GCE A LEVEL MARKING SCHEME

SUMMER 2024

A LEVEL
PSYCHOLOGY – COMPONENT 1
A290U10-1

© WJEC CBAC Ltd.

About this marking scheme

The purpose of this marking scheme is to provide teachers, learners, and other interested parties, with an understanding of the assessment criteria used to assess this specific assessment.

This marking scheme reflects the criteria by which this assessment was marked in a live series and was finalised following detailed discussion at an examiners' conference. A team of qualified examiners were trained specifically in the application of this marking scheme. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners. It may not be possible, or appropriate, to capture every variation that a candidate may present in their responses within this marking scheme. However, during the training conference, examiners were guided in using their professional judgement to credit alternative valid responses as instructed by the document, and through reviewing exemplar responses.

Without the benefit of participation in the examiners' conference, teachers, learners and other users, may have different views on certain matters of detail or interpretation. Therefore, it is strongly recommended that this marking scheme is used alongside other guidance, such as published exemplar materials or Guidance for Teaching. This marking scheme is final and will not be changed, unless in the event that a clear error is identified, as it reflects the criteria used to assess candidate responses during the live series.

© WJEC CBAC Ltd.

GCE A LEVEL PSYCHOLOGY – COMPONENT 1

SUMMER 2024 MARK SCHEME

Question	AO1	AO2	AO3	Total
1	8			**8**
2			10	**10**
3			8	**8**
4	10			**10**
5		10		**10**
6	10			**10**
7			10	**10**
8		10		**10**
9	12		12	**24**
Total	**40**	**20**	**40**	**100**

© WJEC CBAC Ltd.

1. Describe the findings of Myers and Diener's (1995) research *'Who is happy?'*. [8]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.
Credit **will** be given for: **Findings**: • Happiness and age; no real difference. A survey of roughly 170,000 people from 16 different countries (Ingelhart, 1990) revealed that no time of life is notably happier or unhappier than others, but predictors change with age. • Happiness and gender; generally, no difference. Women are twice as vulnerable as men to depression and anxiety. Men are five times as vulnerable as women to alcoholism and anti-social personality disorder (Robins & Reiger, 1991). • Happiness and race; no real difference. People of different nationalities score similarly on tests of self-esteem (Crocker & Major, 1989). • Happiness and culture; large differences found e.g. in Portugal, about 10% of people say they are very happy whilst in the Netherlands, about 40% of people say the same. • Money and happiness; moderate positive correlations. Many adults believe that increased income would make them happier (Strumpel, 1976). • The traits of happy people; the best indicators of a happy person are: self-esteem; a sense of personal control; optimism; and extraversion. • The relationships of happy people; those with more friends are happier and have higher positive emotion. People who can name several intimate friends are healthier, less likely to die prematurely, and happier than people who have few or no friends. • The "flow" of happy people; People with greater work satisfaction also have better life satisfaction. For many people, work provides personal identity. Work also adds to a sense of community. • The faith of happy people; religious people report higher levels of happiness. • Any other appropriate content. N.B. Conclusions will not gain any credit.

© WJEC CBAC Ltd.

Marks	AO1
7-8	• Description and level of accuracy of findings is thorough. • Depth and range included. • Effective use of terminology. • Logical structure.
5-6	• Description and level of accuracy of findings is reasonable. • Depth and range, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-4	• Description and level of accuracy of findings is basic. • Depth or range. • Some use of appropriate terminology. • Reasonable structure.
1-2	• Description and level of accuracy is superficial. • Very little use of terminology. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

2. Evaluate the biological approach in terms of its strengths and weaknesses. [10]

This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.
Credit **will** be given for: • Research methods used e.g. use of a laboratory experiments, scanning techniques. • Application of findings to the real world. • Issues and debates; reductionism, biological determinism, individual differences. • Issues of validity and reliability e.g. low ecological validity, high levels of reliability. • Evidence to support and/or refute the approach. • Therapy; success rates, relapse, treating symptoms rather than cause, length of treatment. • Scientific approach with measurable and observable results. • Any other appropriate content. N.B. Points above can be evaluated as a strength and/or weakness as long as they are appropriately justified. N.B. Both strengths and weaknesses must be included to access the 6-10 mark range.

