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Always have a spare pen!

Mock exam practice for the spec section

**A3. Emotional development**

Exam rules apply; Mobile phones on silent and in your bag, no talking or distracting others in any way, no doodling on the paper and face away from the wall displays with the answers on!

This exam paper, completed and marked is a very useful revision tool. Try your hardest every time you are set an exam and when you review how well you’ve done, set targets for revision to ensure continuous improvement.

**1)** Complete this table of definition of key terms associated with emotional development **[8 marks]**

|  |  |
| --- | --- |
| Emotional  Literacy |  |
| Empathy |  |
| Attachment |  |
| Privation |  |
| Separation Anxiety |  |
| Self-image |  |
| Self-concept |  |
| Self-esteem |  |

**2)** Outline Bowlby’s Maternal Deprivation hypothesis **[2 marks]**

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3) What are the key features of the phases in Bowlby’s attachment theory **[4 marks]**

|  |  |
| --- | --- |
| Phase 1:  Pre-attachment  0-3 months |  |
| Phase 2:  Preliminary attachment  3-12 months |  |
| Phase 3:  Clear-cut attachment  1-2 years-old |  |
| Phase 4:  Goal-directed partnership  2 ½ years, onwards |  |

4) What did Bowlby mean by a person being an affectionless psychopathy? **[2 marks]**

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5) Outline Bowlby’s progressive stages of distress **[6 marks]**

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6) What was Rutter’s opinion on Bowlby’s maternal deprivation theory? **[4 marks]**

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7)What other criticisms of Bowlby’s research study of ‘delinquent’ attachment behaviour? **[2 marks] ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

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8) What did Schaffer and Emerson say the age bracket and key features of the Asocial stage were **[2 marks]**

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9) What did Schaffer and Emerson say about responsiveness? **[2 marks]**

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10)Complete the table below with the key features of emotional development **[10 marks]**

|  |  |
| --- | --- |
| Infancy; 0-2 years |  |
| Early Childhood;  3-8 |  |
| Adolescence ; 9-18 |  |
| Early & Middle Adulthood; 19-65 |  |
| Later Adulthood 65+ |  |

11) What did Bowlby say were the consequences of maternal deprivation. **[4 marks]**

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12) Make different suggests on how you can actively ensure and improve positive self-image, self-concept and self-esteem in the different life stages. **[10 marks]**

|  |  |
| --- | --- |
| Infancy; 0-2 years |  |
| Early Childhood;  3-8 |  |
| Adolescence ; 9-18 |  |
| Early & Middle Adulthood; 19-65 |  |
| Later Adulthood 65+ |  |

13)Explain two possible impacts on an adolescent who develops vitiligo. **[4 marks]**

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14)Outline how divorce can affect an adolescent’s emotional development **[6 marks]**

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15)Evaluate how self-image, self-concept and self-esteem can be affected in later adulthood **[12 marks]**

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16) Salter Ainsworth et al developed their version of attachment stages, what are the key features each stage, in terms of the child’s behaviour and thinking? **[8 marks]**

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| --- | --- | --- |
| **Secure** **(A)** | |  |
| **Anxious-avoidant, insecure (B)** | |  |
| **Anxious-ambivalent/resistant, insecure hairline (C)** | |  |
| **Disorganised/ disoriented (D)** |  | |

17) What’s the difference between separation anxiety and stranger anxiety? **[2 marks]**

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**Answers – key word focussed**

