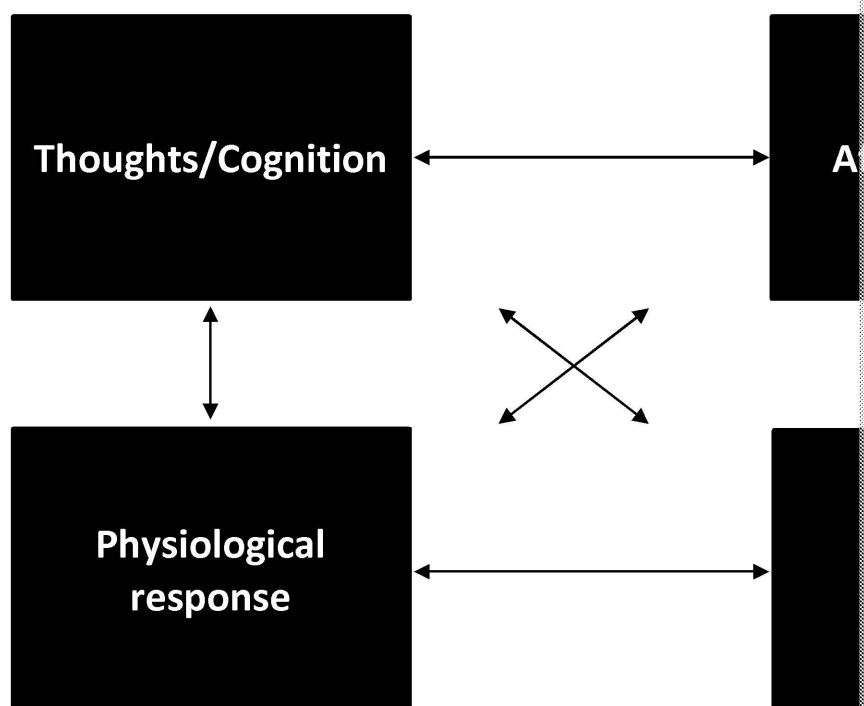
Cognitive distortion	Example
<b>Overgeneralisation</b> <i>Taking one example of a negative thing and taking it to mean that everything is the same</i>	'I failed an exam so I am a complete failure'
<b>Filtering</b> <i>Focusing only on negative aspects and ignoring positive aspects of a situation</i>	A person receives their GCSE grades and the other is a grade D. The person focuses on the D and ignores all of their other grades
<b>Personalisation</b> <i>Attributing a failure or a problem to yourself when it is likely caused by factors you cannot control</i>	'If I had been there, I could have done something to prevent the fight from happening'
<b>Magnification and minimisation</b> <i>Magnification is enhancing the positive qualities of someone else and minimisation is de-emphasising your own personal qualities</i>	Someone does very well on a test and you think they are very intelligent to do so well. You do not think you just got lucky.
<b>All-or-nothing thinking</b> <i>Black-and-white thinking; something is either completely good or completely bad.</i>	'My marriage was a complete disaster'

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CBT can involve the following features:

- **Activity scheduling:** a person schedules activities to do for each day of the week to increase in activity.
  - Activities are divided into three types: routine activities (e.g. showering and work) and pleasurable activities (e.g. meeting friends for a coffee and a walk).
  - The focus of activity scheduling is on pleasurable activities.
  - Activity scheduling encourages depressed individuals to escape from negative thoughts and concentrate on more positive life goals.
- **Encouraging awareness of automatic cognitions.**
  - By recognising and acknowledging that these cognitions are automatic rather than based on evidence, clients can see that cognitions are changeable.
- **Looking at evidence for interpretations.**
  - Clients look at the evidence for and against their distorted interpretations of events.
  - This allows clients to move away from automatic conditions and to examine the reality of the evidence.
  - After examining the evidence for an interpretation, clients are encouraged to choose an interpretation based on this evidence that conforms to reality.
  - Often, this evidence is provided by the client themselves.
    - For instance, a client's homework from a previous session may be 'I was told that someone said to them that week.'
    - This evidence is then used in a later session as evidence to challenge the client's 'I am not good enough'.
- **The cognition, affect, physical response and behaviour link.**
  - At the heart of CBT is the idea that thoughts, emotions, physiological responses and behaviours are all equally as important.
  - There is a bi-directional relationship between each of the four, meaning that each can influence the others.
  - The figure below illustrates these relationships.



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## Applications of cognitive behavioural therapy (CBT)

CBT has been applied to many different needs and behaviours. The table below provides an overview of the application of CBT techniques in several areas.

Area	Application
<i>Treatment of phobias</i>	This would involve a client testing the reality of their fears. For instance, the individual may go into a situation and experience the consequences of that situation. If necessary, a therapist can help to correct the automatic negative beliefs and behaviours causing the individual fear.
<i>Mental illness</i>	CBT has been applied to a wide range of mental health conditions. The most commonly-studied are depression and anxiety. The general principles of CBT will remain the same (i.e. identifying and examining their impact of feelings, behaviours, and thoughts).
<i>Post-traumatic stress disorder (PTSD)</i>	This is a type of anxiety disorder which occurs after a traumatic event. PTSD is characterised by distressing thoughts (re-experiencing) the event. Individuals may struggle with being emotionally numb, and may struggle with concentration. CBT may help someone with PTSD identify negative thoughts and more positive interpretations. For instance, someone who has experienced a traumatic event may feel they could have done more to stop it. CBT can help their cognitions to be less emotionally distressing.
<i>Challenging behaviour</i>	Depending on the health and social care settings you work in, you may come across <b>challenging behaviour</b> by service users. This is often triggered by automatic, negative interpretations of situations. CBT can help identify these and find an alternative, more positive interpretation. This makes these behaviours less likely to occur.
<i>Monitoring and improving behaviour</i>	If someone is receiving CBT, they are likely to meet with their therapist on a regular basis, across a number of weeks. Procedures will be used to monitor individuals' progress, e.g. by measuring the level of anxiety at the start of each session. Meetings regularly with a therapist can also help to identify any obstacles experienced, so that strategies can be put in place to overcome them.

### Did you know?

The initiative 'Increasing Access to Psychological Therapies' – aka IAPT – was introduced by the NHS as a way of ensuring more people were able to obtain mental health support. Part of IAPT included training a greater number of therapists to provide CBT.

### Case study

Fiona is 20, and has had her first session with CBT therapist to help with her anxiety. She spoke with her therapist about the situations which cause her anxiety, and the kinds of symptoms she experiences.

For example, meetings with her boss at work have been causing her to have panic attacks, because of how critical she is. Fiona and her therapist reviewed several of these situations, and made notes on how Fiona would automatically interpret these situations.



### Applied activity

Read Fiona's case study and identify the automatic cognition, emotion and behaviour.

Have a go at designing a CBT plan specifically for Fiona.

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## Social learning theory

Social learning theory (which was described in full in Sections A1 and A2) can also be used to explain and influence behaviours in health and social care settings.

### Use of positive role models

As a reminder, part of social learning theory concerns the influence of role models on another individual's behaviour. Positive role models demonstrate appropriate ways of behaving, which is applicable in a wide range of health-related scenarios. For example, having a famous and positively regarded celebrity speak openly about their mental health problems and treatments available can help to reduce the stigma around mental health difficulties. People who look up to this individual may be more likely to seek help themselves as a result. Role models can also influence individuals' levels of **prosocial behaviour**. Seeing a person they look up to acting in a non-hostile, positive manner towards others makes an individual more likely to imitate these behaviours.

### Treatment of eating disorders

One factor that can be influential in the development of **eating disorders** (for at least some individuals) is exposure to role models with unattainable levels of thinness. In trying to emulate these role models, individuals may engage in extreme dieting and levels of exercise, which can lead to the development of an eating disorder.

According to social learning theory, eating disorders could be treated by replacing role models with role models with a more realistic body shape. This could help to promote a healthier body image and provide a more appropriate role model for the individual to imitate.

#### Case study

Gabriel is 62, and lives with his wife Ann. He has been receiving letters from the NHS inviting him to complete a home testing kit to screen for possible bowel cancer, due to his age. He has always ignored it, as he doesn't feel he's at risk. He's always followed a healthy diet and no one else in his family has ever had bowel cancer.



**Applied activity**  
Read Brian's story and discuss how positive role models can encourage people to take action on cancer screening.