© WJEC CBAC Ltd.

Marks	AO3
9-10	• Thorough evaluation of the strengths and weaknesses of the biological approach. • Examples are well chosen to support the points made. • Arguments are well-developed and balanced throughout. • Structure is logical. • Depth and range. • An appropriate conclusion is reached based on evidence presented.
6-8	• Reasonable evaluation of the strengths and weaknesses of the biological approach. • Examples are appropriate. • Arguments are developed. • Structure is mostly logical. • Depth and range but not in equal measure. • A reasonable conclusion is reached based on evidence presented.
3-5	• Basic evaluation of the strengths and weaknesses of the biological approach. • Examples are not always relevant. • Arguments are not developed. • Structure is reasonable. • Depth or range. • A basic conclusion is reached. **OR** • Thorough evaluation of the strengths or weaknesses of the biological approach.
1-2	• Superficial evaluation of the strengths and weaknesses of the biological approach. • There are no examples to support. • Answer lacks structure. • No conclusion. **OR** • Reasonable evaluation of the strengths or weaknesses of the biological approach.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

3. Evaluate the effectiveness of either systematic desensitisation **OR** aversion therapy. [8]

<table>
<tr><td colspan="2">This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.</td></tr>
<tr><td colspan="2">Credit will be given for:</td></tr>
<tr><td>Systematic desensitisation:
The competence of the therapist can have an effect on the success of therapy.
Ineffective therapy because it treats symptoms but not the cause.
Issues of symptom substitution.
Low dropout rate due to going at client's pace so is more effective.
Research to support effectiveness e.g. Capafons et. al. (1998) with aerophobics.
Research to refute effectiveness e.g. Bregman (1934) research on biological preparedness.
Any other appropriate content.

N.B. Effectiveness issues can be positive or negative as long as they are justified.</td><td>Aversion therapy:
The competence of the therapist can have an effect on the success of therapy.
Ineffective therapy because it treats symptoms but not the cause.
Issues of symptom substitution.
High dropout rate so can be difficult to assess effectiveness.
Research to support effectiveness e.g. McConaghy et. al. (1983) with gambling addicts and covert sensitisation.
Research to refute effectiveness e.g. Hajek and Stead (2013).
Any other appropriate content.

N.B. Effectiveness issues can be positive or negative as long as they are justified.</td></tr>
</table>

© WJEC CBAC Ltd.

Marks	AO3
7-8	• Thorough evaluation of the effectiveness of systematic desensitisation **OR** aversion therapy. • Examples are well chosen to support the point made. • Arguments are well-developed. • Structure is logical. • Depth and range.
5-6	• Reasonable evaluation of the effectiveness of systematic desensitisation **OR** aversion therapy. • Examples are appropriate. • Arguments are developed. • Structure is mostly logical. • Depth and range but not in equal measure.
3-4	• Basic evaluation of the effectiveness of systematic desensitisation **OR** aversion therapy. • Examples are not always relevant. • Arguments are not developed. • Structure is reasonable. • Depth or range.
1-2	• Superficial evaluation of the effectiveness of systematic desensitisation **OR** aversion therapy. • There are no examples to support. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

4. Raine, Buchsbaum and LaCasse's (1997) research '*Brain abnormalities in murderers indicated by positron emission tomography'* was published in 1997. Describe the findings and conclusions of this research. [10]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.
Credit **will** be given for: **Findings:** • In the brains of NGRI there was reduced activity in areas previously linked to violence: Prefrontal cortex (area linked to rationality, self-restraint), left hemisphere- amygdala, thalamus and hippocampus and left angular gyrus (area linked to morality). • In the brains of NGRI there was increased activity in areas not previously linked to violence: Cerebellum and right hemisphere- amygdala, thalamus and hippocampus (linked with aggression) • There were no differences between NGRI & controls in many brain structures associated with mental illness, but there were differences when it came to aggressive behaviour and violence. • Prefrontal deficits might make someone more impulsive and emotional. • Deficits in the limbic system might make someone aggressive e.g. the amygdala controls urges and desires, and both the amygdala and hippocampus have a part to play in recognition; therefore, reduced activity in these areas might make it harder for someone to judge social situations, leading them to overreact. **Conclusions** • This study supports findings from research that there are links between brain areas and aggression. • However, violent behaviour is most likely best explained by the disruption of many interacting brain mechanisms rather than just one. • Raine warned that the findings do not show that violent behaviour is determined by biology alone, clearly social, psychological factors play important roles. • Findings do not show that murderers are not responsible for their actions or that PET scans can diagnose people • Findings do not show brain dysfunction causes violence- the brain differences could be an effect of violence, not the cause. • Nevertheless, the findings do show a link between brain dysfunction and a predisposition towards violence in NGRIs. • Any other appropriate content. N.B. Both findings and conclusions must be included to access the 6-10 mark range.