1) **[1 mark for accurate definition and some key terminologies]**

|  |  |
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| **Emotional**  **Literacy** | *The ability to* ***recognise, understand and appropriately express emotions****. This is essential for forming positive social relationships and requires maturity and awareness* |
| **Empathy** | *The ability* ***to identify with or understand another’s point of view and situation*** *or feeling ‘walking in someone else’s shoes’* |
| **Attachment** | *A* ***strong emotional connection*** *between a child and a carer, which, if positive, offers security.* |
| **Privation** | *Being* ***deprived of the opportunity to form attachment****, such as in* ***neglect and abuse*** *situations* |
| **Separation Anxiety** | *The* ***fear and apprehension*** *that infants experience when* ***separated from their main carer*** |
| **Self-image** | *The way an individual sees themselves,* ***their mental image******of themselves*** *and forms part of self-esteem* |
| **Self-concept** | *an* ***idea of the self-constructed from the beliefs one holds about oneself and the responses*** *of others, not necessarily reality* |
| **Self-esteem** | *How a person feels about themselves;* ***confidence******as a whole in their ability, self-worth as an individual and in society, self-concept, self- image and pride*** |

2) The underlying assumption of Bowlby's Maternal Deprivation Hypothesis is that continual **disruption of the attachment** (not a one off event) **between baby/infant** and **primary caregiver** (i.e. mother) could result in **long term cognitive, social, and emotional difficulties for that infant/person. [2 marks, key terms necessary eg primary care giver]**

3)

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| Phase 1: Pre-attachment | Birth through to 3 months:  The infant responds to people, but does not discriminate between people |
| Phase 2: Preliminary attachment | 3 to 12 months:  The infant will begin to respond to familiar people with smiles and will prefer to be with primary caregiver more so than others. An infant will express this by becoming upset or difficult to calm down when not with the mother or familiar caregiver |
| Phase 3: Clear-cut attachment | 1 year old to 2 and a half years:  During this phase the infant is more mobile and can crawl or walk to be closer to their caregiver, using them as a secure base from which to explore the environment. If the caregiver is not there, the infant will most likely cry and become fretful. |
| Phase 4: Goal-directed partnership | 2 and a half years onwards: The infant will begin to adjust to times when the caregiver is not present. They will become more willing to stay with other people or be by themselves for short amounts of time. |

4) Affectionless psychopathy is a term coined by John Bowlby that describes individuals who **cannot exhibit caring behaviours, concern, or affection for other people**. They **don't have empathy** for others. They also show no or **very little understanding of the emotions like remorse, guilt, shame** for their bad deeds, almost unaware of the consequences of their poor behaviour.

5) **Protest**: The child cries, screams and protests angrily when the parent leaves. They will try to cling on to the parent to stop them leaving. **Despair**: The child’s protesting begins to stop and they appear to be **calmer although still upset. The child refuses others’ attempts for comfort** and often seems withdrawn and uninterested in anything. **Detachment**: If separation continues the **child will start to engage with other people again. They will reject the caregiver on their return** and show strong signs of anger **[6 points = 6 marks]**

6) **Oversimplified concept** - Michael Rutter’s (72) Maternal Deprivation Re-assessed critiqued Bowlby’s concept of the Maternal Deprivation Hypothesis. Rutter argues that **Bowlby failed to distinguish between separation from an attachment figure, loss of an attachment figure and a complete lack of attachment (privation**). Rutter argues that the three circumstances have different long-term effects on which Bowlby overlooked.

7) **Retrospective recall might be inaccurate** - As Bowlby was asking the adolescent participants to recall separations that they had experienced years earlier, their responses would have been subject to inaccuracies/ distortions. **Investigator effects** - Bowlby designed and conducted the self-reports himself, and as a result, his presence and interpretation might have influenced the outcome of the research. Bowlby’s diagnosis of affectionless psychopathy might have been distorted by researcher confirmation bias. **Conclusions are correlational** - Bowlby found a relationship between early separation and delinquency/ affectionless psychopathy but we cannot definitively conclude that the separation was the cause. There may have been a third unidentified variable that accounted for the delinquency/ affectionless psychopathy. For example, the immediate cause of the separation (such as neglect or abuse) might have been the direct cause of problems experienced at adolescence rather than the separation itself. **[2 marks for one of the above, explained]**

### 8) **Age bracket 0 - 6 weeks** Very young infants are asocial in that many kinds of stimuli, both social and non-social, produce a favourable reaction, such as a smile. **[1 mark age bracket and 1 mark explanation]**

