

Deprivation and Institutionalisation - Mark Scheme

Q1.

[AO3 = 3]

Level	Marks	Description
3	3	Explanation of one criticism is clear and coherent. There is effective use of terminology.
2	2	Explanation of one criticism is generally clear but elaboration is missing. There is some effective use of terminology.
1	1	Explanation of one criticism lacks clarity. Terminology is either minimal, absent or inappropriately used.
	0	No relevant content.

Possible criticisms:

- Contradictory research, e.g. Lewis (1954)
- Rutter's criticism that there could be an overstatement of the effects of deprivation
- Sensitive versus critical period
- Real-world application, e.g. the way children are cared for in hospital has changed as a result of Bowlby's theory/research
- Economic implications of the theory (care, work, etc.).

Can accept positive criticisms.

Credit other relevant information.

Q2.

[AO2 = 5]

Level	Marks	Description
3	4 – 5	The advice about what Anca's parents should expect is clear and appropriate and demonstrates knowledge of effects of institutionalisation. The answer is generally coherent with appropriate use of terminology.
2	2 – 3	The advice about what Anca's parents should expect is evident but lacks clarity. Some evidence of relevant knowledge of effects of institutionalisation. Terminology is used appropriately on occasions.
1	1	Very brief or muddled advice and/or limited knowledge of the effects of institutionalisation.

	0	No relevant content.
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Possible effects/application:

- delayed intellectual development/low IQ/problems with concentration – Anca may struggle more at school than other children/may not learn new behaviours, concepts as quickly
- disinhibited attachment – Anca may not know what counts as ‘appropriate’ behaviour towards strangers
- emotional development – Anca may experience more temper tantrums, etc.
- lack of internal working model – Anca may have difficulty interacting with peers, forming close relationships, etc
- quasi-autism – Anca may have a problem understanding the meaning of social contexts, may display obsessional behaviour, etc.
- credit the idea that Anca may have been adopted before the age of 6 months and therefore any effects may not be as severe/long term had she been adopted later
- credit the suggestion that effects may be reversed with sensitive parenting.

Credit other valid effects/applications.

Q3.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **AO2 = 4**

As Luca was in a poor quality orphanage for four years cognitive impairment is likely. Answers could also refer to Bowlby’s MDH and possible consequences such as affectionless psychopathy and problems with later relationships. Reactive attachment disorder and physical effects would also be relevant.

1 mark or 2 marks for identification of possible negative effect(s), eg Luca may have problems forming relationships. [1 mark for identifying one negative effect, 2 marks for identifying two or more.]

Up to 2 additional marks for some elaboration of two or more effects or a more detailed elaboration of one effect.

(b) **AO3 = 4**

Strengths

Rich data, high ecological validity, investigates a situation which could not be set up for ethical reasons.

Limitations

Selection from large amounts of data may lead to observer bias.
Findings from one individual can’t be generalised to others.

1 mark each for identification of a strength / limitation. Second mark for some elaboration.

For example, an advantage of a case study is that it provides lots of detail (1 mark).

This gives great depth and understanding of this single individual (2 marks).

Q4.

Please note that the AOs for the new AQA Specification (Sept 2015 onwards) have changed. Under the new Specification the following system of AOs applies:

- AO1 knowledge and understanding
- AO2 application (of psychological knowledge)
- AO3 evaluation, analysis, interpretation.

(a) **[AO3 = 2]**

Independent groups / unrelated – 1 mark.

Where different people / children / groups take part in each condition – 1 mark.

Where name repeated, other or no design can still gain outline mark.

(b) **[AO3 = 1]**

DV – (number of) temper outbursts.

(c) **[AO1 = 3]**

Award up to 3 marks for an outline of an appropriate study. The most likely studies are: Belsky (1988) more than 20 hours nursery care per week and attachment insecurity; Bowlby (1946) 44 thieves study; Quinton and Rutter (1976) hospital separations. Accept other valid studies.

Award marks as follows: credit detail of method and results and conclusion. If method / results is very detailed then 2 marks can be awarded for either aspect.

Exclude studies where focus in clearly privation eg, Harlow, Koluchova, Genie, Romanian orphans, Goldfarb.

(d) **[AO2 = 2]**

Award 1 mark for giving a very brief or general limitation. For second mark there must be some expansion ie why / how it limits the conclusions that can be drawn from the study. Points will depend on study used in answer to (c) eg Bowlby – possible researcher bias; retrospective data; inability to show cause and effect; poor validity.

Credit in respect of (c) even if the answer to (c) is an inappropriate study.

Q5.

