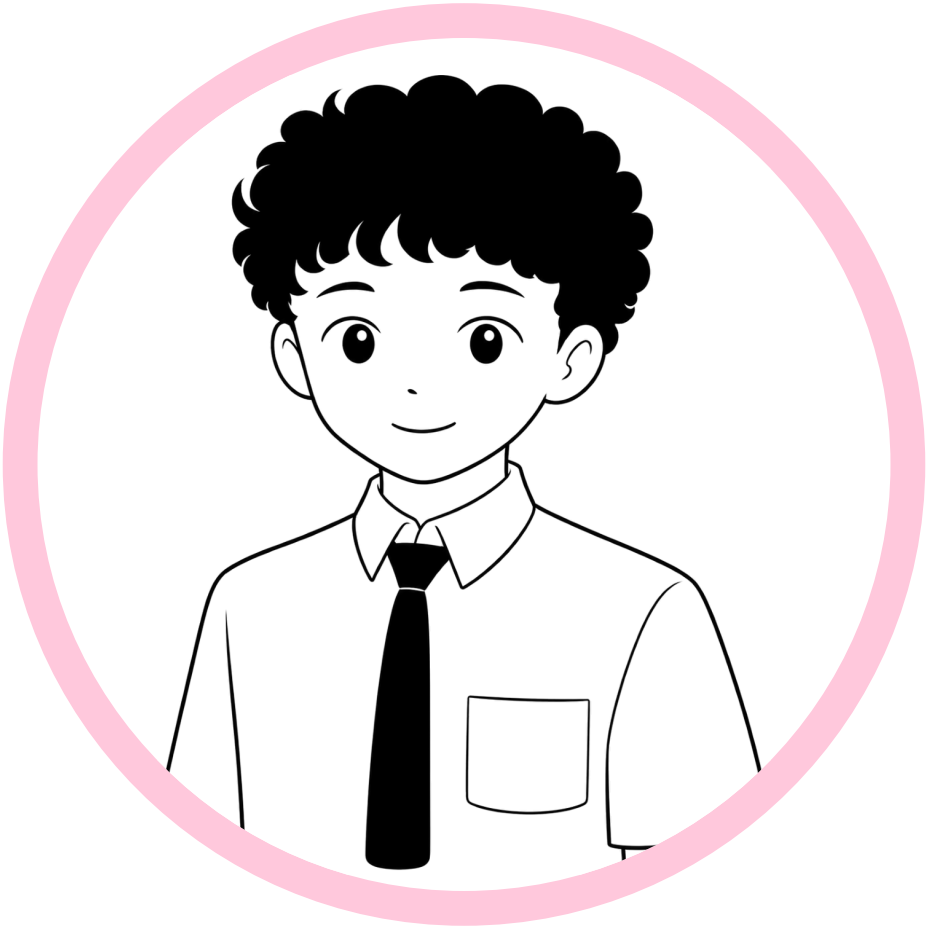
AQA A-LEVEL PSYCHOLOGY · 7182

PSYCHOLOGY



MARK SCHEME

3.1.4 PHOBIAS: EXPLANATION AND TREATMENT

SCORE	PERCENTAGE
/145	%

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Q1.

[AO1 = 1 AO2 = 1]

2 marks for a clear and coherent description of how one **behavioural** characteristic would be apparent in a person with a phobia of wasps. Some use of appropriate terminology, e.g., panic, avoidance, endurance.

1 mark for a limited or muddled description, or for an answer without application to wasps.

Possible content:

- panic – **behaviours** such as crying, running, screaming, freezing, fainting, collapsing, vomiting in the presence of a wasp
- avoidance – **behaviours** such as not going to places where wasps might be encountered, e.g., gardens or seaside
- endurance – **behaviours** such as remaining in the presence of wasp, often frozen still, e.g., not leaving a meeting

NOTE: no marks for simply identifying a behavioural characteristic such as panic, avoidance or endurance.

[2]

Q2.

[AO1 = 1 AO2 = 1]

2 marks for a clear and coherent description of how one **emotional** characteristic would be apparent in a person with a phobia of wasps. Some use of appropriate terminology, e.g., anxiety or fear.

