



2014 Psychology

Higher

Finalised Marking Instructions

© Scottish Qualifications Authority 2014

The information in this publication may be reproduced to support SQA qualifications only on a non-commercial basis. If it is to be used for any other purposes written permission must be obtained from SQA's NQ Assessment team.

Where the publication includes materials from sources other than SQA (secondary copyright), this material should only be reproduced for the purposes of examination or assessment. If it needs to be reproduced for any other purpose it is the centre's responsibility to obtain the necessary copyright clearance. SQA's NQ Assessment team may be able to direct you to the secondary sources.

These Marking Instructions have been prepared by Examination Teams for use by SQA Appointed Markers when marking External Course Assessments. This publication must not be reproduced for commercial or trade purposes.

Part One: General Marking Principles for: Psychology Higher

This information is provided to help you understand the general principles you must apply when marking candidate responses to questions in this Paper. These principles must be read in conjunction with the specific Marking Instructions for each question.

- (a) Marks for each candidate response must always be assigned in line with these general marking principles and the specific Marking Instructions for the relevant question. If a specific candidate response does not seem to be covered by either the principles or detailed Marking Instructions, and you are uncertain how to assess it, you must seek guidance from your Team Leader/Principal Assessor.
- (b) Marking should always be positive ie, marks should be awarded for what is correct and not deducted for errors or omissions.

GENERAL MARKING ADVICE: Psychology Higher

The marking schemes are written to assist in determining the “minimal acceptable answer” rather than listing every possible correct and incorrect answer. The following notes are offered to support Markers in making judgements on candidates’ evidence, and apply to marking both end of unit assessments and course assessments.

Generic Marking Information

Approximate weighting of all questions: Knowledge and understanding – approximately 60% of the mark

Analysis and evaluation – approximately 40% of the mark

Assessment objective	Generic requirements
Knowledge and understanding	<ul style="list-style-type: none">• Accurate, relevant and detailed psychological knowledge is demonstrated.• The information is presented in a coherent manner.• Information is communicated effectively using accurate psychological terminology and formal style.
Analysis and evaluation	<ul style="list-style-type: none">• Analysis of concepts, processes, evidence etc is shown, and/or• Evaluation is balanced and informed.

Generic Marking Information for 20-mark questions.

To award an answer a mark within a given band, all or most of the Generic Requirements for that band should apply.

Mark Band	Generic Requirements
18–20 (A1)	<ul style="list-style-type: none"> • Accurate, relevant and detailed psychological knowledge is demonstrated; there is evidence of thorough understanding. • Response is coherent and logically structured; appropriate examples are provided and points expanded. • Integration of knowledge from other relevant areas is shown. • Analysis of concepts, processes, evidence, etc is thorough, and evaluation is balanced and informed. • Information is communicated effectively using extensive and accurate psychological terminology and formal style, following the conventions of the discipline. • Sentence construction and punctuation are good.
14–17 (A2)	<ul style="list-style-type: none"> • Knowledge of the topic is accurate, relevant and detailed in the main; material shows clear understanding. • The information is presented in a coherent manner, with use of examples and some expansion of points. • Integration of points from other relevant areas is shown, though may be slightly limited. • The answer is evaluative/analytical, although the balance of evidence may show minor weaknesses. • Information is communicated effectively using accurate psychological terminology and appropriate style, following the conventions of the discipline. • Sentence construction and punctuation should be good.
12–13 (B)	<ul style="list-style-type: none"> • Knowledge of the topic is relevant; it may be slightly lacking in detail, but there is evidence of understanding. • Information is presented in a coherent manner, with some use of examples; expansion of points may be limited. • Integration of knowledge from other areas is shown, but is limited. • Attempts at evaluation/analysis are evident, although a balance of evidence is not always achieved. • Information is communicated effectively using appropriate terminology, and style mainly follows the conventions of the discipline. • Sentence construction and punctuation are reasonable, though a few errors may be evident.