## Role of psychodynamic perspectives

As described in Sections A1 and A2 in detail, the psychodynamic perspective is primarily concerned with the unconscious mind and early experiences in influencing an individual's behaviour. This section explains some of the ways that psychodynamic perspectives can be applied to understand and influence behaviours.

### Psychoanalysis

This is a type of therapy based on the principles of the psychodynamic perspective. It aims to explore the unconscious thoughts and feelings of an individual, and was originally developed by Sigmund Freud. During psychoanalysis, difficulties during childhood development may be uncovered, or traumatic experiences which have been **repressed**. Psychoanalysis typically takes place over a great number of sessions with the therapist.

Psychoanalysis can help explain why patients feel and behave the way they do presently, even though they may not be aware of it. By identifying these early painful experiences, the client should feel a sense of relief as the underlying, unconscious trauma is released. This is termed '**catharsis**'.

### Exploration of factors influencing behaviours

Psychodynamic perspectives can be used to investigate possible, underlying motives for individuals' behaviours. For instance, a fixation at the oral stage of development could lead to an individual's smoking habit or disordered eating. What are some of the factors that psychologists have proposed to uncover these unconscious factors?

**Hypnosis:** Hypnosis involves putting someone into a very relaxed state where they are highly susceptible to suggestions and distractions. This creates a high level of focus which helps the patient recall repressed memories. However, individuals are very susceptible to suggestion in this stage which can be useful in directing the course of therapy. However, it can also increase the chances of patients reporting inaccurate or false memories.

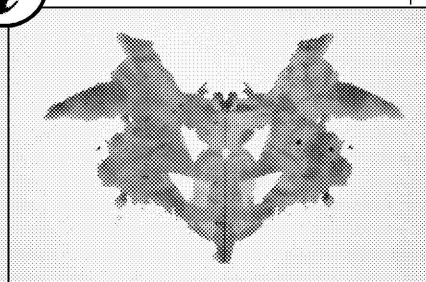
**Free association:** This involves speaking freely of whatever comes to the mind of the patient without any conscious control or direction of a normal conversation. Themes that appear to be unrelated are often explored. The therapist may provide a word and the patient is to respond immediately.

**Dream analysis:** Freud believed that our unconscious desires were shown in dreams. The analyst uses the use of symbolism. The obvious connections between the different dream elements are explored. The analyst examines the symbolism behind the elements.



#### Did you know?

The Rorschach ink blot test involves showing a patient a series of slides with symmetrically shaped blots of ink and they must report what they see. It was believed that patients project their unconscious thoughts onto the blots. Analysis is based on the content, comments made and the time before a response.



#### Application

Look at the image above. Make a list of possible interpretations.

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## Humanistic perspectives

Humanistic perspectives focus on service users as individuals, and emphasise the working to achieve an individual's full potential.

### Person-centred counselling

This is also referred to using terms such as client-centred therapy, Rogerian therapy and was covered in detail in Sections A1 and A2. As a brief summary, person-centred therapy allows the client to take the lead in the therapy's direction. In this way, the client is the expert rather than the therapist. The therapist listens to the client speak and reflect back things they have said. The three core conditions are congruence, unconditional positive regard and empathetic understanding.

You should refer back to Sections A1 and A2 for a full recap of key features of client-centred therapy.

#### Case study

Myra is 35, and has recently started attending person-centred counselling, after losing her job and becoming quite down and anxious. This is her second session with her therapist, and she does not yet feel fully able to open up to them.

Myra has noticed that her therapist often cuts in when she is speaking, and makes a lot of suggestions about what Myra should do to solve her problems. Myra also feels that her therapist is critical of her efforts to improve her situation so far.



#### Applied activity

Read Myra's case study and answer the following questions.

- In what ways is Myra not behaving according to person-centred therapy?
- How should Myra's therapist behave according to person-centred therapy?

#### Research activity

Look up how someone might train to become a person-centred counsellor. Which qualifications would you need?

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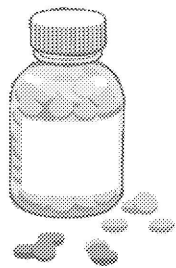


## Biological perspectives

Biological perspectives start from the assumption that bodily processes influence our mental state. If these processes are imbalanced, this could cause an individual to have difficulties with their mental health. Identifying and correcting these imbalances is required to restore a more adaptive state of mental functioning, according to biological perspectives.

### Drugs

Sections A1 and A2 briefly covered the ways in which medication can be used to influence an individual's psychological functioning, and as a treatment method for mental health problems. We will explore this in a little bit more detail here.



Selective serotonin reuptake inhibitors (SSRIs) are a commonly used antidepressant medication. These work by increasing the amount of serotonin (a neurotransmitter) in the brain, by blocking the sites where it is reabsorbed. This means that there is a greater quantity of serotonin in the **synaptic gap** which treats the deficit of serotonin. This process is hypothesised to improve mood.

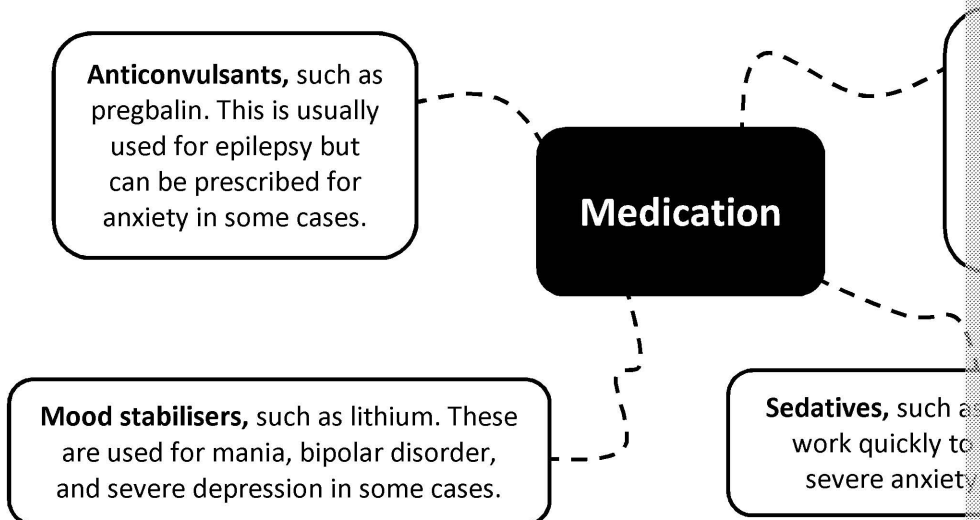
SSRIs are not the only type of antidepressant available. For instance, serotonin-noradrenaline reuptake inhibitors (SNRIs) block reuptake of both serotonin *and* **noradrenaline**. Tricyclic antidepressants are an older form of medication, and also work by increasing the amounts of serotonin and noradrenaline in the brain. However, tricyclic medications also have an impact on other chemicals in the brain, which means they often have worse side effects than newer drugs. Common tricyclic side effects include nausea, dry mouth and headaches and less common side effects include anxiety, appetite changes, confusion and drowsiness.

**Did you know?**

St John's Wort is a natural supplement that many people find useful in treating depression. However, it interacts with many other drugs, including those used for contraception, so combining the two can be dangerous.

There is also some evidence to suggest that tricyclics may lead to an increased risk of suicidal behaviour in some individuals with depression. Intentional overdose of tricyclics is often fatal as it has severe effects on the cardiovascular and nervous systems. In comparison, SSRIs are considered safer as overdoses are relatively rare, which makes them appropriate for those with co-morbid conditions.

Look at the spider diagram below to learn about some other forms of mental health medication.