© WJEC CBAC Ltd.

Marks	AO1
9-10	• Description and level of accuracy of findings **and** conclusions is thorough. • Depth and range included. • Effective use of terminology. • Logical structure.
6-8	• Description and level of accuracy of findings **and** conclusions is reasonable. • Depth and range, but not in equal measure. • Good use of terminology. • Mostly logical structure.
3-5	• Description and level of accuracy of findings **and** conclusions is basic. • Depth or range. • Some use of appropriate terminology. • Reasonable structure. **OR** • Description of **either** findings **OR** conclusions is thorough.
1-2	• Description and level of accuracy is superficial. • Very little use of terminology. • Answer lacks structure. **OR** • Description of **either** findings **OR** conclusions is reasonable.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

5. ‘A student wanted to investigate if she should study the cognitive approach or the positive approach at university. She asked her psychology teacher, Mr. Haggerty, which approach of the two was better’.
With reference to the scenario above, discuss what the teacher may advise by comparing and contrasting the cognitive approach and the positive approach’. [10]

This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures.
Credit **will** be given for: • Scientific nature of the approaches; cognitive approach viewed, by some, as being more scientific than the positive approach and therefore ‘*better*’. • Success of treatments; length of success, length of therapy, results from research on the effectiveness of treatments which could affect what the ‘*student*’ reads at ‘*university*’. • Methods of investigation e.g. use of laboratory experiments, observations, questionnaires etc. that can make one approach ‘*better*’ than the other. • Each approach’s stance on tackling symptoms and causes of behaviour which may lead to a ‘*student*’ choosing to read one approach over another at ‘*university*’. • Issues of reductionism, free will, determinism, nomothetic and ideographic methods, nature/nurture that the ‘*psychology teacher*’ may use to argue their point. • Ethical issues that ‘*Mr. Haggerty*’ may use to argue their point. • Any other appropriate content. N.B. Points above can be similarities or differences as long as the reason is appropriately justified. N.B. Both similarities and differences must be included to access the 6-10 mark range.

© WJEC CBAC Ltd.

Marks	AO2
9-10	• Clear reference to the scenario. • Discussion of the similarities and differences is thorough. • Exemplars used are well chosen. • Depth and range are displayed. • Logical structure.
6-8	• Some reference to the scenario. • Discussion of the similarities and differences is reasonable. • Exemplars are appropriate. • Depth and range are displayed though not in equal measure. • Structure is mostly logical.
3-5	• Reference to the scenario is basic. • Discussion of the similarities and differences is basic. • Exemplars not always made relevant. • Depth or range. • Structure is reasonable. **OR** • Clear reference to the scenario. • Discussion of the **either** the similarities **or** differences is thorough.
1-2	• No reference to the scenario. • Discussion of the similarities and differences is superficial. • Exemplars identified but not made relevant. • Answer lacks structure. **OR** • Some reference to the scenario. • Discussion of either the similarities or differences is reasonable.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

6. Describe either cognitive behavioural therapy **OR** rational emotive behaviour therapy. [10]

<table>
<tr><td colspan="2">This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures.</td></tr>
<tr><td colspan="2">Credit will be given for:</td></tr>
<tr><td colspan="2">
Cognitive behavioural therapy:
• History of the therapy.
• Link between the assumptions of the approach and CBT.
• Role of the therapist.
• Techniques e.g. dysfunctional thought diary, homework tasks, cognitive restructuring.
• Role of the negative cognitive triad.