1 mark for a limited or muddled description, or for an answer without application to wasps.

Possible content:

- anxiety – feelings of worry / distress in the presence of wasps

- fear – feelings of terror / feeling scared, e.g., about dying from a wasp's sting.

NOTE: no marks for simply identifying an emotional characteristic such as fear or anxiety.

[2]

Q3.

[AO1 = 2 AO2 = 2]

Hierarchy

1 mark for an explanation of how a hierarchy is created – this is a list designed by the therapist and client into an order of least feared to most feared situations.

1 mark for application of knowledge of a hierarchy to the wasp phobia – the client and therapist will identify fearful situations involving a wasp such a seeing a picture of a wasp or seeing one in a jar and will rank these from lowest to highest.

Relaxation

1 mark for – the client will use relaxation by controlling their breathing / focusing / visualising a peaceful scene / progressive muscle relaxation / using anti-anxiety drugs.

1 mark for application of knowledge of relaxation to the wasp phobia, e.g., showing them a picture of a wasp and encouraging the client to use their calming technique(s) to relax and not moving on until they are relaxed.

Credit answers where application is embedded in the description.

[4]

Q4.

[AO1 = 2]

2 marks for a clear and coherent outline of flooding including all three bullet points.

1 mark for an outline that only includes one or two bullet points.

Content:

- immediate/direct/full exposure
- prevention of avoidance
- until they are calm/anxiety has receded/fear is extinguished

Q5.

[AO1 = 2]

2 marks for a clear and coherent outline of systematic desensitisation including all three bullet points.

1 mark for an outline that only includes one or two bullet points.

Content:

- relaxation training
- anxiety hierarchy
- gradual exposure to the anxiety hierarchy.

Q6.

[AO3 = 2]

2 marks for a brief discussion of why systematic desensitisation might be a more successful treatment for phobias than flooding.

1 mark for a muddled or limited discussion.

Possible content:

- systematic desensitisation (SD) might be more successful as it allows people to make progress in small steps/in their own time scale rather than that required by the therapist – client in control.
- SD generally has low attrition rates/high completion rates because the gradual process of the therapy allows respite – the relaxation is pleasant.

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- SD may be more successful for certain individuals, e.g. children, people with certain health conditions.
- SD may be less traumatic leading to more people completing the treatment, and suitable for a wider range of clients.

Accept other relevant information, e.g. reasons why SD may be less successful.

Q7.

[AO1 = 6]

Level	Marks	Description
3	5 – 6	Knowledge of one or more ways in which behaviourists treat phobias is clear and generally accurate. Specialist terminology is used appropriately.
2	3 – 4	Some knowledge of one or more ways in which behaviourists treat phobias but there may be some omissions/lack of clarity. There is some appropriate use of specialist terminology.
1	1 – 2	Knowledge of one or more ways in which behaviourists treat phobias is present but there may be serious omissions and/or inaccuracy. Specialist terminology is either missing or inappropriately used.
	0	No relevant content.

Possible content:

Systematic desensitisation:
- based on classical conditioning – counterconditioning
- relaxation training – fear and relaxation cannot coexist (reciprocal inhibition)
- formation of anxiety hierarchy
- gradual exposure (stepped approach) leading to eventual extinction.

Flooding:
- immediate exposure to phobic stimulus
- exhaustion of phobic response
- prevention of avoidance

Accept other valid points.

Note that cognitive behavioural therapy and social learning approaches are not creditworthy.

Q8.

[AO2 = 4]

Level	Marks	Description
2	3 – 4	Knowledge of how systematic desensitisation can be applied to the scenario is clear and comprehensive (the

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		first three bullet points are covered). The answer is generally coherent with effective use of terminology.
1	1 – 2	There is limited/partial knowledge of how systematic desensitisation can be applied to the scenario. The answer may lack coherence. Use of terminology may be either absent or inappropriate. **OR** the answer is generic and not applied to this cat phobia
	0	No relevant content.

