

GCE A-Level Psychology Paper 3 Mark Scheme

| Question Number | Answer | Mark |
|-----------------|--|------------|
| 1(a) | <p style="text-align: center;">AO2 (3 marks), AO3 (3 marks)</p> <p>Candidate responses have to be drawn from evidence presented in Table 1.</p> <p>One mark for identifying each conclusion (3 AO2) and one mark for justifying each conclusion (3 AO3).</p> <ul style="list-style-type: none"> • There were 47 right answers in the afternoon/evening compared with 45 right answers in the morning (1), so the time of day did not make much difference to performance (1). • In the afternoon, the 'larks' had a total of 20 and the 'owls' had a total of 27, which out of 40 may/may not be significant (1), so being classed as a 'lark' or 'owl' did/did not make a difference in performance overall (1). • In the morning, students scored 18 and 27 on creative/analytical tasks, respectively. In the afternoon/evening they scored 18 and 29 (1), so both the morning and the afternoon/evening creative tasks were performed more poorly than analysis tasks (1). • Overall, the 'larks' succeeded at 5 more analysis than creative tasks in the morning and 8 more in the afternoon/evening, whereas the 'owls' succeeded at 4 more analysis than creative tasks in the morning and 3 more in the afternoon/evening (1). Therefore, both groups performed better at analysis tasks than on the creative tasks, irrespective of whether the tasks were done in the morning or the afternoon/evening (1). <p>Look for other reasonable marking points.</p> | (6) |

| Question Number | Answer | Mark |
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| 1(b) | <p style="text-align: center;">A02 (1 mark) A03 (1 mark)</p> <p>One mark for evidence from data (A02). One mark for justification of that evidence (A03).</p> <p>For example:</p> <ul style="list-style-type: none"> Evidence: the scores for the 'Larks' are 10 and 15, and the scores for the 'Owls' are 8 and 12 (1). Justification: The numbers in the table are all quite similar considering they are mean averages out of 40, so there is not likely to be a significant difference/the scores are different from one another, so there is a likely to be a significant difference found (1). Evidence: The scores for creative tasks are 10 and 8 whereas the scores for analysis tasks are 15 and 12, which suggests a difference. However, the scores overall for 'Larks' and 'Owls' are 20 and 25, so not that different out of 40 (1). Justification: For both the 'Larks' and the 'Owls' the analysis tasks are done better than the creative tasks so there might be a difference, although as the 'Larks' and the 'Owls' overall do not show that much difference in performance, probably no significant difference (1). Evidence: The totals are 18, 27, 20, 25 out of 45, and the test would compare these numbers against one another, so as they are rather similar, there is probably not a difference/so there are differences here (1). Justification: The four totals would be compared to do a test, and they are not that different from one another, so probably there is no significant difference/they are different in some ways, so there might be a difference (1). <p>Look for other reasonable marking points.</p> | (2) |

| Question Number | Answer | Mark |
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| 1(c) | <p style="text-align: center;">A02 (2 marks)</p> <p>One mark for stating it is not the case. One mark for stating that both variables are operationalised. Maximum of one mark if only one variable is operationalised.</p> <p>Look for other reasonable marking points.</p> | (2) |

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| 1(d) | <p style="text-align: center;">AO2 (2 marks), AO3 (4 marks)</p> <p>For each control:</p> <p>One mark for identifying the control (2 AO2).</p> <p>Two marks for explaining how to improve the effectiveness of each control (4 AO3).</p> <p>Controls</p> <ul style="list-style-type: none"> • Participants did their tasks on the same day. • They were categorised using the same questionnaires as morning or evening people. • Tasks were set up as creative or analytic, and the same for everyone. • The times of day were the same for everyone. <p>Improving the effectiveness of the controls</p> <p>Questionnaire</p> <p>Remove the self-report bias in the assessment of 'Larks' and 'Owls' (1) by an objective pre-test in the morning and evening (1).</p> <p>Time of day</p> <p>Remove the generalisation of when the 'Larks' and 'Owls' work best (1), so allow the participants to choose the time they take the task (1).</p> <p>Tasks</p> <p>Improve the assessment of the creative and analytical tasks (1) by asking a large sample of people who are already designated as 'creative' or 'analytical' to rate the tasks (1).</p> <p>Same day</p> <p>Remove order effects (doing one task influences your performance on the second task) (1) by counter-balancing (one group take their morning task first then their afternoon task, one group take their afternoon task first then their morning tasks, both on different days) (1).</p> <p>Look for other reasonable marking points.</p> | (6) |