• Any other appropriate content.

Rational emotive therapy:
• History of the therapy.
• Link between the assumptions of the approach and REBT.
• Role of the therapist and unconditional positive regard.
• ABC model.
• Addition of D and E.
• Mustabatory thinking.

• Any other appropriate content.
</td></tr>
<tr><td>Marks</td><td>AO1</td></tr>
<tr><td>9-10</td><td>• Description and level of accuracy of either cognitive behavioural therapy or rational emotive behaviour therapy is thorough.
• Depth and range included.
• Effective use of terminology.
• Logical structure.</td></tr>
<tr><td>6-8</td><td>• Description and level of accuracy of either cognitive behavioural therapy or rational emotive behaviour therapy is reasonable.
• Depth and range, but not in equal measure.
• Good use of terminology.
• Mostly logical structure.</td></tr>
<tr><td>3-5</td><td>• Description and level of accuracy of either cognitive behavioural therapy or rational emotive behaviour therapy is basic.
• Depth or range.
• Some use of appropriate terminology.
• Reasonable structure.</td></tr>
<tr><td>1-2</td><td>• Description and level of accuracy of either cognitive behavioural therapy or rational emotive behaviour therapy is superficial.
• Very little use of terminology.
• Answer lacks structure.</td></tr>
<tr><td>0</td><td>• Inappropriate answer given.
• No response attempted.</td></tr>
</table>

© WJEC CBAC Ltd.

7. Evaluate the ethical issues and social implications of Loftus and Palmer's (1974) research '*Reconstruction of automobile destruction: an example of the interaction between language and memory*'. [10]

<table>
<tr><td colspan="2">This question is focused on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.</td></tr>
<tr><td colspan="2">Credit will be given for:</td></tr>
<tr><td>Ethical issues:
Use of an accident clip that could potentially cause harm.
Right to withdraw issues with students being used as the sample.
Deception, therefore, issues of valid consent.
Use of film clips rather than a real car crash.
Any other appropriate content.</td><td>Social implications:
More effective policing through the use of the Cognitive Interview, jury checklist.
Use of eyewitness statements alongside CCTV and forensic evidence.
Applications to the real world e.g. The Innocence Project.
Impact on families of victims and perpetrators e.g. death sentence, wrongful convictions.
Any other appropriate content.</td></tr>
<tr><td colspan="2">N.B. Both ethical issues and social implications must be included to access the 6-10 mark range.</td></tr>
</table>

© WJEC CBAC Ltd.

Marks	AO3
9-10	• Thorough evaluation of the ethical issues and social implications. • Examples are well chosen to support the point made. • Arguments are well-developed and balanced throughout. • Structure is logical. • Depth and range. • An appropriate conclusion is reached based on evidence presented.
6-8	• Reasonable evaluation of the ethical issues and social implications. • Examples are appropriate. • Arguments are developed. • Structure is mostly logical. • Depth and range but not in equal measure. • A reasonable conclusion is reached based on evidence presented.
3-5	• Basic evaluation of the ethical issues and social implications.. • Examples are not always relevant. • Arguments are not developed. • Structure is reasonable. • Depth or range. • A basic conclusion is reached. **OR** • Thorough evaluation of **either** the ethical issues **or** social implications.
1-2	• Superficial evaluation of the ethical issues and social implications.. • There are no examples to support. • Answer lacks structure. • No conclusion. **OR** • Reasonable evaluation of **either** the ethical issues **or** social implications.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

8. Discuss why a psychologist from the psychodynamic approach would consider dream analysis OR psychodrama as an appropriate therapy. [10]

<table>
<tr><td colspan="2">This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures.</td></tr>
<tr><td colspan="2">Credit will be given for:</td></tr>
<tr><td>Dream analysis:
• Role of unconscious drives as a storyline.
• Weakening of the ego during sleep.
• Strength of the id during sleep.
• Making the unconscious conscious.
• Role of defence mechanisms e.g. displacement of objects onto symbols.
• Research to justify the use of the therapy.
• Any other appropriate content.</td><td>Psychodrama:
• Role of defence mechanisms e.g. repression release through role taking.
• Role of projection in therapy.
• Release of unconscious processes through components of the therapy.
• Role of ‘egos’ in role taking.
• Research to justify the use of the therapy.
• Any other appropriate content.</td></tr>
</table>

