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# **GCE AS MARKING SCHEME**

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**SUMMER 2022**

**AS  
PSYCHOLOGY – COMPONENT 1  
B290U10-1**

## **INTRODUCTION**

This marking scheme was used by WJEC for the 2022 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.

**GCE AS PSYCHOLOGY – COMPONENT 1**

**SUMMER 2022 MARK SCHEME**

<b>Question</b>	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>TOTAL</b>
<b>1</b>	5			5
<b>2</b>	4 & 4			8
<b>3</b>	12			12
<b>4</b>			5 & 5	10
<b>5</b>	5			5
<b>6</b>			10	10
<b>7</b>		10		10
<b>8</b>	10		10	20
<b>TOTAL</b>	<b>40</b>	<b>10</b>	<b>30</b>	<b>80</b>

1. Briefly describe the main components of either dream analysis **OR** psychodrama. [5]

Credit will be given for:	
<p><b>Dream Analysis</b></p> <ul style="list-style-type: none"> <li>• Dreams as revealing inner desires of the ID.</li> <li>• Wish fulfilment e.g. primary process thought.</li> <li>• Dream symbolism but not all dreams have symbolism.</li> <li>• Manifest and latent content (use of dreamwork).</li> <li>• Role of the patient and therapist in therapy.</li> <li>• Any other appropriate content.</li> </ul>	<p><b>Psychodrama</b></p> <ul style="list-style-type: none"> <li>• History of psychodrama as the first group therapy.</li> <li>• Use of roles in therapy e.g. protagonist, audience, director etc.</li> <li>• Role reversal e.g. encouraging protagonist's awareness of others.</li> <li>• Use of mirror technique.</li> <li>• Doubling; making protagonist feelings conscious.</li> <li>• Any other appropriate content.</li> </ul>
<b>Marks</b>	<b>AO1</b>
<b>5</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is thorough.</li> <li>• Effective use of appropriate terminology.</li> </ul>
<b>3-4</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is reasonable.</li> <li>• Good use of appropriate terminology.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is superficial.</li> <li>• Very little use of appropriate terminology.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

2. Using examples from psychology, describe the following assumptions of the biological approach:

(a) 'Evolutionary influences'.

[4]

Credit will be given for:	
<b>Evolutionary Influences</b> <ul style="list-style-type: none"> <li>• Theory of natural selection.</li> <li>• Environment of Evolutionary Adaptiveness (EEA).</li> <li>• Any other appropriate content.</li> </ul>	
<b>Marks</b>	<b>AO1</b>
<b>4</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is thorough.</li> <li>• Examples are well chosen to support the point made.</li> <li>• Effective use of appropriate terminology.</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is reasonable.</li> <li>• Examples are appropriate.</li> <li>• Good use of appropriate terminology.</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is basic.</li> <li>• Examples are not always relevant.</li> <li>• Very little use of appropriate terminology.</li> </ul>
<b>1</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is superficial.</li> <li>• There are no examples.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

(b) 'Neurotransmitters'.

[4]

Credit will be given for:	
<b>Neurotransmitters</b> <ul style="list-style-type: none"><li>• Relationship of neurons and neurotransmitters.</li><li>• Role of neurotransmitters and mental health.</li><li>• Any other appropriate content.</li></ul>	
<b>Marks</b>	<b>AO1</b>
<b>4</b>	<ul style="list-style-type: none"><li>• Description and level of accuracy is thorough.</li><li>• Examples are well chosen to support the point made.</li><li>• Effective use of appropriate terminology.</li></ul>
<b>3</b>	<ul style="list-style-type: none"><li>• Description and level of accuracy is reasonable.</li><li>• Examples are appropriate.</li><li>• Good use of appropriate terminology.</li></ul>
<b>2</b>	<ul style="list-style-type: none"><li>• Description and level of accuracy is basic.</li><li>• Examples are not always relevant.</li><li>• Very little use of appropriate terminology.</li></ul>
<b>1</b>	<ul style="list-style-type: none"><li>• Description and level of accuracy is superficial.</li><li>• There are no examples.</li></ul>
<b>0</b>	<ul style="list-style-type: none"><li>• Inappropriate answer given.</li><li>• No response attempted.</li></ul>