Possible points:

- Saira must be taught to relax.
- An anxiety hierarchy must be drawn up – relevant examples should be given, such as – saying the word 'cat', holding a picture of a cat, walking the street where cats are roaming.
- Saira works through the hierarchy gradually being relaxed at each exposure until the most feared step is responded to with relaxation.
- The bond between the CS (cat) and CR (fear) must be broken by replacing the fear response with an antagonistic response – relaxation.

Maximum of 2 marks if no specific application to cat phobia.

Q9.

[AO1 = 6 AO3 = 6]

Level	Marks	Description
4	10 – 12	Knowledge of the behavioural approach to treating phobias is accurate and generally well detailed. Evaluation is effective. The answer is clear, coherent and focused on treating phobias. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	7 – 9	Knowledge of the behavioural approach to treating phobias is evident. The answer is mostly well focused. There are occasional inaccuracies. There is some effective evaluation. The answer is mostly clear and organised. Specialist terminology mostly used effectively.
2	4 – 6	Knowledge of the behavioural approach to treating phobias is present. Focus is mainly on description. Any evaluation is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1 – 3	Knowledge of the behavioural approach to treating phobias is limited. Evaluation is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.

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	0	No relevant content.

Outline – possible content:

- aims to replace a faulty association between CS and CR that has resulted in a phobic response
- gradually using systematic desensitisation – relaxation technique, anxiety hierarchy, exposure stages, imagined and or real / in vivo
- suddenly using flooding – no relaxation, visualisation, intensive exposure in vivo or in vitro
- virtual reality exposure therapy as an in vitro form of systematic desensitisation
- detail of studies illustrating aspects of behavioural therapies, eg Lang and Lazovik (1963).

Credit other relevant aspects of the behavioural approach to treating phobias.

Evaluation – possible content:

- issues related to suitability and effectiveness for different types of phobia
- success outside the clinical situation and long-term effectiveness
- ethical problems, eg with flooding
- side effects such as nausea for VRET
- comparison with alternative treatments
- use of evidence to support or refute effectiveness.

Credit other relevant evaluation points.

Q10.

(a) **[AO2 = 4]**

1 mark each for applied description of the following aspects of systematic desensitisation: relaxation, hierarchy development, gradual exposure.

Plus 1 further mark for some elaboration of any of the three aspects.

Content:

- Tommy would be taught relaxation techniques he could use when he encounters birds as part of the therapy.
- Tommy would devise his hierarchy so it reflects his least to most feared bird situation (for example, small picture of a sparrow, then a small bird through a window…).
- Tommy would then be exposed to birds gradually, ensuring he is relaxed at each stage.

(b) **[AO3 = 2]**

2 marks for a clear and coherent explanation of the benefits of systematic desensitisation over flooding as a treatment for a phobia for a child.

1 mark for a very brief, weak or muddled explanation.

Possible points:

- SD is gradual so the anxiety produced in the treatment is limited whereas in flooding the most feared situation is presented immediately

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which would be too traumatic for a small child.
- Tommy may not fully understand that consent to flooding would mean immediate exposure to his most feared situation so his consent to systematic desensitisation increases his protection from harm.

Q11.

[AO2 = 4]

Level	Marks	Description
2	3 – 4	Knowledge of relevant aspects of the behavioural approach is clear and mostly accurate. The material is used appropriately to explain Kirsty's phobia of balloons. The answer is generally coherent with effective use of behaviourist terminology.
1	1 – 2	Knowledge of aspects of the behavioural approach is evident although not always explicitly related to the acquisition of phobias. Links to Kirsty's phobia are not always effective. The answer lacks accuracy and detail. Use of behaviourist terminology is either absent or inappropriate.
	0	No relevant content.

Credit features of classical and / or operant conditioning (the 'two process model') applied to Kirsty's phobia of balloons.

Possible content:

- Kirsty's phobia has developed through classical conditioning – she has formed an association between the neutral stimulus (balloon) and the response of fear
- the conditioned response is triggered every time she sees a balloon (or hears similar noises)
- her phobia has generalised to situations where balloons might be present, such as parties and weddings, and to similar noises, 'banging' and 'popping'
- her phobia is maintained through operant conditioning – the relief she feels when avoiding balloons becomes reinforcing.

