GCE A LEVEL MARKING SCHEME

AUTUMN 2020

A LEVEL
PSYCHOLOGY – COMPONENT 1
A290U10-1

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INTRODUCTION

This marking scheme was used by WJEC for the 2020 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

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	AO1	AO2	AO3	Total
1			8	8
2	10			10
3		10		10
4			10	10
5	8			8
6			10	10
7	10	10		20
8	12		12	24

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GCE A LEVEL PSYCHOLOGY – COMPONENT 1

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1. Evaluate **two** ethical issues of either drug therapy **OR** psychosurgery. [8]

This question is mainly focused on analysing, interpreting and evaluating scientific information, ideas and evidence in relation to making judgements and reaching conclusions.

Credit **could** be given for:

Drug therapy:	**Psychosurgery:**
• Valid consent/use of vulnerable people; patients undergoing therapy are not normally capable of understanding their illness, so consent may not be informed. • Physical harm; side effects associated with drugs, increased tolerance, risk of addiction. • Deception; possible use of placebos. • Psychological harm; lack of free will may cause more harm. • Harm; can help to alleviate symptoms quicker than other methods which can reduce further harm. • Any other appropriate ethical issue.	• Use of vulnerable people; patients undergoing therapy are not normally capable of understanding their illness, so consent may not be informed. • Physical harm; side effects associated with surgery, risk of death. • Psychological harm; lack of free will may cause more harm. • Harm; can help to alleviate symptoms quicker than other methods which can reduce further harm. • Informed consent; must ensure consent for surgery from a family member or other responsible adult. • Any other appropriate ethical issue.

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

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2. Describe the findings and conclusions of Myers and Diener's (1995) research '*Who is happy?*'. [10]

This question is focused on demonstrating knowledge and understanding of scientific ideas.
Credit **could** 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 to 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. **Conclusions:** • A viable theory of happiness must recognise the importance of adaption. Over time, the immediate emotional response to significant events inevitably fades. • One's cultural template influences how life events are interpreted, which can have a significant effect on SWB. • Having non-conflicting goals and making progress towards them are all predictors of SWB. • Knowing a person's age, race, sex and income does not inform us about how happy a person is. Better clues come from knowing a person's traits, whether the person has a strong network of supportive relationships, whether the person's culture offers positive interpretations of daily events, whether the person is engaged in work and leisure, and whether the person has a faith that entails social support, purpose and hope. • This new research on psychological well-being is a welcome complement to the long-standing studies of depression and anxiety, and of physical and material well-being. • By asking who is happy, and why, we can help people rethink their priorities and better understand how to build a world that enhances human well-being. • Both findings and conclusions must be included to access marks in the top bands. • Any other appropriate finding or conclusion.

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Marks	AO1
10	• Description and level of accuracy of findings **and** conclusions is thorough. • Depth and range included. • Effective use of terminology. • Logical structure.
7-9	• 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.
4-6	• Description and level of accuracy of findings **and** conclusions is basic. **OR** • Description of **either** findings **OR** conclusions is thorough. • Depth or range. • Some use of appropriate terminology. • Reasonable structure.
1-3	• Description and level of accuracy is superficial. • Very little use of terminology. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

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3. 'Bowlby's (1944) research *'Forty-four juvenile thieves: Their characters and home-life*' was unethical and has had limited social implications.'

With reference to the statement, discuss the ethical issues and social implications of Bowlby's (1944) research. [10]

<table>
<tr><td colspan="2">This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures in a practical context.</td></tr>
<tr><td colspan="2">Credit could be given for:</td></tr>
<tr><td>Ethical issues:
Psychological harm from results of the IQ test.
Informed consent from the mothers.
Use of socially sensitive data e.g. school reports.
Confidentiality of interview material.
Right to withdraw information gathered by psychologists.
Any other appropriate ethical issue.</td><td>Social implications:
Families e.g. adoption, foster care, gender roles.
Work e.g. parental leave, flexible working, and effects on economy.
Health; parental rooms in hospitals, premature babies, hospital visiting hours for children.
Law e.g. use findings with young offenders, less crime costs and welfare support.
Education e.g. nursery education, support for those with attachment issues.
Any other appropriate social implication.</td></tr>
</table>

Marks	AO2
10	• Discussion and level of accuracy is thorough. • Exemplars used are well chosen. • Depth and range are displayed. • Clear reference to the statement. • Logical structure
7-9	• Discussion and level of accuracy is reasonable. • Exemplars are appropriate. • Depth and range are displayed though not in equal measure. • Some reference to the statement. • Structure is mostly logical.
4-6	• Discussion and level of accuracy of both ethical issues **and** social implication is basic. **OR** • Discussion and level of accuracy of **either** ethical issues **OR** social implication is thorough. • Exemplars not always made relevant. • Depth or range. • Reference to the statement is basic. • Structure is reasonable.
1-3	• Discussion and level of accuracy is superficial. • Exemplars identified but not made relevant. • No reference to the statement. • Answer lacks structure.
0	• Inappropriate answer given. • No response attempted.