| Question Number | Answer | Mark |
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| 2(a) | <p style="text-align: center;">AO2 (1 mark) AO3 (1 mark)</p> <p>One mark for identifying a difference (AO2). One mark for justification of that difference (AO3).</p> <p>For example:</p> <ul style="list-style-type: none"> An unstructured interview would not have a strong schedule with planned questions but would have a general idea of what would be asked (1). The more open format lends itself to allowing the young person to discuss personal issues that the researcher has not anticipated (1). <p>OR</p> <ul style="list-style-type: none"> An unstructured interview may include standard opening questions, but it would have more open questions than the semi-structured interview (1), so data collected becomes more qualitative than quantitative, which suits the need to gather rich data to understand their personal issues/mental health issues. (1). <p>Look for other reasonable marking points.</p> | (2) |

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| 2(b) | <p style="text-align: center;">A02 (2 marks)</p> <p>One mark for a similarity between the two studies. One mark for a difference between the two studies.</p> <p>For example:</p> <p>Similarities</p> <p>Both have small sample (cannot take place on a large scale) (1). Both will sample the same mental health issues (1). Both will gather qualitative data (1).</p> <p>Differences</p> <p>The retrospective study has a significant participant variable effect / the longitudinal study reduces the participant variable effect (1). The retrospective study has a problem with the accuracy of recall of past memories / the longitudinal study gathers evidence as it happens making it more accurate (1). The issue-bias for the longitudinal study is caused by the drop-out rate / the issue-bias for the retrospective study is caused by the sampling process (1).</p> <p>Look for other reasonable marking points.</p> | (2) |

| Question Number | Answer | Mark |
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| 2(c) | <p style="text-align: center;">A03 (4 marks)</p> <p>One mark for identifying an improvement, up to two marks. One mark for explaining how to achieve the improvement, up to two marks.</p> <p>For example:</p> <p>Reduce the drop-out rate to reduce bias (1) by giving more support to the participants to enable them to continue in the study (counselling) (1). Increase the range of mental disorders being included in the study (1) by extending the age range of the study (beyond 18 years into mature adulthood) (1).</p> <p>Look for other reasonable marking points.</p> | (4) |

| Question Number | Answer | Mark |
|-----------------|--|------------|
| 3(a) | <p style="text-align: center;">AO2 (2 marks)</p> <p>One mark apiece for stating significance level at which the results would have been significant, using conventional form.</p> <p>(0.36 > 0.306 therefore) $p \leq 0.05$</p> <p>(0.46 > 0.423 therefore) $p \leq 0.01$</p> | (2) |

| Question Number | Answer | Mark |
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| 3(b) | <p style="text-align: center;">AO2 (3 marks), AO3 (3 marks)</p> <p>Up to three marks for applying social identity theory to the findings of the study (3 AO2).</p> <p>Up to three marks for judging/justifying how social identity theory supports the study (3 AO3).</p> <p>Application of social identity theory to the findings:</p> <p>Social contact</p> <ul style="list-style-type: none"> For both samples perceived conflict in the 'out group' showed a relationship with social contact with that 'out group' as predicted by the hypotheses based on social identity theory because the results show that the more social contact, the less perceived conflict. Social identity theory suggests that members of an 'in group' show hostility to an 'out group', so having perceived conflict towards an 'out group' in this study is explained by SIT. <p>Behavioural intentions</p> <ul style="list-style-type: none"> For both groups behavioural intentions related to social contact as was predicted by the hypothesis – because the more social contact, the less prejudice-related behavioural intentions. Social identity theory might say that more social contact meant widening the 'in group' to include others, so there was less prejudice because those people were no longer in an 'out group'. <p>Perceived conflict</p> <ul style="list-style-type: none"> For both groups perceived conflict related to behavioural intentions, as was predicted by the hypothesis – because the less perceived conflict, the less prejudice-related behavioural intentions. | (6) |