Credit other relevant features of conditioning applied to Kirsty's phobia.

Q12.

[AO1 = 6 AO2 = 4 AO3 = 6]

Level	Marks	Description
4	13 – 16	Knowledge of two behavioural treatments for phobias is accurate and generally detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between the treatments and the stem content are explained. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.

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3	9 – 12	Knowledge of two behavioural treatments for phobias is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to the treatments are not always well explained. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Knowledge of two behavioural treatments for phobias is present but is vague/inaccurate **or** one treatment only is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge of one/two behavioural treatments for phobias is limited. Discussion is limited, poorly focused or absent. Application is limited or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Content:

Knowledge of two behavioural treatments for phobias (usually those named in the specification and implied in the stem):

Systematic desensitisation

- Relaxation training
- Formation of anxiety hierarchy
- Stepped approach/gradual exposure
- Based on idea that two opposite emotions cannot co-exist/reciprocal inhibition

Flooding/implosion therapy

- Bombarded by fear
- Based on idea that anxiety will eventually subside
- In vivo/in vitro
- Credit description of evidence to support/challenge effectiveness

Application

- Links to the stem: mother – stepped approach/gradual exposure; credit additional steps/levels of hierarchy that could be applied to ‘treatment’ of a fear of water/swimming
- Father – flooding/bombardment of fear; credit for pointing out that such ‘treatment’

would not be appropriate for a 10-year-old

Discussion

- Use of evidence to support/challenge effectiveness
- Ethical issues (in flooding especially)
- Issue of generalisation outside of the clinical setting
- Reasoned discussion of time, cost implications
- More likely to be effective for specific phobias
- Theoretical underpinnings – classical conditioning; principle of extinction
- Comparison between the two treatments
- Comparison with alternatives eg drugs, psychodynamic therapy, etc.

Credit other relevant material.

Q13.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

- A single set of numbered levels (formerly bands) to cover all skills
- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

AO2 = 4

First the therapist would teach Mia how to relax, using a technique that would allow deep muscle relaxation. Then together the therapist and Mia would construct an anxiety hierarchy, starting with the least feared situation, such as looking at pictures of people sitting at tables in a café just talking and drinking coffee, working up to the most feared situation, such as Mia eating in a restaurant full of people. The therapist would start by showing Mia pictures and helping her to remain relaxed, then perhaps getting her to sit in a café, but without eating anything, and then continuing up the hierarchy until her phobia is gone.

For full marks there must be explicit engagement with the stem. Up to 2 marks for a reasonable description of systematic desensitisation without any engagement.

AO2
Analysis of unfamiliar situation and application of knowledge of systematic desensitisation

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4 marks Effective analysis of unfamiliar situation Effective description that demonstrates sound knowledge of systematic desensitisation including both the anxiety hierarchy and relaxation techniques. There is explicit engagement, which relates to the stem.
3 marks Reasonable analysis of unfamiliar situation Reasonable explanation that demonstrates knowledge of the systematic desensitisation with some reference to the stem.
2 marks Basic analysis of unfamiliar situation Basic explanation of systematic desensitisation with some reference to stem **or** effective description without any engagement.
1 mark Rudimentary analysis of unfamiliar situation Rudimentary, muddled, explanation of systematic desensitisation demonstrating very limited knowledge.
0 marks No creditworthy material.

Q14.

Marks for this question: AO1 = 6, AO3 = 10

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a

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bulleted list

AO1

Remember not to credit information given in the quote

The emphasis of the behavioural approach is on the environment and how the behaviour is acquired, through classical conditioning, operant conditioning and social learning. For marks in the top two bands, the focus must be on explaining psychological abnormality, rather than on behaviour in general.

AO3

Discussion can include strengths; such as it has provided some convincing explanations for some disorders such as phobias and has also led to some very successful therapies (systematic desensitization). The weaknesses are that it ignores the role of biology and there is plenty of evidence to support a genetic transmission of some disorders. Studies (eg “Little Albert”) can be *used* as commentary.

Q15.