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4. Compare and contrast the biological approach with the positive approach. [10]

This question is mainly focused on analysing, interpreting and evaluating scientific information, ideas and evidence in relation to making judgements and reaching conclusions.

Credit **could** be given for:

- Scientific nature of the approaches; biological approach viewed as being more scientific than the positive approach.
- Success of treatments; length of success, length of therapy, results from research on the effectiveness of treatments.
- Methods of investigation e.g. use of laboratory experiments, observations, questionnaires etc.
- Each approach's stance on tackling symptoms and causes of behaviour.
- Issues of reductionism, free will, determinism, nomothetic and ideographic methods.
- Ethical issues.

- NB: points above can be similarities or differences as long as the reason is justified
- Any other appropriate comparison or contrasting evaluation.

Marks	AO3
10	• A thorough evaluation. • 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.
7-9	• A reasonable evaluation. • 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.
4-6	• Basic evaluation of both comparing **and** contrasting **OR** • Evaluation of **either** comparing **OR** contrasting is thorough. • Examples are not always relevant. • Arguments are not developed. • Structure is reasonable. • Depth or range. • A basic conclusion is reached.
1-3	• Superficial evaluation. • There are no examples to support. • Answer lacks structure. • No conclusion.
0	• Inappropriate answer given. • No response attempted.

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5. Using examples from psychology, outline **two** assumptions of the cognitive approach. [4+4]

This question is focused on demonstrating knowledge and understanding of scientific ideas.	
Credit **could** be given for: • Computer analogy; input, processes e.g. thinking, attention etc., storage, output. Examples of computer analogy e.g. multistore model. • Internal mental processes; attention, perception, thinking, memory, language. Examples of research into these processes. • Schemas; role of long-term memory, cultural/environmental influences, stereotyping. Examples of schemas and/or research into schemas. • Any other appropriate assumption.	
Marks (per assumption)	**AO1**
4	• Outline and level of accuracy is thorough and clearly linked to psychology. • Effective use of appropriate terminology.
3	• Outline and level of accuracy is reasonable and linked to psychology. • Good use of appropriate terminology.
2	• Outline and level of accuracy is basic. • Link to psychology may not be clear. • Some use of appropriate terminology.
1	• Assumption is identified only **OR** description is superficial. • No link to psychology. • Very little use of appropriate terminology.
0	• Inappropriate answer given. • No response attempted.

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6. Evaluate the strengths and weaknesses of the psychodynamic approach. [10]

This question is mainly focused on analysing, interpreting and evaluating scientific information, ideas and evidence in relation to making judgements and reaching conclusions.

Credit **could** be given for:

- Acceptance of the effects of childhood on adult behaviour.
- Therapy; success rates, treats causes of behaviour not just symptoms, length of treatment.
- Focus on the past rather than the present.
- Placing of blame on external influences.
- Application to the real world.
- Issues and debates; reductionism, psychic determinism, individual differences.
- Ethics of the psychodynamic approach.
- Evidence to support and/or refute the approach.

Any other relevant evaluation.

NB points above can be either strengths or weaknesses.

Marks	AO3
10	• A thorough evaluation. • 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.
7-9	• A reasonable evaluation. • 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.
4-6	• Basic evaluation of strengths and weaknesses. **OR** • Evaluation of **either** strengths **OR** weaknesses is thorough. • Examples are not always relevant. • Arguments are not developed. • Structure is reasonable. • Depth or range. • A basic conclusion is reached.
1-3	• Superficial evaluation. • There are no examples to support. • Answer lacks structure. • No conclusion.
0	• Inappropriate answer given. • No response attempted.

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7. (i) Describe the main components of systematic desensitisation **OR** aversion therapy. [10]

<table>
<tr><td colspan="2">This question is focused on demonstrating knowledge and understanding of scientific ideas.</td></tr>
<tr><td colspan="2">Credit could be given for:</td></tr>
<tr><td colspan="2">
Systematic desensitisation:
• Assumptions e.g. use of counter conditioning.
• Reciprocal inhibition.
• Relaxation techniques.
• Desensitisation hierarchy.
• In vivo and in vitro techniques.
• Role of the therapist.
• Examples from research.
• Any other relevant component.