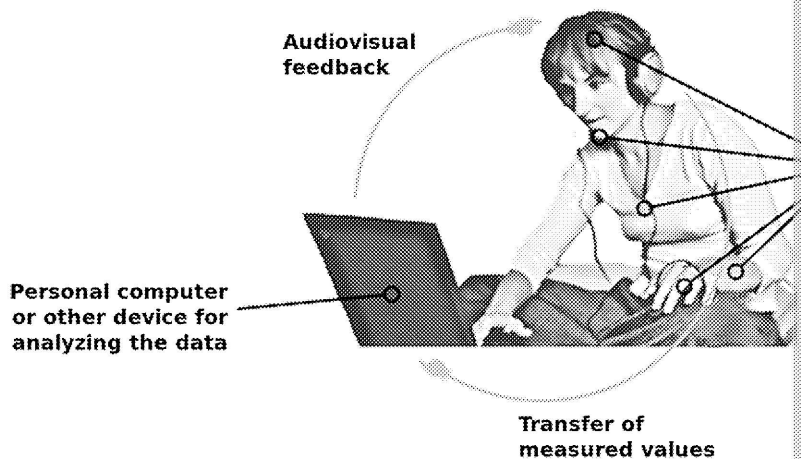


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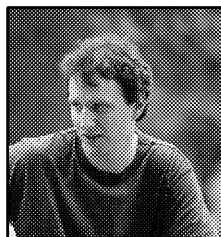
## Biofeedback

This is a technique which involves gaining a greater awareness and understanding and altering these processes via relaxation. For instance, during stressful situations your body such as an increased heart rate, sweating, and quickened breathing. Data sensors (e.g. electrodes) are attached to the skin to detect these processes. These are displayed, and the individual engages in relaxation processes (e.g. breathing exercises) to bring physiological indicators down to a less aroused state. Biofeedback can be used with anxiety, and can also be applied to physical health conditions, such as high blood pressure and pain disorders.



### Case study

Joel is 23 and has been feeling quite stressed out recently. He decides to download a smartphone app based on the principles of biofeedback, to see if it can help. The app works by detecting the user's heart rate, and giving guidance on breathing exercises which can promote relaxation.



### Applied activity

Read Joel's case study and discuss the difference between biofeedback and relaxation using technology. How can this be a 'self-help' for stress?

Which would you recommend for Joel? Or discuss with your class.

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## B3: Contribution of psychological perspectives to the treatment of behavioural issues

Psychological perspectives have been extremely useful for developing different treatments for behavioural issues. This section will explore some of the key aspects of, and issues in providing, these treatments.

### Interventions – use of perspectives to inform of therapeutic practices

The range of key psychological perspectives (described in detail in Sections A1 and A2) has made significant contributions to our knowledge about what can cause different behaviours. This knowledge has helped to develop appropriate treatments for individuals (many of which were described in Section A3).

The perspective that a psychologist takes will influence what is believed to be the cause of a problem. For instance, a cognitive psychologist treating obsessive-compulsive disorder (OCD) would focus on identifying problematic patterns of thinking, and attempt to replace these with a more healthy way of thinking. A biological psychologist would be more likely to prescribe medications to treat the physical symptoms and anxiety associated with OCD.

#### Applied activity

Using your knowledge from earlier sections of this Course Companion, write a quick sentence to answer each of the following questions:

- How could the *behavioural* perspective contribute toward therapeutic practices for OCD?
- How could the *psychodynamic* perspective contribute toward therapeutic practices for OCD?
- How could the *humanistic* perspective contribute toward therapeutic practices for OCD?

#### Did you know?

Explanations of mental health issues were extremely different in the past compared to today. In medieval times, people experiencing mental health issues were viewed as being possessed by evil spirits. This led to exorcisms being performed by priests in an attempt to drive the spirits from the person.

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## Therapeutic practices as relevant to behaviour

Different approaches to therapy are likely to be taken depending on the individual and the context, and the range of which styles of treatment are available at a particular service (or in a particular locality).

### Group therapy

This is a format of delivering talking therapies, which involves carrying out sessions in small groups. Usually, group members will have something in common – perhaps they all have a diagnosis of depression or bipolar disorder. A therapist will lead the discussions in the group, and the conduct of the group remains supportive, encouraging and appropriate. Group therapy helps people to learn from the experiences of others, as people can share tips about how to cope with their symptoms or lifestyle changes they have made. Group therapy is particularly important for encouraging the development of social skills, as other group members can provide useful and constructive feedback on the way an individual interacts with others.

### Family therapy

In many circumstances, the quality of relationships with family members or in the community is a significant contributing factor to an individual's mental health. Family therapy involves working with relevant individuals – such as parents, siblings or a spouse – into the programme. By understanding the dynamics at play in the family environment, it may be possible for the therapist to help bring about a change in the way that people in the family relate to one another. Family therapy can also help family members about an individual's mental health condition, which means they may be able to support one in a constructive and therapeutic way.

#### Case study

Will is 17, and has recently been admitted to an inpatient unit due to the severity of his eating disorder. He has been unwell for a long time, but managed to hide it from his family, who did not realise that boys could get eating disorders too. Will's psychotherapist in the hospital believes that it might be useful to provide some family therapy, to teach them about Will's condition and how to help.



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### Addiction therapy

This comprises therapeutic approaches applied to help people break free from an addiction – this could be to a substance (e.g. alcohol, nicotine/cigarettes, drugs) or to a destructive behaviour (e.g. gambling, excessive shopping).



The exact techniques used will depend on what the individual is addicted to. However, most forms of addiction therapy will help to identify the underlying causes and triggers for engaging in the relevant behaviour, and help empower people to adopt new coping strategies to overcome their addiction. For some individuals, there may be a need to first go through a **medical detox** programme, to safely clear the body of substances used.

### Behaviour modification programmes

These are based on the principles of the behavioural approach, specifically operant conditioning (e.g. A1 to A2 to recap, if necessary). In a behaviour modification programme, desirable behaviours are more likely that the behaviour is repeated, and negative behaviours are punished. Positive reinforcement of behaviours or the learning of new skills could be rewarded with praise or a treat, making them more likely to repeat the behaviour in the future.

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## Ethical issues

Treatments provided to individuals should be effective and safe, and should not violate ethical principles are detailed in the table below.

<b>Informed consent</b>	An individual has the right to know exactly what a procedure involves, and any possible side effects or adverse outcomes.
<b>Confidentiality</b>	A therapist should keep an individual's personal and confidential information private (not gossiping about it to their friends). In some cases confidentiality may be broken (e.g. if the individual shows an intent to harm themselves or others).
<b>Professional boundaries</b>	A therapist should interact with clients in a professional manner, not disclosing their personal telephone number, not flirting or engaging in a sexually inappropriate manner, and not accepting gifts or social media.
<b>Minimise harm</b>	The risks of any therapy or treatment must be weighed against the benefits, and alternative methods must be sought if the risks are too high. For instance, not all antidepressant drugs work for every individual, but cause serious side effects.
<b>Respect diversity</b>	Therapists should not discriminate against individuals based on gender, race, and religious background. Consideration should be given to an individual's unique circumstances and preferences.

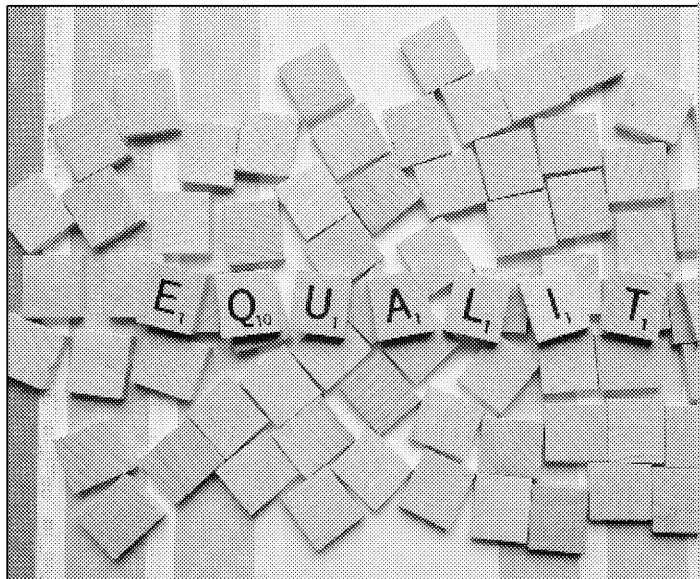
### Applied activity

In the case of serious mental health conditions, some individuals may be **'sectioned'** – this means they are legally detained for compulsory assessment and/or treatment.

Discuss this with a partner – what are the ethical implications of compulsory treatment? What are the pros and cons?