3. Describe the findings and conclusions of Raine, Buchsbaum and LaCasse's (1997) classic research '*Brain abnormalities in murderers indicated by positron emission tomography*'. [12]

Credit will be given for:

**Findings:**

**BRAIN DIFFERENCES**

- Significant lower glucose metabolism in cortical regions between murderers and controls in lateral and medial prefrontal cortex in both hemispheres.
- Same for parietal glucose metabolism especially in angular gyrus.
- Identical to controls in temporal lobe glucose metabolism.
- Significantly higher on occipital lobe glucose metabolism.
- Abnormal asymmetries of activity in murderers (left hemisphere lower than right) in amygdala, thalamus, and medial temporal lobe including the hippocampus.
- Bilaterally lower glucose metabolism in the corpus callosum than controls.
- As predicted no significant differences for the amount of midbrain and cerebellum activities between murders and controls (areas linked to mental disorders).

**PERFORMANCE ON CPT**

- No difference in any aspect of behavioural performance on the continuous performance task (CPT).

**OTHER DIFFERENCES**

- Handedness, ethnicity and head injury – these not controlled for but ethnicity and head injury did not show any significant differences although left handedness 6/41 had less amygdala asymmetry and higher medial prefrontal activity than right-handed murderers.

**Conclusions:**

- Findings cannot be taken to demonstrate that violence is determined by biology alone; clearly, social, psychological, cultural, and situational factors also play important roles in predisposing to violence.
- Data does not demonstrate that murderers pleading NGRI are not responsible for their actions, nor do they demonstrate that PET can be used as a diagnostic technique.
- Findings do not establish causal link between brain dysfunction and violence.
- Findings cannot be generalised at the present date from NGRI murder cases to other types of violent offenders.
- What these findings do document is that as a group, murderers pleading NGRI have statistically significant differences in glucose metabolism in certain brain regions compared to control subjects. They also suggest that reduced activity in the prefrontal, parietal, and callosal regions of the brain, together with abnormal asymmetries of activity in the amygdala, thalamus, and hippocampus, may be one of many predispositions toward violence in this specific group.
- Future independent replication, refinement, and extension are greatly needed.
- Any other relevant finding or conclusion from original journal article.
- Any other appropriate content.

Marks	AO1
10-12	<ul style="list-style-type: none"> <li>• Description and level of accuracy of findings <b>and</b> conclusions is thorough.</li> <li>• Depth and range included.</li> <li>• Effective use of terminology.</li> <li>• Logical structure.</li> </ul>
7-9	<ul style="list-style-type: none"> <li>• Description and level of accuracy of findings <b>and</b> conclusions is reasonable.</li> <li>• Depth and range, but not in equal measure.</li> <li>• Good use of terminology.</li> <li>• Mostly logical structure.</li> </ul>
4-6	<ul style="list-style-type: none"> <li>• Description and level of accuracy of findings <b>and</b> conclusions is basic.</li> <li>• Depth or range.</li> <li>• Some use of appropriate terminology.</li> <li>• Reasonable structure.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Description of <b>either</b> findings <b>OR</b> conclusions is thorough.</li> <li>• Depth and range included.</li> <li>• Effective use of terminology.</li> <li>• Logical structure.</li> </ul>
1-3	<ul style="list-style-type: none"> <li>• Description and level of accuracy of findings <b>and</b> conclusions is superficial.</li> <li>• Very little use of appropriate terminology.</li> <li>• Answer lacks structure.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Description and level of accuracy of <b>either</b> findings <b>OR</b> conclusions is reasonable.</li> <li>• Depth and range, but not in equal measure.</li> <li>• Good use of terminology.</li> <li>• Mostly logical structure.</li> </ul>
0	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>



4. (a) Evaluate the effectiveness of either aversion therapy **OR** systematic desensitisation.