10–11 (C)	<ul style="list-style-type: none"> • Knowledge of the topic is relevant, but lacks detail, or shows slight inaccuracies or misunderstandings. • Information is presented in a reasonably coherent manner, though use of examples and expansion of points are limited. • Some weaknesses are evident in analysis/evaluation. • Information is communicated reasonably effectively; however, terminology and/or style may lack clarity. • Sentence construction and punctuation are adequate, but a number of errors may be evident.
9 (D)	<ul style="list-style-type: none"> • Knowledge lacks detail and/or shows errors or omissions. • Information is lacking in coherence, limited or irrelevant examples may be provided and points are not expanded or may demonstrate severe limitations. • Major weaknesses may be evident in analysis/evaluation or none attempted. • Effectiveness of communication of psychological information is limited, terminology is lacking and/or style is inappropriate. • Sentence construction and punctuation are weak.
0–8 (NA)	<ul style="list-style-type: none"> • Little or no psychological knowledge is evident. • No analysis or evaluation is shown, and any evidence provided is irrelevant or anecdotal. • Communication of psychological information is ineffective. • Sentence construction and punctuation show major flaws.

Part Two: Marking Instructions for each Question

Section A – Understanding the Individual

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
A	1	<p>Early Socialisation</p> <p>A maximum of 1 KU mark can be awarded for a definition of attachment.</p> <p>(a) Sigmund Freud developed the psychoanalytic theory of how each individual's personality develops. This theory can be used to explain the process of how attachment develops.</p> <p>Freud's "stage theory" suggested that, as the individual progresses through the different stages of development, the child's libidinal (psychic) energy becomes attached to certain body parts (the libidinal object). These parts of the body are especially sensitive to physical stimulation.</p> <p>For example, between the approximate ages of 0–18 months, the body part is the mouth. Freud referred to this as the oral stage of development. He argued that healthy attachments are formed when the feeding practices of the caregiver (usually the mother) satiate the infant's need for food, security and oral sexual gratification. Freud stressed the importance of feeding, especially breast feeding, and the importance of the role of the mother in the formation of healthy attachment. He also referred to unhealthy attachments, which occur when infants are either deprived of food and oral pleasure or are overindulged – oral fixation.</p> <p>Freud also suggested that infants are born with an innate drive to seek pleasure; called the pleasure principle. He suggested that this principle was associated with the id. The id is the primitive, instinctive part of our personality. The id demands immediate satisfaction. In the early years of life, the id demands oral satisfaction. The person providing this satisfaction becomes the love object, and an attachment is formed.</p> <p>Strength This theory explains both why infants become attached (because of the pleasure principle) and who they become attached to (the person who feeds them).</p> <p>Limitation Freud's theory is difficult to falsify – concepts are difficult to measure.</p>	6	4

Question			Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
A	1	(b)	<p>Definition of deprivation eg loss of primary attachment figure (A maximum of 1 KU mark can be awarded for a definition).</p> <p>Bowlby's view was that emotional care from a mother is vital for an infant's future mental health. Bowlby's maternal deprivation hypothesis suggested that long-term deprivation would result in affectionless psychopathy, deprivational dwarfism, lower IQ etc.</p> <p>Candidates may answer in terms of social, cognitive and emotional development.</p> <p>Bowlby's Juvenile Thieves (1944), Robertson & Bowlby (1952), Rutter (1976). Studies cited must relate to deprivation rather than privation.</p> <p>Evaluation referring to flawed methodology, eg non-experimental research, retrospective data, biased sampling, etc can be credited.</p>	6	4
			In all questions alternative points may be credited as appropriate		
			Totals	12	8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
A	2	<p>Stress</p> <p>(a) A maximum of 1 KU mark can be awarded for a definition of stress in <u>either</u> A2(a) or (b).</p> <p>Selye's three stages should be described – alarm, resistance, exhaustion (2 marks each).</p> <p>Evaluation marks can be awarded for discussion/ evaluation of relevant research eg Cohen et al (1991), Kiecolt-Glaser (1984).</p> <p>And/or evaluation of the syndrome – strengths – extensively and scientifically based, well controlled, established a link between psychological and physiological.</p> <p>Weaknesses – use of animals, individual differences in response, different stressors.</p> <p>It is not necessary to include all of the above points to be awarded the 4 AE marks.</p>	6	4