Marks for this question: AO1 = 6, AO3 = 6

Level	Marks	Description
4	10 – 12	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is effective. The answer is clear, coherent. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	7 – 9	Knowledge is evident. There are occasional inaccuracies. There is some effective discussion / evaluation / application. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately.
2	4 – 6	Knowledge is present. Focus is mainly on description. Focus is mainly on description. Any discussion / evaluation / application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 3	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

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AO1

Remember not to credit information given in the quote

The emphasis of the behavioural approach is on the environment and how the behaviour is acquired, through classical conditioning, operant conditioning and social learning. For marks in the top two bands, the focus must be on explaining psychological abnormality, rather than on behaviour in general.

AO3

Discussion can include strengths; such as it has provided some convincing explanations for some disorders such as phobias and has also led to some very successful therapies (systematic desensitization). The weaknesses are that it ignores the role of biology and there is plenty of evidence to support a genetic transmission of some disorders. Studies (eg "Little Albert") can be *used* as commentary.

Q16.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **[AO1 = 2]**

Award up to two marks for an outline of a behavioural explanation of phobias.
Likely content: the idea that phobias are learnt through classical conditioning; fear is acquired when a neutral stimulus becomes associated with a frightening event; description of the two-process theory; reference to avoidance learning; reference to generalisation.
Credit descriptions based on social learning theory.
Both of these marks may be awarded for an accurately labelled 'Pavlovian' diagram of how a phobia might develop.
Maximum 1 mark if outline does not refer to fear / phobias.

(b) **[AO1 = 1, AO2 = 2]**

AO1

One mark for identifying an appropriate limitation.
Likely answers: not all phobias are triggered by a traumatic experience; explanation cannot account for all phobias; fails to account for evidence that phobias may have a biological basis; difficulty explaining why some phobias are more common than others; the idea that the explanation can better account for specific phobias.

AO2

Up to 2 marks for discussion of the limitation which might include analysis / expansion; counter-argument; use of evidence; reference to alternative explanations.
Possible answer: Not all phobias are triggered by a traumatic experience (1), where the initial association (between the phobic object / situation and fear) is

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formed (1), which suggests that alternative explanations are needed (1).

Accept limitations based on the methodology of individual studies eg Little Albert, but for full marks, these should be made relevant to discussion of the explanation.

Q17.

(a) **AO2**

Outline of an appropriately applied behavioural explanation Sammy's phobia. This might include reference to: the learning by association of a UCS with a CS producing a CR – a fear is acquired when a previously neutral stimulus (bird) is associated with a frightening event (sudden theft of sandwich) and a fear response results; a description of the two-process theory; reference to avoidance learning; reference to generalisation to all birds.

(b) **Marks for this question: AO1 = 6, AO2 = 4, AO3 = 6**

Level	Marks	Description
4	13 – 16	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is thorough and effective. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	9 – 12	Knowledge is evident. There are occasional inaccuracies. Discussion / evaluation / application is apparent and mostly effective. The answer is mostly clear and organised. Specialist terminology is mostly used effectively. Lacks focus in places.
2	5 – 8	Some knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is only partly effective. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 4	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list

AO1

Description of key elements of systematic desensitisation.

Likely points: hierarchy, graduated steps, training in relaxation techniques,

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gradual exposure to anxiety-provoking stimuli from the hierarchy. Credit reference to virtual reality exposure therapy: in VRET the systematic desensitisation takes place in a virtual world.

AO2 / AO3

Evaluation and application of systematic desensitisation. Discussion of the strengths / weaknesses of the therapy: usually effective, phobia is removed at completion of the programme; gradual exposure is considered to be less traumatic than other therapies eg flooding; discussion of merits of in vivo (real-life exposure) rather than in vitro (imagined exposure). Discussion of the limitations: difficulty in generalising improvement from the therapeutic situation to real life; expense of VRET equipment; therapy may not be suitable for other types of phobia. Credit comparison with alternative therapies.

Credit use of evidence to support / refute arguments./p>

Application of SD to the Sammy – how it would be used in his case of bird phobias.

Q18.