### 9) The most important fact in forming attachments **is not who feeds and changes the child but who plays and communicates with him or her**. Therefore, responsiveness appeared to be the key to attachment. **Say NO to mobile phones at nursery collection time!**

### 10) **[2 marks for 2 clearly explained points, each stage]**

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| Infancy; 0-2 years | **Attachment;** Bowlby argued that infants have an inbuilt need to form an attachment with a carer. The quality of this attachment may affect emotional development for the rest of the child’s life, into adult life. Salter Ainsworth et al argue that the quality of our early attachment influences the assumptions we make about ourselves and others. Infants who are securely attached will grow up with emotional resources needed to cope with uncertainty in life. Infants who are securely attached may have a reduced ability to cope with stress and major events. |
| Early Childhood;  3-8 years | **Understanding self and others -** Children use imagination to begin to understand the social roles that other people play. Children begin to imagine ‘me’, an ideal self or self-concept eg. A princess. Relationships with other family members may influence whether a child feels valued or has a sense of self-worth. The way a child gets on with and interacts with teachers and friends may influence their self-confidence. The child might develop a permanent sense of confidence or a sense of failure and inferiority/insecurity. |
| Adolescence 9-18 years | **Identity** – During adolescence this sense of self continues to develop further. An adolescent needs to develop a secure self-concept so bullying an celebrity body shaming can have quite a negative impact. A person needs a clear understanding of identity, in order to feel secure when working with other people or in order to make loving sexual attachments. This may be a stressful time as self-esteem may depend on developing identity. |
| Early & Middle Adulthood; | **Intimacy** – In adulthood an individual’s self-esteem is influenced by lifestyle such as this job or marital status. Self-image is affected by personal appearance and how others see you (remember vitiligo different views) Individuals need to cope with emotional attachment to a sexual partner. This may involve not being too self-centred or defensive and not being emotionally isolated. |
| Later Adulthood | **Making sense of your life** – Older people need a secure sense of self to enable them to cope with the physical changes associated with aging and death. People who fail to make sense of their lives, might experience emotional despair. **Isolation due to loss of friends and family** can lead to depression and poor self-care, which then leads to other health conditions |

11) **An inability to form attachments** in the future , **Affectionless psychopathy** (inability to feel remorse), **Delinquency** (behavioural problems in adolescence, like antisocial behavioural) **Problems/delays with Cognitive Development**

12) **[2 marks for 2 clearly explain suggestions per stage, must be different, no repeats]**