Question			Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
A	2	(b)	<p>Long term effects of stress</p> <p>There are a number of physiological disorders that have been linked to stress – stomach ulcers, asthma, headaches, hypertension and coronary heart disease (CHD). The physical aspect of stress is linked to the specific illness in two ways:</p> <ul style="list-style-type: none"> • Direct effects – experiencing stress can severely alter or damage biological processes which in turn can lead to illness. • Indirect effects – experiencing stress may affect a person’s behaviour. They may miss meals or eat more junk food. They may drink or smoke more. <p>Short term effects of stress (acute stress)</p> <p>The “adrenaline rush” – people may experience such sensations as sweatiness, increased heart rate, increased/difficult breathing etc. Short term stress can also stop you urinating and can slow down digestion.</p> <p>(Students may discuss such items as the immune system or specific hypertension.)</p> <p>Research evidence may include:</p> <p>Cobb and Rose (1973) Krantz (1991) Kiecolt-Glaser (1995) Riley (1981) Selye (1936) Brady (1958) Or any other relevant research</p>	6	4
			In all questions alternative points may be credited as appropriate		
			Totals	12	8

Question			Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
A	3	(a)	<p>Memory</p> <p>A maximum of 1 KU mark can be awarded for a definition of memory.</p> <p>Encoding, storage and retrieval should each be described.</p> <p>Research evidence could include (one in detail or more in less detail):</p> <p>Conrad (1964), Brandimonte (1992), Baddeley (1966). Miller (1956), Brown and Peterson (1959), Jacobs (1887), Bahrick (1975). Glanzer and Cunitz (1966), Sperling (1960), Craik and Tulving (1972).</p>	6	4
A	3	(b)	<p>A maximum of 1 KU mark can be awarded for a definition of eye witness testimony.</p> <p>Factors from:</p> <ul style="list-style-type: none"> • Memory for personal characteristics (Kebbel and Wagstaff, 1999) • Anxiety (Deffenbacher et al, 2004) (Christianson and Hubinette, 1993) • The weapon-focus effect (Loftus et al, 1987) • Age (Parker and Carranza, 1989) (Yarmey, 1993) (Memon et al, 2003) • Leading questions, schemata, stereotypes (Bartlett, 1932) • Any other relevant factors. 	6	4
			In all questions alternative points may be credited as appropriate		
			Totals	12	8

Section B – Investigating Behaviour

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
B	(a)	Either a one-tailed or two-tailed hypothesis is acceptable. eg 'There will be a difference between the scores of those carrying out cognitive tasks after a satisfactory night's sleep and those who have had their sleep disturbed.' OR any other suitably worded hypothesis.	2	
B	(b)	IV = sleep: disturbed or undisturbed DV = scores on problem-solving task	2	
B	(c)	Participants may not be representative of the target population. Or any other suitable answer.		2
B	(d)	Repeated measures	1	
B	(e)	Independent groups design: different participants in each condition of the IV (control group/experimental group). Advantage: Reduces the risk of order effects/demand characteristics. OR Matched pairs design: different participants in each condition of the IV (control group/experimental group). Matched as closely as possible on relevant characteristics. Advantage: Reduces the risk of order effects/demand characteristics.	2	2
B	(f)	Description of survey, observation, field/natural experiment, case study or correlation + explanation of two advantages, eg high ecological validity, quantifiable data, etc.	3	4
B	(g)	Responses could include two from: Mean, median, mode Range Or any other suitable response	2	
In all questions alternative points may be credited as appropriate				
Totals			12	8