[5]

Credit will be given for:	
<p><b>Aversion Therapy:</b></p> <ul style="list-style-type: none"> <li>• Research to support/refute effectiveness e.g. Miller (1978), Smith <i>et. al.</i> (1997,1988), Elkins <i>et. al.</i> (2017).</li> <li>• Dropout rates – Bancroft (1992).</li> <li>• Length of effect.</li> <li>• Symptom substitution.</li> <li>• Appropriateness for different conditions, smoking, alcoholism, obesity.</li> <li>• Any other appropriate content.</li> </ul>	<p><b>Systematic Desensitisation:</b></p> <ul style="list-style-type: none"> <li>• Research to support/refute effectiveness e.g. Capafons <i>et. al.</i> (1998), Seligman (1970), McGrath <i>et. al.</i> (1990).</li> <li>• Appropriateness for treatment of all phobias.</li> <li>• Symptom substitution.</li> <li>• Any other appropriate content.</li> </ul>
<b>Marks</b>	<b>A03</b>
<b>5</b>	<ul style="list-style-type: none"> <li>• Thorough evaluation.</li> <li>• Clearly linked to the therapy.</li> <li>• Examples are well chosen to support the point made.</li> <li>• Arguments are well-developed and balanced throughout.</li> <li>• Structure is logical.</li> </ul>
<b>3-4</b>	<ul style="list-style-type: none"> <li>• Reasonable evaluation.</li> <li>• Some link to the therapy.</li> <li>• Examples are appropriate.</li> <li>• Arguments are developed.</li> <li>• Structure is mostly logical.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Superficial evaluation.</li> <li>• There are no examples to support.</li> <li>• Answer lacks structure.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

- (b) Evaluate the ethical considerations of either aversion therapy **OR** systematic desensitisation. [5]

Credit will be given for:	
<p><b>Aversion Therapy:</b></p> <ul style="list-style-type: none"> <li>• Physical harm.</li> <li>• Psychological harm.</li> <li>• Used as a treatment for socially sensitive topics in the past.</li> <li>• Consent.</li> <li>• Comparison of ethics in relation to other treatments.</li> <li>• Any other appropriate content.</li> </ul>	<p><b>Systematic Desensitisation:</b></p> <ul style="list-style-type: none"> <li>• Able to provide consent.</li> <li>• Psychological harm.</li> <li>• Right to withdraw.</li> <li>• Comparison of ethics in relation to other treatments.</li> <li>• Any other appropriate content.</li> </ul>
<b>Marks</b>	<b>AO3</b>
<b>5</b>	<ul style="list-style-type: none"> <li>• Thorough evaluation.</li> <li>• Clearly linked to the therapy.</li> <li>• Examples are well chosen to support the point made.</li> <li>• Arguments are well-developed and balanced throughout.</li> <li>• Structure is logical.</li> </ul>
<b>3-4</b>	<ul style="list-style-type: none"> <li>• Reasonable evaluation.</li> <li>• Some link to the therapy.</li> <li>• Examples are appropriate.</li> <li>• Arguments are developed.</li> <li>• Structure is mostly logical.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Superficial evaluation.</li> <li>• There are no examples to support.</li> <li>• Answer lacks structure.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

5. Explain why a relationship is formed according to the positive approach. [5]

Credit will be given for:	
<ul style="list-style-type: none"> <li>• Positive relationships contribute to healthy well-being, Burt (1986), Lee <i>et. al.</i> (1991), Myers and Diener (1995).</li> <li>• Authenticity of goodness and excellence assumption – ability to develop and express signature strengths.</li> <li>• The good life assumption – positive connection to others.</li> <li>• Any other appropriate content.</li> </ul>	
<b>Marks</b>	<b>AO1</b>
<b>5</b>	<ul style="list-style-type: none"> <li>• Explanation and level of accuracy is thorough.</li> <li>• Effective use of appropriate terminology.</li> </ul>
<b>3-4</b>	<ul style="list-style-type: none"> <li>• Explanation and level of accuracy is reasonable.</li> <li>• Good use of appropriate terminology.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Explanation and level of accuracy is superficial.</li> <li>• Very little use of appropriate terminology.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