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| 3(b) cont. | <ul style="list-style-type: none"> • Social identity theory also suggests that if people see others as an 'out group', they will raise their own self-esteem by denigrating the 'out group', so they are likely to perceive conflict between themselves and an 'out group'. Their behaviour is likely to go with their perceptions of conflict. <p>Judgement of how social identity theory supports the findings:</p> <ul style="list-style-type: none"> • Both groups show significant correlations, thus there is reliability being displayed. • The value of 0.01 being used shows that these results are "highly" significant. • The good agreement in the results between the two cultures used here shows that SID theory is applicable across cultures. • Only two cultures are used here, so there is no knowing if all cultures would follow this pattern. • The quality of social contact is not reported; in particular if it involved sufficient contact to mean a widening of who is seen as in group. • Other variables such as gender are not given, so the role of such can't be assessed. • The level of resources is not stated, so the contribution made by the realistic conflict theory can't be assessed; realistic conflict theory might explain the findings better, but this is not clear in the data gathered. • Realistic conflict theory suggests that working towards superordinate goals reduces hostility (perceived conflict), so this theory can also help to explain the results in this study. • Realistic conflict theory also shows that the less there is perceived conflict (for example the more social contact), the less prejudice in respect of behaviour, so might be as good an explanation as social identity theory. <p>Look for other reasonable marking points.</p> | |

| Question Number | Indicative content | Mark |
|-----------------|--|-------------|
| 4 | <p style="text-align: center;">AO1 (6 marks), AO3 (10 marks)</p> <p>AO1</p> <ul style="list-style-type: none"> • Ethical principles come from the BPS Code of Ethics and Conduct (2009). • And are under 4 main headings: respect, integrity, responsibility and conduct. • Studies have to abide by the principles, and areas where there are difficulties in studies can include giving the right to withdraw. • Making sure the researcher is competent to do the study. • Getting informed consent. • Not causing distress and being sure to offer a debrief so that the participants leave in the same state as they start the study in. • Considering risk assessment to protect from harm. • Watson and Rayner's aim was to see if they could classically condition a phobia in a child. • Raine et al.'s aim was to see if there are brain differences in structures related to aggression in people pleading not guilty to murder by reason of insanity. • These people had shown aggression and were having a PET scan, so it was a good opportunity to get data. <p>AO3</p> <p>Aims – age of sample</p> <ul style="list-style-type: none"> • Watson and Rayner (1920) wanted to classically condition one child, Little Albert, and focused on a baby – issues of using one child, informed consent, and the rights of the child – whereas Raine et al. (1997) aimed to look at differences in brain structures and related issues in adults but in a power relationship with the law. <p>Methods they chose because of their aims</p> <p>Distress</p> <ul style="list-style-type: none"> • Raine et al. (1997) used scanning, which would be unfamiliar to the participants. The ethical principle of responsibility means that they had to cause no harm. Similarly, Watson and Rayner (1920) had a scary procedure in their study. They acted out the conditioning using the noise of a metal bar hit behind Little Albert's head and this was scary for him. | (16) |