Aversion therapy:
• Assumptions e.g. use of classical conditioning.
• Covert sensitisation.
• Use of Antabuse.
• Role of operant conditioning.
• Examples from Component three e.g. rapid smoking.
• Examples from research.
• Role of the therapist.
• Any other relevant component.
</td></tr>
<tr><td>Marks</td><td>AO1</td></tr>
<tr><td>9-10</td><td>• Description and level of accuracy 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 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 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 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>

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(ii) 'Behaviourist therapies are effective in treating mental illness.'

With reference to the above statement, discuss the effectiveness of the therapy that you described in **7** (i). [10]

<table>
<tr><td colspan="2">This question is focused on applying knowledge and understanding of scientific ideas, processes, techniques and procedures in a practical context.</td></tr>
<tr><td colspan="2">Credit could be given for:</td></tr>
<tr><td colspan="2">
Systematic desensitisation:
• Only tackles symptoms, not cause.
• Ineffective for evolutionary fears.
• Research to support and/or refute effectiveness.
• Effective in curing phobias.
• Comparison to the effectiveness of other therapies.
• Any other appropriate effectiveness issue.

Aversion therapy:
• Only tackles symptoms, not cause.
• Ineffective for most behaviour; only works in the short term.
• Research to support and/or refute effectiveness.
• Dropout rates.
• Comparison to the effectiveness of other therapies.
• Any other appropriate effectiveness issue.
</td></tr>
<tr><td>Marks</td><td>AO2</td></tr>
<tr><td>9-10</td><td>• Discussion and level of accuracy is thorough.
• Exemplars used are well chosen.
• Depth and range are displayed.
• Clear reference to the statement.
• Logical structure.</td></tr>
<tr><td>6-8</td><td>• Discussion and level of accuracy is reasonable.
• Exemplars are appropriate.
• Depth and range are displayed though not in equal measure.
• Some reference to the statement.
• Structure is mostly logical.</td></tr>
<tr><td>3-5</td><td>• Discussion and level of accuracy is basic.
• Exemplars not always made relevant.
• Depth or range.
• Reference to the statement is basic.
• Structure is reasonable.</td></tr>
<tr><td>1-2</td><td>• Discussion and level of accuracy is superficial.
• Exemplars identified but not made relevant.
• No reference to the statement.
• Answer lacks structure.</td></tr>
<tr><td>0</td><td>• Inappropriate answer given.
• No response attempted.</td></tr>
</table>

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8. ‘The positive approach is more relevant in today’s society than other approaches in psychology.’

With reference to this statement discuss the debate of the relevance of positive psychology in today’s society. [24]

This question is focused on demonstrating knowledge and understanding of scientific ideas, processes, techniques and procedures.

This debate is linked to the positive 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).

Credit **could** be given for:

- Aims of positive psychology e.g. Seligman’s perspective on the use of positive psychology.
- Use of positive psychology in a range of settings e.g. schools, workplace, medical care.
- Use of positive psychology for a range of psychological issues.
- Research into positive psychology e.g. Oswald *et. al.* (2009), NHS research, happiness/wellbeing studies.
- Ethics of using positive psychology.
- Use of treatments in positive psychology.
- Any other appropriate material.

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. • The structure is logical.
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. • The structure is mostly logical.
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. • There is a reasonable structure.
1-3	• Description and level of accuracy is superficial. • Exemplars not always made relevant. • Very little use of appropriate terminology. • Answer lacks structure
0	• Inappropriate answer given. • No response attempted.

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This question is mainly focused on analysing, interpreting and evaluating scientific information, ideas and evidence in relation to making judgements and reaching conclusions and to develop and refine practical design and procedures.
Credit **could** be given for: • Analysis of research evidence to refute or support the debate. • Reliability and validity issues e.g. the use of self-reports, subjective results in some research, use of more scientific methods e.g. biological measurements of happiness. • Individual differences in positivity e.g. some people find mindfulness stressful, others thrive in negativity. • Cultural differences in positivity e.g. collectivist and individualistic societies. • Ethical implications of using positive psychology. • Conclusion to the debate. Overall agreement or disagreement with the statement. • Any other appropriate discussion.

Marks	AO3
10-12	• A thorough discussion is made of both sides of the debate. • Clear reference to the statement. • 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	• A reasonable discussion is made of both sides of the debate. • Reasonable reference to the statement. • 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	• A basic discussion of both sides of the debate OR a reasonable discussion is made of only one side of the debate. • Reference to the statement is superficial. • Evaluative comments are generic and not appropriately contextualised. • Structure is reasonable. • A basic conclusion is reached.
1-3	• A superficial discussion is made of the debate. • No reference to the statement. • Evaluative comments are superficial. • Answer lacks structure. • No conclusion.
0	• Inappropriate answer given. • No response attempted.

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