Sectioning  
detention  
risk of  
other  
assessment  
in hospital



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## How therapies work

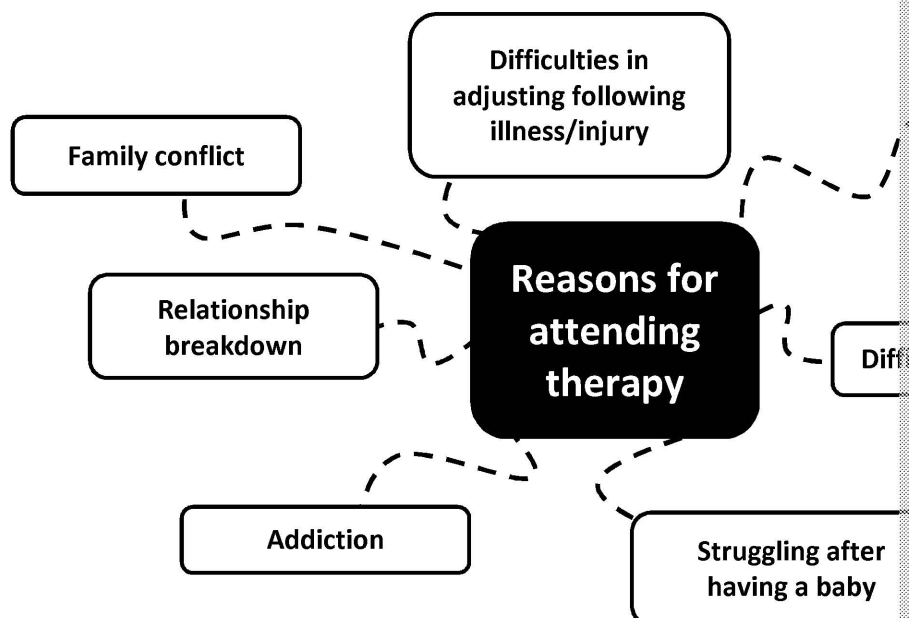
Therapies work differently, depending on what the underlying cause is and how that underlying cause, to bring about a positive change in behaviour. For instance, some people believe that a neurotransmitter imbalance to be the cause of depression. To change this, an antidepressant is prescribed, which in theory should work to reduce the individual's depression. A psychoanalytic therapist would view depression as being a result of an unresolved conflict stemming from childhood. In this case, psychoanalytic techniques would be used to bring these unconscious experiences to the conscious mind, which would work to result in the individual's depression being improved.

However, some research in psychology has uncovered some 'common factors', which can be found across many different types of psychological therapies. These are factors which are present in therapies regardless of perspective, which have a beneficial impact on an individual's mental health. This includes the concept of the 'therapeutic alliance', which concerns the relationship between the client and the therapist. A strong therapeutic alliance is one of trust and confidence and where the tasks involved in the therapy match up well with the goals of the therapist and the client.

The ability to foster and maintain such an alliance is seen as a crucial part of many therapies. To build such an alliance the therapist should try to be respectful, trustworthy, open and honest. Encouraging trust within the relationship which encourages honesty and openness by the client is also important.

## Reasons for attending therapy sessions

There are many different reasons for attending therapy, but the commonality across all is that the individual is experiencing a degree of psychological distress which is affecting their quality of life. Look at the spider diagram below to learn about some common reasons for seeking therapy.



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### Case study

Elisa is 21, and is visiting a therapist for the first time. She had a difficult childhood with lots of parental conflict, and has been struggling to achieve her goals at work. She has also just broken up with her abusive boyfriend, and the relationship has greatly impacted upon her self-esteem.



**Applied** ...  
Read Elisa's ...  
you are her ...  
any one of ...  
to therapy ...  
the others ...  
with a par...

**Sections B2 and B3 Revision questions**

1. Describe **one** technique that may be used in cognitive behavioural therapy.
2. Explain how social learning theory could contribute towards eating disorders.
3. Describe **one** technique that may be used in psychoanalysis.
4. Describe the **three** core conditions of person-centred therapy.
5. Explain how SSRI medications can work to treat depression.
6. Outline **two** ethical issues that need to be considered when providing medication.
7. Read the case study below, then answer the questions beneath it.

**Case study**

Rohan is 32, and works as an optician. He has been stressed out recently due to a heavy workload, and has been struggling to sleep. He has never had any kind of therapy, but he wants to reduce his stress levels as they are affecting his relationship with his family. His GP practitioner has offered him anti-depressant medication in the past, but did not discuss what the side effects are and how the medication would work. As a result, Rohan is not comfortable taking medication and did not get the prescription.

- a) Explain how biofeedback may be an effective approach.
- b) Describe **one** ethical issue from the case study.

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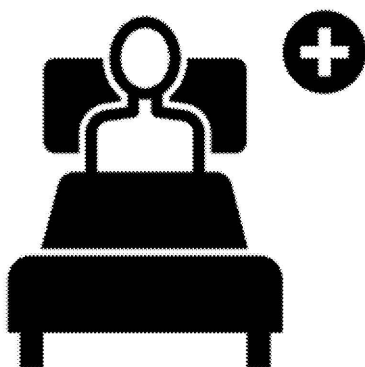


## Chapter C: Examining how psychological and social care settings

### C1: Behaviour of service users in health settings

This section will explore several key psychological explanations for why individuals do what they do. For instance, how do the actions and opinions of others influence our own conduct? What are our attitudes? Why might someone act in a hostile or aggressive manner?

#### Concept of role



The term 'role' means the set of behaviours and expected functioning of different people in society. For instance, the 'role' of a nurse is to provide care and support to people during times of ill health. There are also societal expectations which accompany the role of 'patient' or 'service user'. 'Sick role' is a term used to describe the change in expectations of an individual, when moving from their previous state of functioning (e.g. father, employee, student) to that of a patient or service user.

Expectations of them from other people will also change as a result – for example, someone who is unwell is less likely to be expected to go to work, or carry out strenuous activity. Someone in a 'sick role' is also likely to be expected to do what they can to improve their health, such as attending appointments or taking medication. If they do not perform these socially expected activities, others may judge them for not conforming to what is believed to be appropriate behaviour for patients.

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## Conformity and social influence

In this section we will examine several ways that groups can have the power to influence an individual's behaviour. We will look at conformity to both majority and minority influence, and conformity to social roles.

### Conformity to majority influence

Conforming to the majority is when an individual behaves in accordance to a group belief as this is seen as desirable behaviour. Deviating from the majority is behaving in a way that is contrary to group behaviour and is seen as undesirable.

However, just because someone changes their actions to fit in with the group, this does not mean that their private beliefs and opinions also change. This is known as '**normative influence**' – people desire to be liked and accepted by other people and to avoid ridicule, this results in acceptance of other people's point of view publicly but not privately.

Another key type of influence is '**informational influence**' – people have a fundamental desire to be right and when facing an ambiguous situation we make social comparisons with others to guide our choices. Informational influence is strongest when a decision needs to be made quickly and we believe others to have superior knowledge in the area.

#### Applied activity

Make notes on the following with a partner:

- Would you go to work if you had to avoid their disapproval?
- Have you ever done anything you didn't want to do because of group pressure?
- How would you feel if you were the only one in your group who didn't conform?

#### Normative influence

Normative influence is when people conform to the group to avoid ridicule or to be liked and accepted by other people.

#### Informational influence

Informational influence is when people conform to the group because they believe the group has superior knowledge in the area.

#### Case study

Katy is 16, and has just moved to a new college. She is speaking with other students in her Health and Social Care lessons, who are telling her about common symptoms of post-traumatic stress disorder. Katy doesn't know anything about PTSD herself, and since her peers seem to, she takes on this information and trusts it.



#### Applied activity

Read Katy's case study and answer the following questions:

- Explain how Katy is showing signs of informational influence.
- Come up with a scenario which gives an example of normative influence.

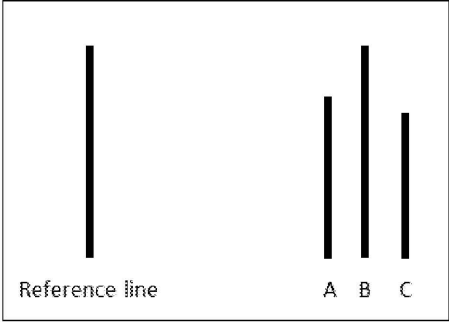
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## Asch

Asch is a psychologist, who famously studied group influence. Asch suggested that if social influence occurred during times of uncertainty it would be eliminated when the task was unambiguously right or wrong...