6. Evaluate the strengths and weaknesses of the positive approach.

[10]

Credit will be given for:	
<ul style="list-style-type: none"> <li>• Shift away from psychopathology.</li> <li>• Applications.</li> <li>• Free will.</li> <li>• Scientific methods.</li> <li>• Individual and cultural differences.</li> <li>• New approach.</li> <li>• Issues about nature/nurture.</li>   <li>• Any other appropriate content.</li> </ul> <p>N.B. There is no definitive list of strengths and/or weaknesses as it is subjective, and one issue can be presented as being both.</p>	
Marks	AO3
<b>9-10</b>	<ul style="list-style-type: none"> <li>• Thorough evaluation.</li> <li>• Clearly linked to the approach.</li> <li>• Examples are well chosen to support the point made.</li> <li>• Arguments are well-developed and balanced throughout.</li> <li>• Structure is logical.</li> <li>• Depth and range.</li> </ul>
<b>6-8</b>	<ul style="list-style-type: none"> <li>• Reasonable evaluation.</li> <li>• Some link to the approach.</li> <li>• Examples are appropriate.</li> <li>• Arguments are developed.</li> <li>• Structure is mostly logical.</li> <li>• Depth and range but not in equal measure.</li> </ul>
<b>3-5</b>	<ul style="list-style-type: none"> <li>• Basic evaluation.</li> <li>• Examples are not always relevant.</li> <li>• Arguments are not developed.</li> <li>• Structure is reasonable.</li> <li>• Depth or range.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Superficial evaluation.</li> <li>• There are no examples to support.</li> <li>• Answer lacks structure.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

7. 'The methodology and procedures of Watson and Rayner's research were flawed, and therefore it tells us little about human behaviour.'

With reference to the statement, evaluate Watson and Rayner's (1920) '*Conditioned emotional reactions*' research. [10]

Credit will be given for:	
<ul style="list-style-type: none"> <li>Controlled observation.</li> <li>Scientific.</li> <li>Ethics.</li> <li>Successful applications.</li> <li>Validity.</li> <li>Reliability.</li> <li>Sample.</li> <li>Any other appropriate content.</li> </ul>	
Marks	AO2
9-10	<ul style="list-style-type: none"> <li>Clear reference to the statement throughout.</li> <li>Discussion and level of accuracy is thorough.</li> <li>Exemplars used are well chosen.</li> <li>Depth and range are displayed.</li> <li>Logical structure</li> </ul>
6-8	<ul style="list-style-type: none"> <li>Clear reference to the statement.</li> <li>Discussion and level of accuracy is reasonable.</li> <li>Exemplars are appropriate.</li> <li>Depth and range are displayed though not in equal measure.</li> <li>Structure is mostly logical.</li> </ul>
3-5	<ul style="list-style-type: none"> <li>Some reference to the statement.</li> <li>Discussion and level of accuracy is basic.</li> <li>Exemplars not always made relevant.</li> <li>Depth or range.</li> <li>Structure is reasonable.</li> </ul>
1-2	<ul style="list-style-type: none"> <li>No clear reference to the statement.</li> <li>Discussion and level of accuracy is superficial.</li> <li>Exemplars identified but not made relevant.</li> <li>Answer lacks structure.</li> </ul>
0	<ul style="list-style-type: none"> <li>Inappropriate answer given.</li> <li>No response attempted.</li> </ul>

8. 'Eye-witness testimony is reliable'.

Using psychological knowledge, discuss to what extent you agree with this statement.