(a) **AO2**

Outline of an appropriately applied behavioural explanation Sammy's phobia. This might include reference to: the learning by association of a UCS with a CS producing a CR – a fear is acquired when a previously neutral stimulus (bird) is associated with a frightening event (sudden theft of sandwich) and a fear response results; a description of the two-process theory; reference to avoidance learning; reference to generalisation to all birds.

(b) **Marks for this question: AO1 = 6, AO2 = 2, AO3 = 4**

Level	Marks	Description
4	10 – 12	Knowledge is accurate and generally well detailed. Discussion / evaluation / application is effective. The answer is clear, coherent. Specialist terminology is used effectively. Minor detail and / or expansion of argument sometimes lacking.
3	7 – 9	Knowledge is evident. There are occasional inaccuracies. There is some effective discussion / evaluation / application. The answer is mostly clear and organised. Specialist terminology is mostly used appropriately.
2	4 – 6	Knowledge is present. Focus is mainly on description. Any discussion / evaluation / application is of limited effectiveness. The answer lacks clarity, accuracy and organisation in places. Specialist terminology is used inappropriately on occasions.
1	1 – 3	Knowledge is limited. Discussion / evaluation / application is limited, poorly focused or absent. The answer as a whole lacks clarity, has many

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		inaccuracies and is poorly organised. Specialist terminology is either absent or inappropriately used.
	0	No relevant content.

Please note that although the content for this mark scheme remains the same, on most mark schemes for the new AQA Specification (Sept 2015 onwards) content appears as a bulleted list.

AO1

Description of key elements of systematic desensitisation.

Likely points: hierarchy, graduated steps, training in relaxation techniques, gradual exposure to anxiety-provoking stimuli from the hierarchy. Credit reference to virtual reality exposure therapy: in VRET the systematic desensitisation takes place in a virtual world.

AO2 / AO3

Evaluation and application of systematic desensitisation. Discussion of the strengths / weaknesses of the therapy: usually effective, phobia is removed at completion of the programme; gradual exposure is considered to be less traumatic than other therapies eg flooding; discussion of merits of in vivo (real-life exposure) rather than in vitro (imagined exposure). Discussion of the limitations: difficulty in generalising improvement from the therapeutic situation to real life; expense of VRET equipment; therapy may not be suitable for other types of phobia. Credit comparison with alternative therapies.

Credit use of evidence to support / refute arguments.

Application of SD to the Sammy – how it would be used in his case of bird phobias.

Q19.

AO1 = 3

SD involves teaching the client deep muscle relaxation, client and therapist constructing an anxiety hierarchy, and then working through the hierarchy while remaining relaxed.

For each therapy, 1 mark for a basic answer and a further two marks for elaboration.

Q20.

AO1 = 3

SD involves the client and therapist designing a list or hierarchy of frightening / stressful events or objects. The client is then taught deep muscle relaxation. Finally the therapist helps the client to work their way up the hierarchy while maintaining this deep relaxation. At each stage, if the client becomes upset they can return to an earlier stage and regain their relaxed state.

1 mark for a basic statement and a further 2 marks for elaboration.

Q21.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

AO2 = 2

One weakness of SD is that it relies on the client's ability to be able to imagine the fearful situation. Some people cannot create a vivid image and thus SD is not effective. Another weakness is that while SD might be effective in the therapeutic situation, it may not work in the real world.

1 mark for a basic statement and a further mark for elaboration.

Q22.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

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- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

Although the essential content for this mark scheme remains the same, mark schemes for the new AQA Specification (Sept 2015 onwards) take a different format as follows:

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- Content appears as a bulleted list
- No IDA expectation in A Level essays, however, credit for references to issues, debates and approaches where relevant.

AO2 = 6

Main techniques are: firstly, teach deep muscle or progressive relaxation. Then the therapist and client construct an anxiety hierarchy, starting with situations that cause a small amount of fear – in Hamish's case this might be standing on a small stepladder – then listing situations that cause more fear, with the most frightening situation being at the top of the hierarchy, such as standing on top of a mountain. Finally, they work through this list, with the client remaining relaxed at each stage. The two main features are relaxation and working through the anxiety hierarchy.