### Asch's (1956) study into majority influence

Asch (1956)	
<b>Aim</b>	Asch believed that if it was clear which answer was correct, people would conform (social influence would disappear). He investigated a situation where a group gave the wrong answer to an unambiguous task.
<b>Procedures</b>	<p>123 male students volunteered to take part in a study which was a vision experiment on the perception of line length. Each participant was in a group of six and was asked to state, in turn, which line was the same length as the reference line. Unknown to the participant was the fact that the five other participants were <b>confederates</b> instructed to give the incorrect answer on 12 out of 18 trials. The confederates were faced with a majority or deviant answer.</p> <div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 20px;"> <p><i>It is clear that line B is the same length as the reference line.</i></p> <p><i>Of the 18 answers given, 6 were the correct answer, 6 were the wrong answer and 6 said they didn't know.</i></p> </div> </div>
<b>Findings</b>	Out of 12 possible answers, errors given by each participant were 12. Overall 36.8% of all responses were correct. In the control group, 75% of participants conformed on every trial and 23.6% did not conform on any trial. In the experimental group, 75% of participants conformed on every trial and 23.6% did not conform on any trial. In the control group, less than 1% gave incorrect answers.
<b>Conclusions</b>	This suggests that the social influence of the group is powerful. However, it also highlights the role of individual differences. In the experimental situation, some participants conformed in every trial.

**So why did people conform in Asch's study?** A post-experiment interview conducted with participants gave variations of one of three reasons why they conformed:

- Distortion of perception – a few participants came to see the lines the same length
- Distortion of judgment – some participants doubted their judgment to give the same answer as the majority
- Distortion of action – most participants complied with the group; they went along with the group internally believed the group was wrong – this is an example of normative influence

### Conformity to minority influence

We will now look at how minority influence can change the opinion of the majority group, what factors lead a minority influence to be taken seriously and explanations for why we might conform to a minority influence. To do so, we will focus on Moscovici et al.'s (1969) work in which participants had to either challenge or comply with a consistent or inconsistent minority answer.

#### Applied activity

- Discuss the following questions:
- How does a minority influence a majority?
  - Is society better off with a majority or a minority?
  - What would you do if you were in a minority?

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The research discussed so far has pointed to the powerful influence of a majority group, but is it only majority groups that are important? If majority influence was the case all the time then there would be no change or progression in society. In order for change to happen a smaller minority influence gains support and eventually becomes the majority opinion.



**How do they gain influence? A reinterpretation of Asch’s findings**

Moscovici and Faucheux (1972) argued that Asch’s study actually studied the influence of the minority. They argued that the lone participant was actually the majority as their view represented the normal answer, whereas the confederates represented the minority as they had an unusual and strange view. They suggested that the minority (the confederates) were most influential when they consistently answered. They argued that consistency leads the majority group to question their beliefs and

**Moscovici et al.’s (1969) study into the consistent minority**

Moscovici et al. (1969)	
<b>Aim</b>	To investigate how a minority can change the beliefs
<b>Procedures</b>	Participants in groups of six women, four naïve participants took part in a study on ‘colour perception’ that involved differing hues and being asked to say which colour each was. In the consistent version: the two confederates consistently reported green. In the inconsistent version: the confederates reported green 8 times and were blue 12 times. It was varied so that the confederates either were the first and second or the fourth and fifth.
<b>Findings</b>	In the consistent version, 32% of the participants gave the same answer (green) and the overall effect of conformity was reduced. In the inconsistent version: 1.25% agreed with the minority.
<b>Conclusions</b>	A minority can exert an effect on a majority group and the minority presents a consistent front.

**Why is consistency important?** There are clear advantages for a minority to express consistent opinions over inconsistent opinions:

- A united minority that presents a consistent opinion is a force that a majority is more likely to notice and consider
- Consistency suggests that the minority believes they are correct; inconsistency suggests uncertainty about their own opinions
- A consistent minority opinion goes against the present norms and creates doubt that these norms are correct, which promotes the majority re-evaluating their position
- When opinions appear to be given with confidence and by a minority that stands consistently, the majority will be more likely to take this opinion seriously

To change majority opinion, the minority should put forward a strong position and be consistent.

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## Conformity to social roles

Do the roles we take on to determine our behaviour? To examine this, we will look at Zimbardo's Stanford prison experiment where participants role-played either guards or prisoners. We will use this research to investigate the readiness with which we adopt social roles and how our behaviour changes as a result of role adoption.

**Applied activity**  
 Discuss the following questions:

- Is our behaviour influenced by social roles?
- What factors influence our behaviour?

### Zimbardo

Zimbardo et al. (1973)	
<b>Aim</b>	To investigate how easily participants would adapt to the roles of guard and prisoner – and whether behaviour could be explained by dispositional (personality) or situational factors
<b>Procedure</b>	Participants were paid to take part in a two-week study. They were checked to be physically and mentally healthy before the study. Volunteers were randomly allocated the role of prisoner or guard. Prisoners were arrested in the middle of the night and taken to the prison. They were stripped, given smocks to wear and referred to by their prison number. Guards in contrast wore a uniform, a baton and were instructed not to allow prisoners to make eye contact.
<b>Findings</b>	Participants readily conformed to their roles with guards acting brutal and prisoners developing a strong sense of helplessness. Guards humiliated themselves by getting prisoners to do pointless tasks, worked the night and became aggressive if the prisoners did not obey. Prisoners showed signs of extreme distress within 36 hours after showing signs of severe depression. The study was ended after just six days to avoid further harm to the participants.
<b>Conclusions</b>	Zimbardo interpreted the results as that situational factors influenced behaviour and that normal healthy individuals with no evidence of mental illness could be induced to perform cruel acts as part of their role.

Why did participants act as they did? Zimbardo thought that the situational factor of 'deindividuation' of people; that is, they lost their sense of personal identity when they adopted the roles they had been given:

- Prisoners wore identical smocks which removed their sense of individuality
- Prisoners were addressed by only their prison number which dehumanised them
- Guards wore reflective glasses that did not allow the prisoners to make eye contact which gave the guards a sense of anonymity
- Guards wore uniforms and carried batons which differentiated them from the prisoners despite the fact that they had only been allocated roles arbitrarily

However, there are serious ethical problems with Zimbardo's research. Participants who played prisoners suffered abuse and humiliation at the hands of the guards which left some showing signs of depression and helplessness. The guards were often shocked that they had behaved in such a way and had to live with the consequences of how they treated the prisoners. Other critiques of Zimbardo's research include claims that the artificial nature of the study means that the findings may not translate to real-world situations.

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## Obedience

In this section we introduce the topic of authority figures and their social influence, whereby an individual has the choice whether to comply with or defy an order. This will involve an in-depth examination of Milgram's (1963) study of obedience and how situational factors influence whether or not an individual will obey. We will look at Milgram's explanations for obedience and criticisms for these explanations.

### Applied activity

Discuss the following:

- Under what circumstances would you obey an order?
- How much does the situation influence your decision?
- If you do sometimes obey orders to do something you do not want to do, how do you justify this?

**Obedience** to authority is a special type of social influence in which someone acts in response to an order from an authority figure. They may act in a way that they would not have without the order, for example, they may commit an act of violence under an order when they would normally be shocked by the idea.

One impetus for the study of obedience was an interest in who was responsible for the Holocaust. Some of those who went on trial for crimes against humanity argued that they had no choice. The question was: were the German people at the time uniquely susceptible to the situation or is obedience something we are all susceptible to?

### Milgram

Milgram (1963)	
<b>Aim</b>	Milgram wanted to investigate the extent to which individuals would obey an authority figure if it was apparent that the actions would be harmful. This was operationalised as how high a voltage a participant would obey an order to be ordered to by an authority figure.
<b>Procedures</b>	<p>Forty adult males replied to a paid advertised study on the learning. On arrival at Yale University the participant met a middle-aged accountant but in reality was a confederate. The confederate drew lots to see who would be the 'learner' and in this scenario and this was rigged so that the participant would be the learner.</p> <p>The teacher watched the learner being strapped to a chair attached and was then taken to another room where they were strapped to a chair and where the generator was kept. The teacher was given a key to the generator worked and was instructed to give electric shocks whenever an incorrect response was given (starting at 15 V and increasing in 15 V increments). The dial was a danger rating from 15–60 being a 'slight shock' to 450 V being a 'fatal' voltage.</p> <p>At 120 V the learner yelled out that it was becoming painful. At 150 V the learner was silent. At 300 V the learner gave no answer and at 330 V the learner gave no answer and at 360 V the learner gave no answer. At this point the teacher questioned the experimenter, the experimenter said in order:</p> <p>'Please continue.'</p> <p>'The experiment requires that you continue.'</p> <p>'It is absolutely essential that you continue.'</p> <p>'You have no other choice, you must go on.'</p>
<b>Findings</b>	Prior to the experiment Milgram asked psychologists to predict the results. They predicted that less than 1% would give the top voltage. Milgram found that every participant gave a shock of 300 V or more. 65% of participants gave a 'fatal' voltage of 450 V. Note that a later study found the same level of compliance in females – 65%.
<b>Conclusions</b>	It can be concluded that individuals are very susceptible to authority figure and that they will undertake actions that they would not otherwise undertake.