Section C – The Individual in the Social Context

Social Psychology

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	1	<p>Prejudice</p> <p>A maximum of 2 KU marks can be awarded for an introduction.</p> <p>Prejudice can be described as an attitude that predisposes us to think, feel, perceive and act in favourable or unfavourable ways towards a group or its individual members.</p> <p>Attitudes are important to those who hold them and important attitudes are hardest to change. Changing prejudiced attitudes seem to threaten the very core of peoples' personality; therefore all reduction strategies must contain attitude change.</p> <p>Prejudice can be reduced through:</p> <ul style="list-style-type: none"> • Equal Status contact • Education and socialisation • Superordinate goals <p>Equal status contact was developed from the 1930's concept of "Contact Hypothesis" which stated that prejudice could be reduced simply by increasing contact between different groups. Contact must provide evidence of a change of negative attitudes. There has to be external agency support eg institutional support, legal procedures etc.</p> <p>Research evidence on "Contact Hypothesis" may include:</p> <p>Minard (1952) Jahoda (1961) Ramirez (1988) Cook (1978)</p> <p>Education and Socialisation – teaching tolerance and increasing awareness of prejudice, (Eliot 1977)</p> <p>Superordinate goals - Groups can be encouraged to co-operate towards the attainment of a common or superordinate goal eg Jigsaw Technique.</p>	12	8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	1	<p>(Cont)</p> <p>Research evidence on attainment of a superordinate goal may include: Sherif (1966) Kramer and Brewer (1984) Aronson (1978)</p> <p>Or any other relevant research.</p> <p>Evaluation will depend on the research evidence used. Points could include methodology, design, sampling techniques, ethics etc.</p>		
In all questions alternative points may be credited as appropriate				
			Totals	12
				8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	2	<p>Social Relationships</p> <p>A maximum of 2 KU marks can be awarded for an introduction.</p> <p>A social relationship can be defined as an “encounter with another person, or with other people, that endures through time”. A number of factors can affect the formation, maintenance and breakdown of relationships. Social relationships include relationships with family members, friends, romantic relationships and marriage. Affiliation is associating with someone for protection or to gain an advantage. Attraction is finding someone appealing due to physical/personal characteristics.</p> <p>A number of factors influencing attraction and the formation of intimate relationships have been identified by psychologists. There should be some explanation of these factors:</p> <ul style="list-style-type: none"> • Familiarity • Proximity • Similarity • Physical Attractiveness • The Matching Hypothesis • Perceived Competence. <p>Possible research may include:</p> <p>Newcomb (1961) – Familiarity Festinger (1950), Segal (1974), Clarke (1952) – Proximity Newcomb (1961) Hill (1976) Byrne (1965) – Similarity Murstein (1972) Silverman (1971) Walster (1966) – Physical Attractiveness</p> <p>Or any other relevant research.</p> <p>Evaluation will depend on the specific research evidence used, but could include ethics, methods, sampling techniques and design etc.</p>	12	8
In all questions alternative points may be credited as appropriate				
			Totals	12
				8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	3	<p>Conformity and Obedience</p> <p>A maximum of 2 KU marks can be awarded for an introduction.</p> <p>Examples may gain credit, eg messages from advertisers, peer groups, politicians, religions cults etc.</p> <ul style="list-style-type: none"> • A definition of social pressure/coercion; <p>Strong influence exerted by others on an individual to make them alter their thoughts or behaviour.</p> <ul style="list-style-type: none"> • Discussion of two or more strategies; <p>Moral reasoning: Kohlberg (1969) suggested that children progress through three levels/six stages of moral reasoning related to cognitive development. Those in the higher stages were more likely to resist social pressure, due to independent, internalised moral thinking, including awareness of one's own values. Resistance skills training may aid this process (Hansen and Graham, 1991). Moral development is enhanced by certain child-rearing styles, eg authoritative parenting (Baumrind, 1967).</p> <p>Disobedient models: people are more likely to resist if they observe others resisting (eg Milgram, 1974). A large crowd tore down the Berlin Wall in 1989, in spite of threat from armed guards, after a small number of people started attacking it. "Whistle-blowers" are sometimes highlighted in the media, and may encourage resistance to pressure, eg US soldier who exposed Abu Ghraib abuse.</p> <p>Questioning motives of others: children in particular can be vulnerable to manipulation for example by advertisers. They can be helped to develop "healthy scepticism", ie to understand motives of "persuaders" such as advertisers, peer groups, religious cults or extreme political groups, and so resist pressures to buy/join (eg Furnham, 2002; Austin and Johnson, 1997; Linn et al, 1982).</p> <p>Resistance skills training and/or normative education may be effective. Influence of TV adverts on children is reduced by parental involvement/interaction with child.</p> <p>Other possible strategies:</p> <p>Taking responsibility for one's own actions: role of empathy and guilt; agentic state v state of autonomy/personal responsibility (Milgram, 1974). Personal moral control may be increased through training/education or psychotherapy (Shapiro, 2006).</p>	12	8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	3	<p>(Cont)</p> <p>Minority influence: a minority can influence a majority and produce a change of mind, ie “conversion”, eg Moscovici et al (1969). Example: suffragette movement in the early 20th century eventually won votes for women. Conditions for conversion are consistency, flexibility, commitment, relevance (Moscovici, 1985).</p> <p>Assertiveness training: can be applied in the workplace (eg Dunham, 1989) and in personal relationships.</p> <ul style="list-style-type: none"> Evaluation of research evidence <p>Research evidence may be evaluated/analysed in terms of support or otherwise for the concepts described above, and/or in terms of methodological strengths and weaknesses of the studies, or other evaluative criteria. Some research relates to all or most strategies: eg Milgram (1974); Hansen and Graham (1991) – resistance skills training and normative education, the latter being more effective in resisting peer pressure in substance abuse.</p> <p>Moral reasoning: Kohlberg (1969) – criticised by Linn and Gilligan (1990). Baumrind (1967)</p> <p>Disobedient models: Milgram (1974) – people more likely to resist if a confederate disobeyed; Gamson et al (1982) – a minority of spontaneous rebels swayed the group. But Mandel (1998 – Reserve Police Battalion 101) – dissenting minority did NOT influence the 80% majority. Zimbardo et al (1973) – in spite of rebels, the majority continued to conform. (Evidence from “minority influence” may also be relevant here).</p> <p>Questioning motives of others: Liebert and Sprafkin (1988), Furnham, (2002); Austin and Johnson, (1997); Linn et al (1982)</p> <p>Taking responsibility for one’s own actions: Milgram, (1974), Shapiro (2006)</p> <p>Minority influence: Moscovici et al (1969), Nemeth et al (1974), Moscovici (1985). (Evidence from “disobedient models” may also be relevant here).</p> <p>Assertiveness training: Dunham (1989), Edelman (1993).</p> <p>A maximum of 12 marks can be awarded if only one strategy is included.</p>		
In all questions alternative points may be credited as appropriate				
			Totals	12
				8