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| Infancy; 0-2 years | **Role model appropriate inclusive behaviours** which does not judge an individual negatively (unless it’s regarding poor behaviour) and have stories, role play activities and posters/drawings which cover topics such as facial disfigurement, a parents in a same sex marriage or a daddy who stays at home looking after children and a mum who works positively. This will then help make it the acceptable norm in early socialisation so infants starting to talk are less likely to develop judgements and prejudices. Praise and reward of positive behaviours and be positive in giving opportunities for infants to develop and grow in confidence in a supportive environment. |
| Early Childhood;  3-8 | **Teachers and nursery workers to role model appropriate inclusive non-judgemental behaviours** and **challenge children who display prejudices and discrimination or unkindness to others. Education** regarding people’s differences eg. Transgender, religious beliefs and mental illness to encourage acceptance and avoid fear of the unknown. **Praise and reward** for good behaviours but explain the consequences of unkindness; **anti-bullying policy** applied, pay-back-to-society punishments. Identify insecure child and have **interventions that reassure** and give opportunities to achieve and receive recognition, paying attention to even the smallest of deeds. |
| Adolescence ; 9-18 | Encourage the admiration of **positive role models** such as acknowledging their charity work and stance against discrimination and **suggest/discourage avoiding poorly behaved celebrities**, eg. Drunk/drugs or body image driven. Talk with individuals and groups about self-esteem and self-image, identify those that are insecure and **develop interventions to improve their self-concept** eg. Roles of responsibility at school, recognising achievement (however small) and teachers/youth leaders/social workers to be positive role models who are non-judgemental and inclusive of all. **Offer counselling** to young people struggling with self. **Continue education about differences and apply rigorous anti-bullying policy.** |
| Early & Middle Adulthood; 19-65 | **Educational documentaries which educate about differences** to encourage acceptance eg. Life of a Muslim, Face to Face Katie Piper Vitiligo or Stephen Fry’s Secret Life of a Manic Depressive. **Practice job interview techniques to develop confidence in self** and offer small qualifications to adults who did not do too well in school but are in a better position to study now. Free counselling for those who struggle with self-image or self-esteem and **support groups either on-line or local gatherings to give a sense of belonging.** Harsh punishments for those that stalk or troll others and make an example of them to help others understand their impact. |
| Later Adulthood 65+ | **Change in less physical important roles** such as **volunteering drivers for a local GP** or **the scheme to cuddle and talk/sing to neonatal babies** to give importance and status or worth. War veterans to give talks in schools and volunteers to run charity fund raising events which support groups in the community. **Encourage inclusiveness and socialising** eg. classic dance, dominoes event, day care centre activities to give a sense of belonging and enjoyment. **Counselling offered** to support change of status and standing in society or management of degenerative conditions. **Offer verbal reassurance** that their stories and experiences mean they have a lot to offer others and are interesting learning experiences and they are **not worthless or a burden**. |

13) **Friends replace family as the main source of support** so if positive influence strength is gained, if negative damage to self-concept, however, autoimmune condition may run in the **genetic family so another person maybe a positive/negative role model**. Find a **support-group for vitiligo on-line** to share experience to learn skills and retrain emotions to deal with health condition. **May feel isolated** and different and avoid socialising or withdraw due to lack of confidence and choose to hide behind a lot of make-up. May **self-loath if poor attachment made** in childhood or **maybe accepting and deal/cope with changes in a more positive manner** if **secure attachment made in childhood**. **[1 mark for each well explained point, 4 in total]**

14)

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| Positive outcome in individuals life –**closer relationship with main parent who they reside with as parent is happier and less stressed so has more time for them, less arguing/stress within the family home, external support from extended family members or friends, sense of camaraderie and closeness with siblings in same situation, possibly gain and enjoy step-siblings as an asset** | Negative outcome in individuals life – **trauma and upset as caught up in parents war, grieving due to loss of primary care giver, sense of guilt or responsibility as arguments have been about them, lowering of self-esteem/self-concept as friends have happy secure family units, may feel depressed/sad/stressed or anxious/upset about changes, feel isolated and missing friends to talk to. May feel left out when parent spends time with step-siblings or has another child in new relationship** |

**[6 marks for 6 different points from either positive or negative, accept other ideas]**

15) **Evaluation must include, at least 2 positive and 2 negative well written answer and finish with a concluding/summarising statement to show complete understanding [12 marks].**

|  |  |
| --- | --- |
| Positives in evaluation Finish working life and has time to offer to volunteering to support aspects in the community, giving worth and pride. May have time to offer childcare to children or grandchildren which gives enjoyment and satisfaction as well as a sense of worth/importance/belonging. New spare time - able to spend time socialising, travelling and organising/preparing for family gathering/events. May feel pride at paying into the NHS and taxes all their working life, so not ashamed at receiving pension and free bus pass/prescriptions etc May feel like they’ve had a good life and accepting of role changes and failing health positively and with humour. Mortgage paid off, pride in achievement. | Negatives in evaluation Grieving a loss of status as no longer employed and feeling ‘worthwhile’ or of any value to society. Grieving the loss of partner and friends due to old age. Isolated and alone with lack of knowledge about applications for pensions or benefits, shameful to accept ‘handouts’. Restrictions in mobility and physical ability may cause limitations that are not accepted or cause embarrassment and coping mechanisms are poor so may lead to depression or anxiety as a mental illness. Reluctant and intimidated regarding seeking help as feeling like a burden and stigma attached. Visual age deterioration eg. Grey hair and wrinkle, middle age spread maybe negative impact on self-image, especially if they compare to others. |