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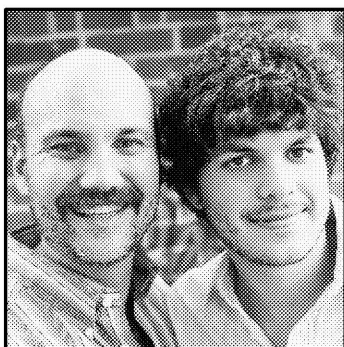


Unfortunately, Milgram's experiment also has many ethical issues. The majority of participants experienced nervousness and stress in response to the learners' responses of pain. Every participant was debriefed after the experiment which involved explaining the truth of the nature of the experiment; that obedience was a normal response; and that participants were reassured about their behaviour after the study; that obedience was a normal response. Careful debriefing may have helped minimise the damage to the participants' well-being. Milgram also arranged for a sample of the participants to be interviewed by a psychiatrist and found no long-term damage.

Furthermore, the 'ecological validity' of Milgram's study has been questioned, as it is not clear whether the findings would apply to real-life situations.

### Case study

Johannes is 27, and has recently starting working in a care home for people with learning difficulties. He has never worked in care before, so is still learning the best way to do the job. He takes a long time performing personal care, because he feels it is important to be respectful and careful with such an intimate task. His boss tells Johannes that he needs to hurry up, and that he could skip some tasks (e.g. assistance with cleaning teeth) during the process, as he feels these are not very important.



### Applied activity

Read the case study and discuss the following questions:

- Do you think Johannes should obey his boss's instructions?
- What factors might influence Johannes's decision?
- What would you advise Johannes to do?

## Attitude change



Attitude means the general way we feel about something, based on our past experiences with that thing. Although attitudes can be fixed and difficult to change, this is not always the case. Understanding an individual's attitudes is important because attitudes have a direct influence on the way a person behaves.

### Festinger

The American psychologist Leon Festinger is well known for his ideas about **cognitive dissonance**, which is a state of discomfort experienced as a result of an individual holding two contradictory opinions at the same time, or performing contradictory behaviours. For example, a healthcare worker may feel that it is important to treat every service user as an individual, but may not feel they have the time in their workday to perform actions which reflect this belief. This would lead to a state of discomfort (dissonance) as these two cognitions are contradictory.

**How is cognitive dissonance resolved?** Festinger argued that humans are driven to correct this dissonance, and re-establish a state of harmony between our beliefs (AKA cognitive consistency). There are three key ways that individuals might attempt to achieve this:

1. Change one of the attitudes/behaviours, to be in line with the other attitudes/behaviours.
2. Seek out new information that is viewed as more important than the existing information.
3. View the contradictory opinions/behaviours as of limited importance.

**Applied activity**  
Have you ever experienced cognitive dissonance? Discuss with a partner how you might resolve it.

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## Factors influencing hostility and aggression

'Hostility' means to act or speak in a way that is unfriendly and shows dislike of the target. 'Aggression' is often thought of as being physical – such as hitting or lashing out at another person – but can also be verbal, such as name-calling or threatening someone. Understanding the underlying reasons for a person's hostility or aggression can make it easier to de-escalate the situation or treat the person with empathy, which can be extremely useful in health and social care settings. The underlying cause of aggression and hostility will be viewed differently depending on the psychological perspective you take.

### Biological explanations

These focus on the role played by physiological processes for aggression. For example:

- Animal research has suggested a strong role for the amygdala in aggression.
- The neurotransmitter serotonin seems to function as an inhibitor of aggression. The more serotonin, the fewer the aggressive behaviours.
- The hormone testosterone, which is found in higher amounts in males than females, is associated with aggression.
- If aggression was completely genetic we would expect identical twins to be identical in regard to aggression. However, this is not the case and suggests that other factors influence aggression.

### Social learning theory

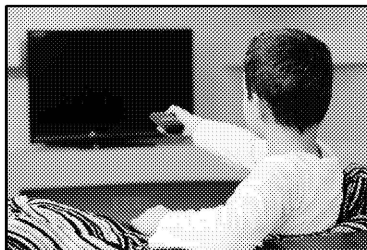
Social learning theory argues that we learn to be aggressive through observation. Behaviours that are rewarded in real life then it will be maintained. Bandura conducted several studies looking at whether children imitate the behaviours they see.

In one experiment, Bandura had children aged 3–6 watch a video of two adults (one acting aggressively to an inflatable toy called a Bobo Doll. These adults performed specific behaviours such as hitting the head with a mallet, sitting on it and saying things such as 'Pow' when they hit it). The children were then asked to play with the toys in a room, including a Bobo Doll. The children imitated the behaviours, performing replications of the precise behaviours shown in the video. Not only that, but they also performed behaviours to other toys in the room, suggesting that they would repeat the behaviours.

In another experiment, Bandura used the same video but at the end of the video the adults were either rewarded or punished for their behaviour towards the Bobo doll, or a neutral condition. This was included to investigate whether viewing the consequences of a behaviour (what happens afterwards) would alter the likelihood of the observer imitating the behaviour. Bandura found that those who saw the aggressive behaviours followed by a reward were more likely to repeat the behaviours than those who saw the behaviours punished. It seemed that those who were punished were not motivated to apply what they had learnt.

#### Case study

Bobby and Charlie are both 6, and are at primary school together. Bobby is not allowed to watch television containing any violence at home, whereas Charlie's parents are more lax and allow him to watch more adult programmes with them. Sometimes, Charlie sees characters on television acting in an aggressive way.



Apply your knowledge of this case study to the questions below.

- Question 1
- Question 2

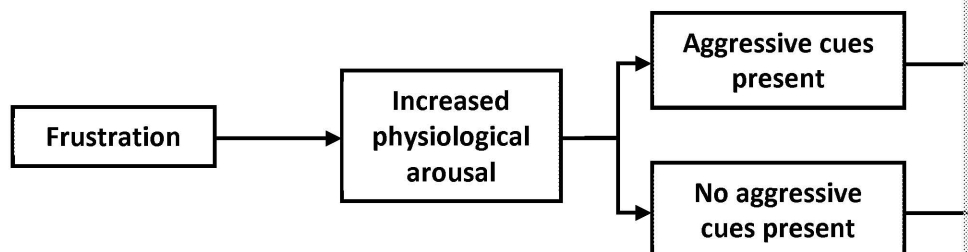
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## The frustration–aggression hypothesis

The frustration–aggression hypothesis argues that being frustrated makes a person more aggressive. Frustration is often defined as the state a person experiences when they are blocked from achieving a goal.

For example, a difficult computer game might block the reward of completing the game. This is known as 'quitting': when the gamer is frustrated to the point of quitting the game suddenly, they may exhibit aggressive behaviour such as throwing their controller across the room, hitting objects or swearing. Refer to the diagram below.



The frustration–aggression hypothesis argues that acting aggressively reduces built-up tension caused by frustration. By acting aggressively, it reduces the need to further aggress. This is known as '**catharsis**'. Frustration may or may not be displaced during aggression. **Displacement** is when a person acts out their aggression on something other than the source of frustration. For example, if you are angry at your boss you may go home and yell at your housemate.

### **Applied activity**

Recreate the diagram above which explains the frustration-aggression hypothesis, using a real-life example that you can think of.

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## C2: Practices in health and social care

This section will explore some fundamental aspects of good practice which should be followed in health and social care settings, by all health and social care staff. Adhering to these good practices ensures that service users are respected and treated with dignity, and are provided with the highest quality of care.

### Promoting independence and empowerment by respecting individual rights

Encouraging **independence** and **empowerment** of service users is a key part of respecting the rights of service users. Independence means the ability to do things for oneself – health and social care staff must encourage service users to be independent as far as is reasonably possible. This can also include teaching people new skills and the methods involved in daily living activities, which can help the service user to be more independent in the long run. If care staff do too much for service users, this can eventually lead to people losing a level of independence they previously had. It can also be disrespectful, and can lead to the service user feeling they are not capable, and may reduce their confidence if staff do too many things for them.