[AO1 = 6 AO2 = 2 AO3 = 4]

Level	Marks	Description
4	10 – 12	Knowledge of maternal deprivation theory is accurate and generally well detailed. Discussion is thorough and effective. Application to the stem is appropriate and links between theory and stem content are explained. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and / or

		expansion of argument sometimes lacking.
3	7 – 9	Knowledge of maternal deprivation theory is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. Application to the stem is appropriate although links to theory are not always explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	4 – 6	Knowledge of maternal deprivation theory is present. Focus is mainly on description. Any discussion is only partly effective. Application to the stem is partial. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1 – 3	Knowledge of maternal deprivation theory is limited. Discussion is limited, poorly focused or absent. Application is limited or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

Possible content:

- Bowlby's view of monotropy – single attachment
- Bowlby's theory of irreversibility – consequences cannot be reversed
- Bowlby's view about a critical period – if attachment is disrupted / not formed it is too late
- Bowlby's consequences of maternal deprivation – delinquency; affectionless psychopathy; low IQ etc
- Bowlby's theory of the internal working model as a template for later relationships.

Credit other relevant aspects of Bowlby's theory.

Possible application points:

- Joe's difficult relationships may be due to a lack of opportunity to develop an internal working model
- adopted at seven years old, Joe is beyond the critical period for forming attachments
- Joe shows consequences of maternal deprivation – delinquency – *'in trouble at school'*; low IQ – *'struggling with classwork'*; affectionless psychopathy – *'little regard for the feelings of others'*.

Possible discussion points:

- Bowlby's confusion over privation and deprivation
- validity of extrapolation from and comparison with animal studies (Harlow)
- overemphasis on mother and monotropy
- sensible focus on importance of childhood experiences
- wider implications, eg changes in child hospitalisation
- use of evidence to support or refute Bowlby's work, eg Schaffer's multiple

attachments; studies contradicting the critical period and reversibility, eg Rutter's Romanian orphan research.

Credit other relevant discussion points.

Only credit evaluation of the methodology used in studies when made relevant to discussion of Bowlby's work on maternal deprivation.

Q6.

[AO1 = 6 AO3 = 10]

Level	Marks	Description
4	13 – 16	Knowledge of the effects of institutionalisation is accurate and generally well detailed. Discussion is thorough and effective. There is appropriate reference to studies of the Romanian orphans and clear links are made between these and the effects of institutionalisation. The answer is clear, coherent and focused. Specialist terminology is used effectively. Minor detail and/or expansion of argument sometimes lacking.
3	9 – 12	Knowledge of the effects of institutionalisation is evident. Discussion is apparent and mostly effective. There are occasional inaccuracies. There is appropriate reference to Romanian orphan studies although links to the effects are not always well explained. The answer is mostly clear and organised. Specialist terminology mostly used effectively. Lacks focus in places.
2	5 – 8	Knowledge of the effects is present but may be vague or inaccurate in places. Focus is mainly on description. Any discussion is only partly effective. Reference to Romanian orphan research may be partial or absent. The answer lacks clarity, accuracy and organisation in places. Specialist terminology used inappropriately on occasions.
1	1 – 4	Knowledge of the effects is limited, for instance, may be 'listed' rather than explained. Discussion is limited, poorly focused or absent. The answer as a whole lacks clarity, has many inaccuracies and is poorly organised. Specialist terminology either absent or inappropriately used.
	0	No relevant content.

AO1 Content

Knowledge of studies and/or theory into the effects of institutionalisation, including reference to the Romanian orphan studies

- Likely effects include: effects identified by Bowlby (1946): e.g. affectionless psychopathy, delinquency, low IQ.
- Effects identified in privation studies: e.g. Harlow's findings of delinquency, affectionless behaviour.
- ERA findings of quasi-autistic symptoms in Romanian orphans, impaired

language and social skills; disinhibited attachment; attention seeking, clinginess; lower frequency of pretend play and reduced empathy (Kreppner et al 1999); more likely to be classified as disorganised attachment type (Zeanah et al 2005).

- The effects of levels of privation in institutions (Gunnar 2000).
- Credit links to theory – reactive attachment disorder; lack of internal working model.

AO3 Discussion points

Discussion/analysis/use of evidence:

- Research enhanced understanding of negative effects – establishment of key workers in institutions.
- Evidence that adverse effects of institutionalisation can be overcome with adequate substitute care: e.g. Rutter (1998); Hodges and Tizard (1989).
- Importance of age of adoption and quality/stability of aftercare.
- Problems of generalising from Romanian studies as standards of care were particularly poor.
- Adoption vs control groups were not randomly assigned in ERA studies – more sociable children may have been selected.
- Other studies, e.g. Bucharest Early Intervention Project, did randomly allocate but ethical issues with this.
- Long-term effects on Romanian orphans are not yet clear.
- Early studies of institutionalisation were poorly controlled or effects extrapolated from animal studies.
- Credit use of evidence.

Credit other relevant evaluation points.