6 marks Effective explanation Effective explanation of the main stages of systematic de-sensitisation demonstrating sound knowledge of the therapy as applied to fear of heights.
5 – 4 marks Reasonable explanation Reasonable explanation of the main stages of systematic de-sensitisation applied to fear of heights.
3 – 2 marks Basic explanation Basic explanation of systematic de-sensitisation with some attempt to apply to fear of heights.

1 mark Very brief/flawed of inappropriate Rudimentary, muddled explanation of systematic de-sensitisation demonstrating very limited knowledge
0 marks No creditworthy material.

Q1.

A significant majority of students clearly had knowledge of behavioural characteristics of phobias and there were many clear and coherent descriptions of a behavioural characteristic which might be seen in someone with a phobia of wasps. However, some students simply named the characteristics and did not describe it as the question asked and others failed to apply the behavioural characteristic to a person who has been diagnosed with a phobia of wasps.

Q2.

This question was generally answered less well than question 8 suggesting that either students had better knowledge of behavioural characteristics than of emotional characteristics or found it easier to apply the phobia of wasps to a behavioural characteristic rather than an emotional one. The majority of students could name an emotional characteristic but many of them failed to either provide a clear description of that characteristic and/or apply it to a phobia of wasps. There was also some confusion and muddling with cognitive characteristics.

Q3.

Many responses did not focus upon the question and appeared to have been pre-planned answers to a different question about systematic desensitisation in general. As a consequence, many responses either did not include the specific material required to correctly answer the question or included additional content which was not required. Of those students who did focus on the question, some failed to apply this information to treating someone with a phobia of wasps as thus could not attain the AO2 marks. Some students did focus clearly on the use of hierarchy and relaxation in treating someone with a phobia of wasps and produced some excellent responses.

Q4.

Most students understood that flooding meant an immediate exposure to the stimulus as well as the requirement that this is done until the person is calm or they no longer fear the stimulus. However, few referred to the prevention of avoidance and thus only a minority achieved full marks. A number of students wrote answers in the context of treating a particular phobia, which could gain credit, providing their answer included the three key components required for a complete description of the procedures undertaken in flooding.

Q5.

This question was generally answered very well. The majority of students evidently had an excellent understanding of systematic desensitisation and thus produced answers which contained a complete description of the procedures involved. Where one mark was awarded, this was usually because students failed to refer to relaxation training or to the gradual exposure to the stimulus. Again, a number of students wrote answers in the context of treating a particular phobia, which could gain credit providing their answer was a complete description of the procedure.

Q6.

Most students were able to give a reason why systematic desensitisation was more successful than flooding, although many did not go on to discuss this reason and thus

only gained one mark. The most common response was that systematic desensitisation was ‘more ethical’ or ‘less traumatic’ than flooding but many did not discuss this further, such as relating this aspect to attrition rates. Fewer responses referred to other possible answers, such as the success it would have for certain individuals.

Q7.

This question required outlines of ways in which behaviourists treat phobias, and most students could provide some details of the procedures involved in systematic desensitisation and/or flooding. The key discriminator was the use of specialist terminology. Better answers referred to classical conditioning, hierarchies, counter-conditioning, reciprocal inhibition, extinction etc. Moderate answers used one or two of these terms, but at the lower end there was little evidence that students understood the behaviourist background to these techniques. Other weaknesses included lack of detail and providing evaluation of the techniques which was not required by the question and may have contributed to a lack of effective detail of procedures.

Q8.

There were some very good answers to this question in which students showed clear understanding of how systematic desensitisation could be used in treatment for this specific fear of cats. Some students did not emphasise the element of relaxation and just referred to gradual exposure as a calming process. These responses seemed to be more related to flooding.

Q13.

Most students had good knowledge of what is involved in systematic de-sensitisation and were able to identify the main elements: being taught relaxation, construction of hierarchy, working through the hierarchy while remaining relaxed. The main problem was the lack of engagement with the scenario. Simply mentioning Mia’s name was not evidence of engaging with the scenario. Students needed to provide some specific examples of the different stages on a hierarchy intended to overcome a phobia of eating in public in order to gain full marks.