#### Case study

Mehdi is 21, and works at a day centre for adults with learning disabilities. Today, he is leading a class which teaches service users the steps involved in preparing a basic evening meal. He encourages service users to be involved in the class in a hands-on way, and gives service users plenty of time and opportunity to practice their skills.



Empowerment means to improve the level of choice and control that an individual has. Promoting independence is a key part of this. Empowerment is critical in health and social care services – if people are receiving services, they may already be in a difficult place and may have suffered a lack of empowerment or loss of control in previous circumstances. It is important to help service users build their confidence and self-esteem, as this impacts heavily on well-being. One way to empower service users is to ensure that certain adaptations are made so that each individual can participate fully in activities. Certain individuals have physical, intellectual, emotional or sensory impairments and may need some further adaptation in order to ensure participation.

As far as possible, the individual should be involved in making choices surrounding their care. The individual's needs and preferences should be at the centre of the care plan. How would you feel if decisions were made about your care, and you had no say or any options?

#### Research activity

Another way to empower service users is through the use of an advocate. Look up what an advocate is and how they can help. Make notes on your findings.

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## Value base of care

The values that underpin current practice in health and social care are in place to ensure individuals are provided with top-quality care and support. Care values include:

- Empowering and promoting independence
- Respect for the individual
- Maintaining confidentiality
- Preserving dignity
- Effective communication
- Safeguarding and duty of care
- Promoting anti-discriminatory practice



Health and social care staff have a duty to promote these care values in the way that they work with service users. In these are not adhered to, service users are at risk of both physical and emotional harm.

### **Applied activity**

Refer to the care values listed above. For each, can you think of one real-life example of how this care value could be upheld in a health and social care setting?

### **Sections C1 and C2 Revision questions**

1. Define the terms 'normative influence' and 'informational influence'.
2. Summarise the key findings of Zimbardo's study on conformity to social norms.
3. Define the term 'cognitive dissonance'.
4. Explain the 'frustration-aggression hypothesis' of aggression.
5. List **four** of the key care values.
6. Read the case study below, then answer the questions beneath it.

#### **Case study**

Margaret is 40, and has recently moved into a supported living service for adults with mental health problems. She used to do a lot of things for herself, but her recent difficulties have affected her confidence and self-esteem. She has been in and out of hospital as an inpatient. While living at home, she found herself to be behaving like a 'patient' during this time. While living at the supported living service, she is to regain her daily living skills. During her assessment prior to moving in to the supported living service, she was identified as a potential high-risk due to some past history of acting in a violent way towards others. She was particularly unwell in hospital, and had observed other patients acting in a violent way.

- a) Explain how Zimbardo's findings about conformity could be applied to Margaret's situation, regarding her loss of skills.
- b) Use social learning theory to explain why Margaret may have behaved in this fashion.
- c) Describe **one** way that staff could support Margaret's independence.

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## Answers to Revision Questions

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### Sections A1 and A2 – the behaviourist and social learning perspectives:

1. Classical conditioning proposes that we learn behaviours through the formation of associations. An unconditioned stimulus produces an unconditioned (i.e. unlearned) response. When this is then paired with the neutral stimulus, so that the neutral stimulus becomes a conditioned stimulus, the result, the conditioned response is produced.

Operant conditioning, on the other hand, considers the role of reinforcement in making behaviours more or less likely. If a behaviour is reinforced, we are more likely to repeat it. If a behaviour is punished, we are less likely to repeat it.

2. A self-fulfilling prophecy means that we behave in a way that matches our expectations of the situation, and the effect of this behaviour has a reinforcing effect upon these expectations.
3. a)
  - According to classical conditioning theory, social phobia may be developed through the association learnt between social situations and anxiety.
  - Social situations may have previously been a 'neutral stimulus', but through association with a social situation that caused Cara extreme anxiety, social situations have become a 'conditioned stimulus' that produces a 'conditioned response (i.e. fear).
  - Using the principles of operant conditioning, Cara's social anxiety may have been maintained in a way that means her phobia has been maintained.
  - For instance, by avoiding social situations, her phobia will have been maintained because avoiding the situations have stopped Cara from experiencing the situations and anxiety).
- b) According to social learning theory, social phobia may have been developed through the imitation of a role model. It could be that someone Cara looks up to and admires has behaved in a similar way in the past. Cara could have observed this, and learnt the behaviour.

### Sections A1 and A2 – the psychodynamic and humanistic perspectives:

1.
  - **Id:** The id strives to satisfy the individual's basic needs, such as to survive, and operates on the pleasure principle and seeks immediate gratification.
  - **Superego:** this superego represents the ideals and societal norms we have internalised.
  - **Ego:** this acts as a mediator between the id, the superego and reality. It operates on the reality principle, and controls the id in order to meet the demands of reality.
2. Self-actualising means to be in a state where we have achieved our potential as a person, which allows for higher-order functions such as the development of our inner talents. This is at the top of Maslow's hierarchy of needs.
3. a)
  - According to the psychodynamic perspective, early experiences can influence how we develop mental health problems later in life.
  - For example, Robin's parents might have been overly harsh and critical, which could lead to obsessive worries over his body, and manifest in the way he looks via his eating disorder.
  - These traumatic experiences could be buried in Robin's unconscious mind.
- b)
  - Using the humanistic perspective, Robin could have developed his eating disorder due to an incongruence between his view of himself and his ideal self.
  - His 'ideal' self could be based on unattainable images in the media, and he developed the behaviours related to an eating disorder to achieve this ideal.

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**Sections A1 and A2 – the cognitive and biological perspectives:**

1.
  - Sensorimotor stage (0–2 years)
  - Preoperational stage (2–7 years)
  - Concrete operations stage (7–11 years)
  - Formal operations stage (11+ years)
2. Having a ‘genetic predisposition’ towards a certain health condition means that genes which make it more likely that they develop a health condition. It does not mean that they will go on to develop the condition, as lifestyle and environmental factors also play a role.
3.
  - Neuro-linguistic programming (NLP) is another therapeutic approach which focuses on changing the way an individual thinks.
  - For instance, during NLP, the therapist may identify language used by the client and then attempt to change these cognitive patterns.
  - The overall aim of NLP is to ‘retrain’ the way someone thinks, in order to help them be more successful.
4.
  - a)
    - According to the biological perspective, Asha could be experiencing an imbalance of neurotransmitters in her brain.
    - For example, low levels of serotonin or dopamine could be causing her depression.
    - Alternatively, Asha may have inherited genes which make her more susceptible to depression.
    - The diathesis-stress model explains that genes interact with environmental factors to determine whether or not someone develops a mental health condition such as depression.
  - b)
    - Using the biological perspective, an appropriate treatment for Asha would be medication.
    - Some drug treatments aim to resolve biochemical imbalances by either increasing or decreasing the number of neurotransmitters produced in the synapse.
    - For example, drugs such as Selective Serotonin Reuptake Inhibitors (SSRIs) work by preventing the reuptake of serotonin which increases the amount of serotonin available in the synapse.

**Section A1 – theories of human development:**

1. According to a ‘nomothetic’ approach, commonalities and shared qualities between individuals are studied. On the other hand, an ‘idiographic’ approach involves the study of the individual.
2.
  - a)
    - A nurture approach would view Josie’s development as a result of environmental factors.
    - For example, behaviourists believe that a baby is born as a ‘blank slate’ and all is learnt.
  - b)
    - The discontinuity view would view Josie’s development as comprising of distinct stages, with clear features and achievements at each stage.
    - Piaget’s model of a child’s cognitive development is an example of this view.