|  |  |
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| **Secure** **(A)** | A child who is **securely attached to its mother will explore and play freely while the caregiver is present**, using her as a "safe base" from which to explore. **The child will engage with the stranger when the caregiver is present**, and will be **visibly upset when the caregiver departs** but happy to see the caregiver on his or her return. **The child feels confident that the caregiver is available, and will be responsive to their attachment needs and communications**. Securely attached children are best able to explore when they have the knowledge of a secure base to return to in times of need (also known as rapprochement, meaning in French "bring together"). When assistance is given, this bolsters the sense of security and also, assuming the **mother's assistance is helpful, educates the child in how to cope with the same problem in the future**. Therefore, secure attachment can be seen as the most adaptive attachment style for **learning and making use of resources in a non-threatening environment**. According to some psychological researchers, a child becomes securely attached when the **mother is available and able to meet the needs of the child in a responsive and appropriate manner**. |
| **Anxious-avoidant, insecure (B)** | A child with the anxious-avoidant insecure attachment style will avoid or ignore the caregiver, showing little emotion when the caregiver departs or returns. The child will not explore very much regardless of who is there. They **did not exhibit distress on separation**, and either ignored the caregiver on their return or showed some tendency to approach together with some tendency to **ignore or turn away from the caregiver**. Ainsworth and Bell theorised that the apparently unruffled behaviour of the avoidant infants is in fact as a **mask for distress,** evidenced through studies of the **high** **heart-rate of avoidant infants**. The child's needs are frequently not met and the child comes to believe that communication of needs has no influence on the caregiver, pointless. Firstly, avoidant behaviour allows the infant to maintain a conditional proximity with the caregiver: close enough to maintain protection, but distant enough to avoid rebuff. Secondly, the cognitive processes organising avoidant behaviour could help direct attention away from the unfulfilled desire for closeness with the caregiver – avoiding a situation in which the child is overwhelmed with emotion ('disorganised distress'), and therefore unable to maintain control of themselves and achieve even conditional proximity |
| **Anxious-ambivalent /resistant, insecure hairlinene** | Children classified as Anxious-Ambivalent/Resistant **showed distress even before separation**, and **were clingy and difficult to comfort on the caregiver's return**. They showed either signs of resentment in response to the absence, or signs of helpless passivity. However, researchers agree that the Anxious-Ambivalent/Resistant strategy is **a response to unpredictably responsive caregiving**, meaning the care-giver can be moody and inconsistent when they deal with the infant. So that insecurity leads them to displays anger or helplessness towards the caregiver on reunion. This can be regarded as a conditional strategy for maintaining the availability of the caregiver by preemptively taking control of the interaction, being the control of the emotion by behaving in a certain way eg. Helplessness babyish behaviour |
| **Disorganised/ disoriented (D)** | Ainsworth and colleagues sometimes observed "tense movements such as hunching the shoulders, putting the hands behind the neck and tensely cocking the head, and so on. It was our clear impression that such **tension movements signified stress**, both because they tended to occur chiefly in the separation episodes and because they tended to **precede crying**. Indeed, our hypothesis is that they occur when a child is attempting to control crying, for they tend to vanish if and when crying breaks through. Strange Situation Protocol coded as disorganised/disoriented include overt displays of fear, really over the top anxieties about dogs or a balloon. |

16) **[2 marks for 2 key features per type of attachment]**

*17) Separation Anxiety is the* ***fear and apprehension*** *that infants experience when* ***separated from their main carer.*** *Stranger Anxiety* is a form of **distress that children experience when exposed to people unfamiliar to them**. **Symptoms** may include: getting quiet and staring at the **stranger**, verbally protesting by cries or other vocalizations, and hiding behind a parent. **[2 marks]**