Q14.

The quote was given to guide students, but they gain no marks by repeating it in their essay. Writing out the quote simply wastes time. It was hoped that by giving some guidance, students would not write about another approach.

The problem for too many students was that while they could write at length about classical conditioning (using Pavlov), operant conditioning (using Skinner) and social learning (using Bandura), they simply failed to make any link with abnormality at all. Such answers remained in the basic mark band. Ironically, those who used Watson and Rayner’s study with Little Albert often failed to note that he developed a phobia. Many students were unable to use their knowledge of conditioning, to demonstrate how this could explain abnormality. Better answers explained how phobias or anorexia could be explained using learning processes.

The commentary could have considered the successful therapies that this approach has developed (although detailed descriptions of SD was not an effective use of material). Weaknesses could consider the fact that this approach ignores the role of biology. However, criticising the studies without considering the implication for the approach is not creditworthy. Many examiners noted that this was a very disappointing question to mark. Students had learned a considerable amount about

the behavioural approach, often in extremely accurate detail, but made no attempt to use their knowledge to answer a question on abnormality. It was almost as if they had failed to read the question carefully, in spite of the fact that this was the section on Psychopathology (abnormality).

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Q16.

(a) There was some confusion over the features of classical conditioning and the description was not always clearly linked to a 'phobia', for example, through an illustration. Better answers often elaborated both elements of the two-process model of phobias, although this was not essential for two marks.

(b) Better answers were those that structured their response around the notion that not all phobics can recall an 'association event' that produced the phobia in the first place. Well elaborated answers based on this theme often used the Di Nardo study to good effect. These were few and far between, however. As ever, students do seem to find the three-mark format challenging, when applied to the explanation of a single limitation (or indeed 'strength', as in previous series).

Q17.

(a) Attempts to explain Sammy's phobia varied and this question tended to discriminate well.
Most attempted to explain the scenario using classical conditioning but many gave muddled accounts using appropriate terminology (CS, UCR, etc.) but in the wrong places. A mark was often awarded for a vague reference to association linked to the events described in the stem. Some students demonstrated a sophisticated understanding of behaviourist principles, referring to both classical conditioning and avoidance learning in their answers and would have scored several more marks had they been available.

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(b) Essays in this section were not quite as strong as they have been in recent series. Many students did not seem to have the depth of knowledge of systematic desensitisation required to gain all the AO1 marks that were available. Instead, 'sketchy' descriptions were often advanced and key concepts, such as 'anxiety hierarchy', were mentioned but not elaborated.
Most students could assemble two or three relevant evaluation points, but other attempts at analysis such as those centred around 'cost', 'time', 'effort', etc were rarely reasoned or based on comparison. For instance, systematic desensitisation was often claimed to be 'unethical', 'expensive' and 'time-consuming' without any acknowledgement of treatments that would be more ethical, cheaper or faster.

Not all essays fell into this category however, and there were students who clearly knew this area very well, producing detailed, reasoned analyses of the treatment in the context of possible alternatives.

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Q19.

Candidates demonstrated better knowledge, and were able to include reference to the anxiety hierarchy, deep muscle relaxation and the gradual working up through the hierarchy.

Q20.

The advice to candidates is, just answer the question, there is no need to waste time in writing out the question. Far too many answers started with "systematic desensitisation is one method of treating abnormality" and often went on to explain that it was best suited to treating phobias. This is not was the question required and such answers often ran out of space before they started to describe what is involved. However, those candidates who read the question carefully often provided accurate and detailed answers.

Q21.

There seems to be some misconceptions about this therapy, especially with respect to ethical concerns. Some candidates argued that it is unethical making people face their worst fear, however the whole point of counter-conditioning is that the client is completely relaxed at the time. This type of behavioural therapy is considered one of the most ethical therapies.

Q22.

While the majority of candidates were able to describe systematic desensitisation, they often omitted the relaxation aspect of the therapy and they were poor at applying the therapy to Hamish and his particular phobia. Relatively few candidates gave sufficient detail of the hierarchy, as it would apply to Hamish.
This again suggests that the area candidates find most difficult is the application of knowledge.