Psychology of Individual Differences

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	4	<p>Atypical Behaviour</p> <p>A maximum of 2 KU marks can be awarded for an introduction.</p> <ul style="list-style-type: none"> • Descriptions of the medical and cognitive behavioural therapies <p>Medical: views atypical behaviour as expression of some underlying biological disorder, possibly genetic. Therapies are therefore biological/somatic, eg drugs, ECT, neurosurgery. These should be explained.</p> <p>Cognitive behavioural therapy: atypical behaviour is seen as arising from negative, distorted, irrational understanding and thoughts about self/others/the world. CBT therefore aims to change thinking patterns and associated behaviours.</p> <p>Therapy involves completion of questionnaires, goal-setting, homework setting, reframing of cognitions. Behavioural modification techniques can be credited. Credit REBT.</p> <ul style="list-style-type: none"> • Brief description of the main symptoms of eating disorders or depression <p>Eating disorders: The two most common disorders are anorexia nervosa (AN) and bulimia nervosa (BN). AN: primarily a female disorder which usually has its onset in adolescence. Persistent attempts to achieve abnormally low body weight by reducing food intake. Symptoms/DSM criteria may be outlined. BN: variation of AN, but more common, and older age of onset. Periods of binge eating followed by purging, ie laxatives or vomiting. Unlike AN, BN sufferers tend to maintain normal body weight.</p>	12	8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	4	<p>(Cont)</p> <p>Symptoms/DSM criteria may be outlined. Some claim these are not different disorders but variations of the same one (Mitchell and McCarthy, 2000).</p> <p>Obesity: causes are generally agreed to be mainly cultural (in the west), ie availability of food, and pressure to consume (Moghaddam, 2002).</p> <p>Depression: A disorder of mood or affect. Symptoms/DSM criteria may be outlined – emotional, motivational, cognitive and somatic problems, eg sadness, loss of interest, lack of self-esteem and sleep disturbance.</p> <ul style="list-style-type: none"> • Evaluation of each type of therapy, including research evidence. <p>Eating disorders – medical therapy: Drugs: Appetite enhancers, anxiolytics, and anti-depressants may stabilise, and may make psychological therapies feasible, but on their own they only treat symptoms rather than any underlying problem. Hypothalamic dysfunction, disturbed hormonal regulation, abnormalities of neurotransmission may be involved in both AN and BN (Holland, 1988; Kendler, 1991). SSRIs are effective to some extent (supports origins in neurotransmitter dysfunction).</p> <p>AND</p> <p>Eating disorders – CBT CBT derives from behaviour therapy, psychoanalysis and cognitive approaches. Cognitive restructuring attempts to change cognition as a means of changing maladaptive emotions and behaviour (Wessler, 1986). Most available evidence of effectiveness for treating eating disorders relates to Beck's CBT (1993). UK's National Institute for Clinical Excellence (NICE, 2004) recommends CBT for BN.</p> <p>OR</p> <p>Depression – medical therapy Anti-depressant drugs are commonly used: MAOIs, tricyclics and SSRIs. MAOIs are effective for about 50% of patients (Thase et al, 1995). Tricyclics are less successful. SSRIs have been found to be more effective than placebo (Joffe et al, 1996). ECT is reported to be effective but there are concerns over side-effects and ethical issues (eg Comer, 2004).</p> <p>AND</p>		