| Question Number | Indicative content | Mark |
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| 4 cont. | <ul style="list-style-type: none"> In 1920 although there were ethical requirements, e.g. the APA code, the BPS Code of Ethics and Conduct (2009) was not in force – in fact not in force for Raine et al. either, and it can be said that ethical requirements have tightened and changed over that time. <p>The ethics of the evidence-based conclusions that might come from the aims</p> <ul style="list-style-type: none"> Raine et al. (1997) found differences in the brain and concluded that differences in the brain can cause aggression. The evidence-based conclusions have ethical implications because of the principle of responsibility and doing no harm. Watson and Rayner also had far-reaching implications as Little Albert could have been left with a phobia that generalised to all furry things. Watson and Rayner's (1920) study also had ethical implications as the evidence-based conclusions showed that fear can be conditioned. Raine et al.'s study could be used to 'look for' possible murderers before any event and do something about it (using brain scanning) before a crime is committed. This is a consequence of their aims that they needed to think through given the ethical issues of respect, responsibility, integrity and competence. <p>Ethics related to their procedure, not so much their aims</p> <ul style="list-style-type: none"> Raine et al. (1997) had to find a control group and to do that they had to have another set of participants, giving stress to more participants. They had to match their participants, such as having some in the control group with schizophrenia to match the main group as some in this group had schizophrenia. Their aim was to find cause and effect conclusions, so they needed a control group. Watson and Rayner (1920) did a single case study, so they did not put anyone else through the stress as Raine et al. did. One child was enough for their aim. <p>Consent</p> <ul style="list-style-type: none"> Although Albert's mother gave consent there is doubt as to whether it was fully informed as she was an employee of the hospital Watson worked in. The adults in Raine et al. might have been able to understand to give consent, but they were within the criminal system and might not have been empowered to refuse consent. | |

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| 4 cont. | <p>Distress</p> <ul style="list-style-type: none"> • Albert's distress was very apparent and long-lasting, especially since he was not de-conditioned due to his mother removing him from the study. (Although subsequently it has been discovered that he died at the age of 6 years old.) • Raine et al.'s participants would not have suffered long-lasting damage from the scan used in the same way. <p>Code</p> <ul style="list-style-type: none"> • Both did have ethical codes to abide by. However Raine et al. being more recent would have been more cognisant about ethical codes, and ethics would have been tighter in 1997 compared with 1920. <p>Consequences of conclusions</p> <ul style="list-style-type: none"> • The scanning on the participants (those pleading NGRI) was for their defence, and it is to be wondered how far Raine et al.'s evidence-based conclusions might be used by the defence or the prosecution and whether the researchers were competent to deal with such issues or whether they needed to consider what their aims led to. • Watson and Rayner's finding could be used by a society to the detriment of the individual. Or it could be used to help individuals, such as with the use of systematic desensitisation as a therapy, so ethically there were 'good' reasons for learning about classical conditioning in humans as well as 'bad' reasons. • Raine et al.'s study could be used to 'look for' possible murderers before any event and do something about it (using brain scanning) before a crime is committed, which would go against the principle of being innocent until proven guilty. <p>Look for other reasonable marking points.</p> | |

| Level | Mark | Descriptor |
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| AO1 (6 marks), AO3 (10 marks) Candidates must demonstrate a greater emphasis on evaluation/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 6 marks. | | |
| Level 0 | 0 | No rewardable material. |
| Level 1 | 1–4 marks | Demonstrates isolated elements of knowledge and understanding. (AO1) A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3) |
| Level 2 | 5–8 marks | Demonstrates mostly accurate knowledge and understanding. (AO1) Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3) |
| Level 3 | 9–12 marks | Demonstrates accurate knowledge and understanding. (AO1) Arguments developed using mostly coherent chains of reasoning, leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3) |
| Level 4 | 13–16 marks | Demonstrates accurate and thorough knowledge and understanding. (AO1) Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3) |