[20]

This debate is linked to the cognitive 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 will be given for:

- Studies on reliability of eye-witness testimony e.g. Yuille and Cutshall, Geiselman - cognitive interview, Loftus and Palmer.
- Studies on unreliability of eye-witness testimony e.g. Loftus and Palmer and leading questions.
- Theories indicating that memory is accurate e.g. flashbulb memory.
- Theories indicating that memory is not an accurate representation e.g. Bartlett's reconstructive memory and Schema Theory, repression and false memories.
- Individual differences - age, ethnicity, specific disorders (face blindness etc.).
- Reliability of children as eye-witnesses.
- Any other appropriate content.

Marks	AO1
<b>9-10</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is thorough.</li> <li>• Exemplars are well chosen.</li> <li>• Depth and range to material included.</li> <li>• Effective use of terminology throughout.</li> <li>• Structure is logical.</li> </ul>
<b>6-8</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is reasonable.</li> <li>• Exemplars are appropriate.</li> <li>• Depth and range to material used, but not in equal measure.</li> <li>• Good use of terminology.</li> <li>• Structure is mostly logical.</li> </ul>
<b>3-5</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is basic.</li> <li>• Exemplars may not always be appropriate.</li> <li>• Depth or range only in material used.</li> <li>• Some use of appropriate terminology.</li> <li>• Reasonable structure.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Description and level of accuracy is superficial.</li> <li>• Exemplars not always made relevant.</li> <li>• Very little use of appropriate terminology.</li> <li>• Answer lacks structure.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>

Credit will be given for:	
<ul style="list-style-type: none"> <li>• Analysis of research evidence to refute or support the debate.</li> <li>• Analysis of theories related to the reliability of eye-witness testimony.</li> <li>• Analysis of evidence of individual differences in reliability of eye-witness testimony, e.g. age, ethnicity, specific disorders (face blindness etc.).</li> <li>• Ethical implications, such as psychological harm in misidentification, e.g. Huff <i>et.al.</i> (1986).</li> <li>• Economic implications, e.g. costs of trials and compensation.</li> <li>• Social implications, e.g. faith in criminal justice system if imprisoning innocent people as actual perpetrators may go unpunished, e.g. Greene (1990).</li> <li>• Overall agreement or disagreement with the statement.</li> <li>• Any other appropriate content.</li> </ul>	
<b>Marks</b>	<b>AO3</b>
<b>9-10</b>	<ul style="list-style-type: none"> <li>• A thorough discussion is made of both sides of the debate.</li> <li>• Clear reference to the statement.</li> <li>• Evaluative comments are evidently relevant to the context.</li> <li>• Structure is logical throughout.</li> <li>• An appropriate conclusion is reached based on analysing and interpreting the evidence presented.</li> </ul>
<b>6-8</b>	<ul style="list-style-type: none"> <li>• A reasonable discussion is made of both sides of the debate.</li> <li>• Reasonable reference to the statement.</li> <li>• Evaluative comments show some relevance to the context.</li> <li>• Structure is mostly logical.</li> <li>• A reasonable conclusion is reached based on analysing and interpreting the evidence presented.</li> </ul>
<b>3-5</b>	<ul style="list-style-type: none"> <li>• A basic discussion of both sides of the debate OR a reasonable discussion is made of only one side of the debate.</li> <li>• Some reference to the statement.</li> <li>• Evaluative comments are generic and not appropriately contextualised.</li> <li>• Structure is reasonable.</li> <li>• A basic conclusion is reached.</li> </ul>
<b>1-2</b>	<ul style="list-style-type: none"> <li>• A superficial discussion is made of the debate.</li> <li>• No reference to the statement.</li> <li>• Evaluative comments are superficial.</li> <li>• Answer lacks structure.</li> <li>• No conclusion.</li> </ul>
<b>0</b>	<ul style="list-style-type: none"> <li>• Inappropriate answer given.</li> <li>• No response attempted.</li> </ul>