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**Section A3:**

1. Any four from the below (but accept suitable alternatives):
  - Persistent low mood
  - Loss of motivation
  - Loss of enjoyment in life/activities
  - Sleep disturbances
  - Appetite changes
  - Tearfulness
  - Slower movement
  - Social withdrawal
  - Memory problems
  - Reduced functioning
  
2. **Prejudice:** pre-existing feelings about a person or group, which is usually negative  
**Discrimination:** changing your behaviour towards a person based on their group
  
3. a) Any three from the below (but accept suitable alternatives):
  - Sweating
  - Shortness of breath
  - Nausea
  - Avoidance
  - Increased heart rate
  - Dizziness
  - Sleep disturbances
  - Engagement in combat anxiety
  
- b) Any three from the below (but accept suitable alternatives):
  - Neglecting oneself
  - Denial
  - Depression
  - Hopelessness
  - Preoccupation with death
  - Withdrawal

**Section B1:**

1. Answers' content could cover any two elements from the following, to describe economic factors on mental well-being (accept suitable alternatives):
  - **Employment** – an enjoyable job; supportive colleagues; builds self-esteem; support costs of living/healthy lifestyle
  - **Income** – more able to buy healthy foods which promote optimal brain function; able to afford equipment to support fitness (e.g. bike)/gym membership; housing; more able to afford health services which are not free (e.g. dental); reduction in stress; more able to afford leisure activities.
  
2. Answers' content could cover any two elements from the following, to describe physical factors on mental well-being (accept suitable alternatives):
  - **Poor diet** – insufficient intake of healthy and nutritious food has a detrimental effect on energy levels and mental well-being.
  - **Insufficient exercise** – negative effect on energy levels and sleep; poorer concentration; increased risk of mental health conditions; being overweight could reduce self-esteem.
  - **Substance abuse** – heavy alcohol drinkers are at increased risk of mental health problems; symptoms from drugs can cause persistent low mood and irritability.
  - **Disruptions to circadian rhythm** – can impact negatively on focus and concentration.
  - **Brain injury** – damage to different areas of the brain can cause changes in memory; difficulty to perform particular tasks and memory.
  
3. a) Answers could cover the following (accept suitable alternatives):
  - The expectations of how men should behave is one cultural factor that affects mental health.
  - As men are not expected to be open about their feelings, then Geoff may not talk to his friends which could lead to a decline in his mental well-being.
  
- b) Answers could cover the following (accept suitable alternatives):
  - Geoff's style of coping could be viewed as denial, as he may be unwilling to acknowledge the impact of his wife's death on his mental state.
  - This may make him less likely to seek support from friends and family, which could lead to him becoming more isolate.

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**Sections B2 and B3:**

1. Any one from the following could be described (accept suitable alternatives).
  - **Activity scheduling:** a person schedules activities to do for each day of the week, encouraging an increase in activity.
  - **Encouraging awareness of automatic conditions:** recognising and acknowledging that some behaviours are automatic rather than based on evidence, clients can see that cognitive distortions are automatic.
  - **Examine evidence for interpretations:** look at the evidence for and against the interpretation of events.
  - **Examining the link between cognition, affect, physical response and behaviour:** explore the link between these four areas.
2. Answers' content could cover the following (accept suitable alternatives).
  - Replacing role models with unrealistic, unattainable body standards will not promote a healthier body image.
  - Observation and imitation of the healthy eating behaviours of other role models.
  - Vicarious reinforcement – viewing others being rewarded or praised for healthy eating.
3. Any one from the following could be described (accept suitable alternatives).
  - **Hypnosis:** Hypnosis involves putting someone into a very relaxed state where they are not aware of distractions. This creates a high level of focus which helps the patient recall memories. They are also very susceptible to suggestion in this stage which can be useful for treatment. However, this can also increase the chances of patients reporting inaccurate or false memories.
  - **Free association:** This involves speaking freely of whatever comes to the mind without any structure and direction of a normal conversation. Themes that appear to be unrelated are connected. The therapist may provide a word and the patient is to respond with anything that comes to mind.
  - **Dream analysis:** Freud believed that our unconscious desires were shown through the use of symbolism. The obvious connections between the dream and the real world are disregarded, instead the analyst examines the symbolism behind the elements of the dream.
4. Students should describe the following:
  - **Therapist-client congruence:** The therapist shows their real self to the client. They are only human and also make mistakes. The therapist shows clearly that they are human and this openness encourages the client to trust the therapist. In return, the client is more open and transparent and congruence between the therapist and the client will be achieved.
  - **Unconditional positive regard:** Unconditional positive regard is when the therapist shows acceptance of who they are, even when they make mistakes. This teaches the patient that it is okay to make mistakes because this allows for personal growth. Mistakes do not mean that the therapist has a negative opinion of the therapist. Under this scenario, the therapist takes over the role of the parent and shows unconditional positive regard where the parent may not have.
  - **Empathetic understanding:** Trust is of fundamental importance to the therapeutic relationship. This trust comes from the knowledge that the client will not be judged and that the therapist assumes the role of the client and shows an empathetic understanding.
5. Answers' content could cover the following (accept suitable alternatives).
  - These work by increasing the amount of serotonin (a neurotransmitter) in the synaptic cleft where they are reabsorbed.
  - This means that there is a greater quantity of serotonin in the synaptic cleft.
  - This process is hypothesised to improve mood.

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6. Answers' content is likely to cover two from the following as these were described as suitable alternatives:
- **Informed consent:** An individual has the right to know exactly what a procedure involves, and any possible side effects or adverse outcomes.
  - **Confidentiality:** A therapist should keep an individual's personal and sensitive information confidential (e.g. not gossiping about it to their friends). In some cases, confidentiality may be breached if an individual shows an intent to harm themselves or others.
  - **Professional boundaries:** A therapist should interact with clients in a professional manner, not disclosing their personal telephone number, not flirting or behaving in an inappropriate manner, and not accepting friend requests from clients on social media.
  - **Minimise harm:** The risks of any therapy or treatment must be weighed against the benefits, and alternative methods must be sought if the first approach chosen causes harm. For example, anti-depressant drugs work for everyone – they may be highly effective for one person but cause serious side effects for another.
  - **Respecting diversity:** Therapists should not discriminate against individuals based on gender, race, and religious background. Consideration must be given to individual circumstances and preferences.
7. a) Biofeedback could be an effective approach for Rohan as it may help him become aware of physiological changes which indicate he is under stress (e.g. increased heart rate), and use relaxation techniques and exercises to reduce these physiological readings to a healthier range.
- b) The issue of informed consent is described in the case study, as Rohan's lack of understanding of the full explanation of how anti-depressant medication would work for him.

#### Sections C1 and C2:

1. **Normative influence:** publicly conforming to the group's opinion or behavior, even if it involves changing one's views privately.  
**Informational influence:** changing one's private views to conform to the group's views because the group is viewed as knowing more about a topic, and is driven by the motivation to be correct.
2. Answers could cover the following content (accept any additional, correct details):
- Participants readily conformed to their roles with prison guards becoming authoritarian and prisoners developing a strong sense of helplessness.
  - Prison guards asserted themselves by getting prisoners to do pointless tasks, such as standing in the middle of the night and becoming aggressive if the prisoners did not do as instructed.
  - Prisoners showed signs of extreme distress with one participant leaving the study due to signs of severe depression.
  - The study had to be closed down after just six days to avoid further harm to the participants.
3. Cognitive dissonance is a state of discomfort experienced as a result of an individual holding two conflicting opinions at the same time, or performing contradictory behaviours.
- 4.
- The frustration–aggression hypothesis argues that being frustrated makes people more likely to respond with aggressive cues.
  - Frustration is often defined as the state a person experiences when they are blocked from achieving their goal.
  - The frustration–aggression hypothesis argues that acting aggressively reduces the level of frustration.
  - By acting aggressively, it reduces the need to further aggress.
  - This is known as 'catharsis'.

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5. Any four from:
- Empowering and promoting independence
  - Respect for the individual
  - Maintaining confidentiality
  - Preserving dignity
  - Effective communication
  - Safeguarding and duty of care
  - Promoting anti-discriminatory behaviour
6. a)
- Zimbardo found that people readily conform to their expected roles
  - In a patient role while in hospital, Margaret could have felt that she conformed in accordance with this role.
  - Patients may not be expected to do things for themselves, and staff may do things for them and take control of daily living tasks.
  - In this way, Margaret may have lost her daily living skills.
- b)
- Margaret has observed other patients behaving in an aggressive manner
  - If she looks up to these patients, they could act as role models for her
  - Patients being rewarded in some way for acting in this manner (e.g. by staff or senior staff in an attempt to resolve aggressive incidents).
  - This would make Margaret more likely to imitate this behaviour, and act aggressively.
- c) Answers could suggest content similar to the following, but accept any relevant daily living skill is identified:
- Assistance with cooking, encouraging Margaret to complete the steps
  - Giving Margaret responsibility for some tasks to help maintain the budget
  - Ensuring that Margaret feels capable of managing money e.g. budgeting

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