| Question Number | Indicative content | Mark |
|-----------------|---|-------------|
| 5 | <p>AO1 (4 marks), AO2 (4 marks), AO3 (4 marks)</p> <p>AO1 Learning – social learning theory (SLT)</p> <ul style="list-style-type: none"> • Social learning is about behaviour being modelled and then repeated. • There are features to social learning such as paying attention to behaviour and being motivated to repeat it. • Social learning theory can work by using a model to model 'calm' in stressful situations. • Social learning theory suggests we learn by observing and modelling those who are similar to us, such as same gender. • We are motivated to repeat these behaviours by the actual or perceived reward they bring. <p>AO2</p> <ul style="list-style-type: none"> • Lu's mother seems to have modelled aggression and anger, and Lu is likely to have seen her mother as a role model (when she was a child), and so her worry that she is copying her mother's behaviour is likely to be the case – she has learned through social learning theory mechanisms. • Lu's partner could act as a calming model and could help with housework to take the pressure off and also do that calmly to model the calm behaviour that Lu wants. • When Lu thinks, she models on her mother. That is likely as they are the same gender, as well as her mother being a likely role model as she was constantly in Lu's life when Lu was a child, and probably looked up to her mother at that time. • By rewarding herself when she is calm, as the therapist suggests, she will replace the reward that she has associated with anger with an association with calm. • She will then provide the role model that she wishes for her children so that they will not develop anger as she fears. • The father's role as a model is limited since his absence at work leaves Lu in the children's presence for most of the time. | (12) |

| Question Number | Indicative content | Mark |
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| 5 cont. | <p>A03</p> <p>Evaluation points</p> <ul style="list-style-type: none"> • There is good evidence from SLT that anger can be controlled by modelling techniques, and this is within a person's capability. • Bandura's work (1961/1963) shows that children do copy aggression (including the same sex model) when aggression is modelled in real life or on the screen. • Learning theories, though, also rely on evidence from animals so might not be generalisable to humans, such as Skinner's work on operant conditioning. • If a therapeutic technique is likely to work, or works, then the theory the technique rests on is in a way seen to be a good theory. • If the therapist used social learning principles to explain to Lu the issues, and they worked on understanding and accepting the past, and this works (the therapy did work for Lu), then this can be seen as evidence that social learning explanations are useful. • Although without thorough investigation of course, this is speculation. • It might be that there is no one explanation for all of Lu's issues but a combination of different explanations, as nature (biological aspects) can combine with nurture (learning from the environment) to lead to behaviour. • There are drug treatments that can "calm" a person down, and hormone therapies also exist. • As Lu's mother also showed anger and aggression, it is possible that any aggression or anger is inherited. • Lu may have inherited some such features of limbic system and the amygdala shown to be involved in aggression. • Since Lu thought she was calm before having children, maybe a hormonal change has occurred and increased her level of aggression. <p>Look for other reasonable marking points.</p> | |

| Level | Mark | Descriptor |
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| <p align="center">AO1 (4 marks), AO2 (4 marks), AO3 (4 marks)</p> <p>Candidates must demonstrate an equal emphasis between knowledge and understanding vs application vs evaluation/conclusion in their answer.</p> | | |
| Level 0 | 0 | No rewardable material. |
| Level 1 | 1–3 marks | <p>Demonstrates isolated elements of knowledge and understanding. (AO1)</p> <p>Provides little or no reference to relevant evidence from the context (scientific ideas, processes, techniques & procedures). (AO2)</p> <p>A conclusion may be presented, but will be generic and the supporting evidence will be limited. Limited attempt to address the question. (AO3)</p> |
| Level 2 | 4–6 marks | <p>Demonstrates mostly accurate knowledge and understanding. (AO1)</p> <p>Line(s) of argument occasionally supported through the application of relevant evidence from the context (scientific ideas, processes, techniques & procedures). (AO2)</p> <p>Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a superficial conclusion being made. (AO3)</p> |
| Level 3 | 7–9 marks | <p>Demonstrates accurate knowledge and understanding. (AO1)</p> <p>Line(s) of argument supported by applying relevant evidence from the context (scientific ideas, processes, techniques & procedures). Might demonstrate the ability to integrate and synthesise relevant knowledge. (AO2)</p> <p>Arguments developed using mostly coherent chains of reasoning. Leading to a conclusion being presented. Candidates will demonstrate a grasp of competing arguments but evaluation may be imbalanced. (AO3)</p> |