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	4	<p>(Cont)</p> <p>Depression – CBT CBT has been found to be as effective as anti-depressants (eg DeRubeis et al 2005), but this depends on a high level of therapist expertise. It teaches people skills and coping strategies that help them to cope with their life problems, ie an advantage over biological treatments. Beck (1993), and later outcome studies, suggest CBT is very effective for depression, and less confrontational than Ellis' REBT (1962, 1973).</p> <p>General evaluation of therapy outcome studies may also gain credit, eg they assume validity and reliability of classification and diagnoses; difficult to eliminate client expectations/placebo effects when testing therapy effectiveness (Mair, 1992); all therapy effectiveness is mainly due to non-specific factors common to all therapies (Frank, 1973), etc.</p> <p>A maximum of 12 marks can be awarded if only <u>one</u> therapy is included.</p>		
In all questions alternative points may be credited as appropriate				
			Totals	12
				8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	5	<p>Intelligence</p> <p>A maximum of 2 KU marks can be awarded for an introduction.</p> <ul style="list-style-type: none"> • A definition of intelligence – the ability to acquire information, to think and reason well and adapt to the environment; to grasp the essentials in a situation and respond appropriately • Explanation of the nature-nurture debate, including interactionist views – the debate over the extent to which intelligence is influenced by genetics or by the environment. Nature and nurture are both essential – the two interact and are interdependent. • Description and evaluation of two research studies – research evidence may be evaluated in terms of support or otherwise for the concepts described above, and/or in terms of methodological strengths and weaknesses of the studies, or other evaluative criteria. <p>Choice of studies will vary, but might include two from eg:</p> <p>Twin studies – Bouchard and McGue (1981) – meta-analysis of over 100 studies on the heritability of IQ. MZ twins reared separately (same genes, different environment) are compared with DZ twins reared together (same environment, different genes) to gauge relative contributions of genes and environment.</p> <p>Adoption studies – Scarr and Weinberg (1976). Improvements have been found in the IQ of working class children adopted into middle class families, supporting environmental influence.</p> <p>However:</p> <p>Plomin et al (1997) found adopted children became more like their biological parents as they grew older. (The Colorado Adoption Project is a longitudinal study investigating, among other things, genetic and environmental influences on intelligence.)</p>	12	8

Question		Expected Answer/s	Approx Marks weightings: 80% ku – 20% ae	
C	5	<p>(Cont)</p> <p>Deprivation/Enrichment studies – Skeels and Dye (1939), Skeels (1966) investigated IQs of children in an American orphanage. The IQ increased in the orphans given mother substitutes compared to those without. In 1966 the difference was still clear. Other intervention programmes eg Headstart, Abecedarian Project also suggests that these findings are due to environmental enrichment.</p> <p>A maximum of 12 marks can be awarded if only <u>one</u> study is included, or if only <u>one</u> half of the Nature-Nurture debate is covered.</p>		
In all questions alternative points may be credited as appropriate				
			Totals	
			12	8

[END OF MARKING INSTRUCTIONS]