Marks	AO2
9-10	• Discussion and application are thorough. • Exemplars used are well chosen. • Depth and range are displayed. • Logical structure.
6-8	• Discussion and application are reasonable. • Exemplars are appropriate. • Depth and range are displayed though not in equal measure. • Structure is mostly logical.
3-5	• Discussion and application are basic. • Exemplars not always made relevant. • Depth or range. • Structure is reasonable.
1-2	• Discussion and application are superficial. • Exemplars identified but not made relevant. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.

9. ‘It is not essential that the mother is the primary caregiver of an infant.’
Discuss the extent to which you agree with this viewpoint. You should use psychological knowledge in your answer. [24]

This question is focused on demonstrating knowledge and understanding of scientific processes, techniques and procedures **and** on the analysis, interpretation and evaluation of a range of scientific information, ideas and evidence.
This debate is linked to the psychodynamic approach. However, the materials used in the responses may be taken from any approach and perspective within psychology. Some reference could also be made to economic, social and political evidence (as long as it is explicitly linked to the psychological issue). AO1 Credit **will** be given for: • Research by Bowlby on attachment. • Freud’s theory of ‘cupboard love’. • Research exploring this debate e.g. Guardian Article on nursery care by Richard Reeves (1999), New Statesman article on brain scans of fathers being hardwired to be positive caregivers (July 2014). • Impact of shared maternity and paternity leave on the child, mother and father. • Role of the wider family e.g. grandparents. • Role of alternative care with reference to political and economic benefits and costs e.g. childminders and nursery providing care so that parents can contribute to the economy by going back to work. • Research into the role of the father and mother in childcare. • Any other appropriate content. AO3 Credit **will** be given for: • Analysis of the influence of the evidence on political decisions e.g. mothers feeling inadequate for going back to work or not, fathers feeling isolated due to female driven clubs for caregivers. • Improving reliability e.g. the way in which this debate is investigated, self-reports and observations. • Costs of childcare are prohibitive. • Cultural differences in childcare/view of the father’s role as ‘breadwinner’. • Ethical implications of mother as the primary caregiver. • Individual differences in childcare. • NHS recommendations on breastfeeding. • Biological theories for the mother being primary caregiver e.g. release of oxytocin during childbirth. • Any other appropriate content.

© WJEC CBAC Ltd.

Marks	AO1
10–12	• Description and level of accuracy is thorough. • Exemplars are well chosen. • There is depth and range to material included. • Effective use of terminology throughout.
7–9	• Description and level of accuracy is reasonable. • Exemplars are appropriate. • There is depth and range to material used, but not in equal measure. • Good use of terminology.
4–6	• Description and level of accuracy is basic. • Exemplars may not always be appropriate. • There is depth or range only in material used. • There is some use of appropriate terminology.
1–3	• Description and level of accuracy is superficial. • Exemplars not always made relevant. • Very little use of appropriate terminology.
0	• Inappropriate answer given. • No response attempted.

Marks	AO3
10–12	• Thorough discussion is made of both sides of the debate. • Evaluative comments are evidently relevant to the context. • Structure is logical throughout. • An appropriate conclusion is reached based on analysing and interpreting the evidence presented.
7–9	• Reasonable discussion is made of both sides of the debate. • Evaluative comments show some relevance to the context. • Structure is mostly logical. • A reasonable conclusion is reached based on analysing and interpreting the evidence presented.
4–6	• Basic discussion of both sides of the debate OR a reasonable discussion is made of only one side of the debate. • Evaluative comments are generic and not appropriately contextualised. • Structure is reasonable. • A basic conclusion is reached.
1–3	• Superficial discussion is made of the debate. • Evaluative comments are superficial. • Answer lacks structure. • No conclusion.
0	• Inappropriate answer given. • No response attempted.

© WJEC CBAC Ltd.