| Level | Mark | Descriptor |
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| Level 4 | 10–12 marks | <p>Demonstrates accurate and thorough knowledge and understanding. (AO1)</p> <p>Line(s) of argument supported throughout by sustained application of relevant evidence from the context (scientific ideas, processes, techniques or procedures). Demonstrates the ability to integrate and synthesise relevant knowledge. (AO2)</p> <p>Displays a well-developed and logical evaluation, containing logical chains of reasoning throughout. Demonstrates an awareness of competing arguments, presenting a balanced conclusion. (AO3)</p> |

| Question Number | Indicative content | Mark |
|-----------------|--|------|
| 6 | <p style="text-align: center;">AO1 (8 marks), AO3 (12 marks)</p> <p>AO1</p> <p>Clinical psychology</p> <ul style="list-style-type: none"> • In clinical psychology drug therapy features often as a main therapy, such as for schizophrenia or for depression, anorexia or OCD. • Anti schizophrenic drugs for schizophrenia (including new ones), anti-depressant drugs for unipolar depression, SSRIs for anorexia (to treat depression or OCD which often go with anorexia) and anti-depressants can also be used for OCD. • Drugs are prescribed by doctors and psychiatrists. • Other therapies and treatments in clinical psychology include cognitive behavioural therapy, which links to cognitive psychology and learning theories, and relates to the links between thoughts, feelings and behaviour and their consequences. • Humanistic therapies for mental health disorders such as person-centred therapy. • Rosenhan (1973) showed patients admitted wrongly (saying they had symptoms they did not and then acting normally) were not recognised as not having schizophrenia or a mental health disorder. <p>Criminological psychology</p> <ul style="list-style-type: none"> • In criminological psychology learning theories put forward ways of controlling aggression, such as rewarding 'good' behaviour (and possibly punishing unwanted behaviour). • Biological explanations include genetics, brain structure and hormones and can be used to remove the blame from criminals and the possibility of self-control. • In criminological psychology, explanations such as the self-fulfilling prophecy can explain a way society controls individuals by predicting who might likely to become a criminal. • Forensic psychologists/clinical psychologists have power in a situation (often) and that can be a form of social control. | (20) |

| Question Number | Indicative content | Mark |
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| 6 cont. | <p>Child psychology</p> <ul style="list-style-type: none"> • In child psychology research into day care can show social control, such as advising about the staff-child ratio and what makes good day care for a society. • In child psychology, issues around therapy or helping someone with autism. • Attachment theory dictates the "norm" as to the type of child care and behaviour of children with their caregivers. <p>Health psychology</p> <ul style="list-style-type: none"> • Pengpid et al. (2013) considered screening and brief intervention for alcohol problems, and such interventions can be seen as control. • Treatments for drug addiction can be seen as social control including learning theory treatments using classical conditioning principles. • Drug replacement therapy can be used and involves power to those administering it. <p>A03</p> <p>Clinical psychology</p> <ul style="list-style-type: none"> • CBT asks the client to do homework but leaves choices to the client. • Humanistic therapies (client centred) do give the client control as the therapist models a non-directive non-judgemental relationship whilst the client works on perhaps incongruence between their self-concept and their organismic self. • Rosenhan's study showed the participants/patient as losing control in not being 'allowed out'. • Drugs have to be prescribed and the patient/client does not have control over the situation. • There is an element of control in that there is the power to section someone over mental health issues, so that person then does not have the control and knowing this might lead to them accepting therapy they might otherwise not accept. | |

| Question Number | Indicative content | Mark |
|-----------------|---|------|
| 6 cont. | <p>Criminal psychology</p> <ul style="list-style-type: none"> • Drugs may control the behaviour of someone with an aggression issue, which can benefit society as that person fits in more with social norms. • Other methods such as case studies are used to show a wider picture and to suggest that a biological explanation might not be enough. Qualitative data can help to study individual differences and issues, which can help to tailor any treatment of or focus on offenders, and more focused treatment can mean more control for the offender (though prison by definition removes control). Drugs controlling behaviour can be seen as a form of social control. • Whenever behaviour is controlled by a schedule of reinforcements, the person doing the reinforcing has power over the person with the aggression/criminal issues. <p>Child psychology</p> <ul style="list-style-type: none"> • Treatment/help for those with autism can be seen as a form of social control though the intention is to help the individual in their functioning, so this type of 'treatment' can be said to be less 'social control' than other treatments (such as drug therapy). • Day care and rules governing day care can be said to give power to society rather than to individuals or the children. Children can make choices in a day care setting (more perhaps now than in the past), so there is less social control perhaps though choices are limited to what is offered (what is offered is controlled). • Fostering and adoption for children who have had problems with forming attachments can be seen to be about conforming to social norms. • A child who does not conform is likely to be seen as a problem, and the care they are offered is likely to be affected by them not conforming. • Universality of application of attachment theory creates a bias towards particular cultures and child care arrangements. | |

| Question Number | Answer | Mark |
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| 6 cont. | <p>Health psychology</p> <ul style="list-style-type: none"> • Drug therapy is as much social control here as therapy used for offenders, as those prescribing the drugs and administering the programme have power over the client. • Drugs can involve aspects that are illegal and this can give power to society over the individual. • Biological explanations for criminal and antisocial behaviour can suggest that biological 'faults', such as those related to the amygdala, can 'cause' aggression. This leads to the suggestion that we should 'fix' the problem or remove someone from society proactively. • Learning theories can be used to help prisoners re-enter society by, for example, offering assertiveness training to replace aggression with being assertive. • Factors influencing jury decision making can include issues such as characteristics of the defendant. Any deviation from a 'neutral' verdict can be seen as a form of social control. <p>Look for other reasonable marking points.</p> | |

| Level | Mark | Descriptor |
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| <p align="center">AO1 (8 marks), AO3 (12 marks)</p> <p>Candidates must demonstrate a greater emphasis on assessment/conclusion vs knowledge and understanding in their answer. Knowledge & understanding is capped at maximum 8 marks.</p> | | |
| Level 0 | 0 | No rewardable material. |
| Level 1 | 1–4 marks | <p>Demonstrates isolated elements of knowledge and understanding. (AO1)</p> <p>Generic assertions may be presented. Limited attempt to address the question. (AO3)</p> |
| Level 2 | 5–8 marks | <p>Demonstrates mostly accurate knowledge and understanding. (AO1)</p> <p>Candidates will produce statements with some development in the form of mostly accurate and relevant factual material, leading to a generic or superficial assessment being presented. (AO3)</p> |
| Level 3 | 9–12 marks | <p>Demonstrates accurate knowledge and understanding. (AO1)</p> <p>Arguments developed using mostly coherent chains of reasoning, leading to an assessment being presented which considers a range of factors. Candidates will demonstrate understanding of competing arguments/factors but unlikely to grasp their significance. The assessment leads to a judgement but this will be imbalanced. (AO3)</p> |
| Level 4 | 13–16 marks | <p>Demonstrates accurate and thorough knowledge and understanding. (AO1)</p> <p>Displays a logical assessment, containing logical chains of reasoning throughout which consider a range of factors. Demonstrates an understanding of competing arguments/factors but does not fully consider the significance of each which in turn leads to an imbalanced judgement being presented. (AO3)</p> |
| Level 5 | 17–20 marks | <p>Demonstrates accurate and thorough knowledge and understanding. (AO1)</p> <p>Displays a well-developed and logical assessment, containing logical chains of reasoning throughout. Demonstrates a full understanding and awareness of the significance of competing arguments/factors leading to a balanced judgement being presented. (AO3)</p> |