

Health and Social Care

Advanced GCE

Unit **F920**: Understanding human behaviour

Mark Scheme for June 2011

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Mark schemes should be read in conjunction with the published question papers and the Report on the Examination.

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Question			Expected Answer	Mark	Rationale / Additional Guidance
1	(a)	(i)	<p>One mark for ONE of</p> <ul style="list-style-type: none"> • Eysenck • Cattell 	<p>1x1</p> <p>[1]</p>	
		(ii)	<p>Two marks for each feature outlined, TWO required One mark for naming the feature, second mark for development</p> <p>Eysenck</p> <ul style="list-style-type: none"> • personality is inherited / genetic • trait theory - individuals can be placed at a point on a continuum between extremes • extroversion – introversion • stability – instability (neuroticism) • tough minded – tender minded • personality can be tested, measured • linked to Galen’s work on ‘humours / body fluids’ • criminal behaviour can be linked to traits <p>Cattell</p> <ul style="list-style-type: none"> • personality is inherited / genetic • 16 personality factors - personal profile plotted on continuum between extremes • sociable – unsociable • intelligent – unintelligent • emotionally stable – unstable • dominant – submissive • cheerful – brooding • conscientious – undependable • bold – timid • sensitive – insensitive • suspicious – trusting • imaginative – practical 	<p>2x1</p> <p>2x1</p> <p>[4]</p>	

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<ul style="list-style-type: none"> • shrewd – naïve • self-assured – apprehensive • radical – conservative • self-sufficient – group adherence • self-disciplined – uncontrolled • tense – relaxed • personality can be tested / measured 		
1	(b)		<p>Levels checklist</p> <p>Level 3 Detailed and accurate explanation Both sides of the debate Appropriate examples of both nature and nurture Clear understanding High level of QWC</p> <p>Level 2 Brief explanation Both sides of the debate Some appropriate examples Some understanding Possible errors in QWC <i>Appropriate examples should be credited (even if some inappropriate examples are also included)</i></p> <p>Level 1 Limited attempt at explanation – likely to be more descriptive/list-like Examples not always appropriate/relevant Possible noticeable and intrusive errors in QWC</p>
Cont/...			

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<ul style="list-style-type: none"> • debate based on whether nature or nurture has greatest influence on human development • current view is of interaction between both <p>Nature side emphasises</p> <ul style="list-style-type: none"> • genetics • inheritance • cannot be changed • biological approach <p>Nurture side emphasises</p> <ul style="list-style-type: none"> • upbringing • social context • development through life • social learning approach 		
1	(c)		<p>Level 3 (6 – 7 marks) A detailed explanation is given using an appropriate example and clearly focused on physical development. Information is accurate and specifically related to the example used. Answer demonstrates understanding using appropriate health, social care and early years terminology. Sentences and paragraphs are relevant with information presented in a balanced, logical and coherent way. There are few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 (3 - 5 marks) A sound explanation is given. Physical effects may not relate specifically to the example given and answer may contain some inaccuracies. Sentences and paragraphs are not always relevant and do not always address the focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p>

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Level 1 (0 – 2 marks) A limited explanation is attempted. An appropriate example may or may not be used. Little understanding of physical effects is demonstrated. Answer may be muddled or list like. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <ul style="list-style-type: none"> • Cystic fibrosis – sticky secretions of mucus clog the airways, leading to breathing difficulties, chest infections, difficulty in conceiving in females, sterility in males. Very salty sweat. Physiotherapy needed daily to clear lungs. Digestive difficulties lead to inability to absorb nutrients, ‘failure to thrive’. • Haemophilia – deficiency in blood protein ‘factor viii’, poor blood clotting, bruising, inflammation of joints, pain. • Down’s Syndrome- distinctive facial features, poor muscle control of tongue, short stature, heart defects common. • Huntington’s disease - physical effects not apparent until adulthood. Tremors, jerky movements, twitches, poor muscle control, muscle rigidity leading to paralysis. <p>+ any other <i>appropriate</i> condition</p>		<p>Level 1 Limited attempt at explanation – likely to be more descriptive/list-like Example may not be appropriate/relevant Limited understanding of physical effects Possible noticeable and intrusive errors in QWC</p>

Question		Expected Answer	Mark	Rationale / Additional Guidance
2	(a)	<p>One mark for each correct response, FOUR required</p> <ul style="list-style-type: none">• water pollution• air pollution• noise pollution• housing conditions / location• flooding/natural disasters• hygiene	<p>4x1</p> <p>[4]</p>	

Question		Expected Answer	Mark	Rationale / Additional Guidance
2	(b)	<p>Level 3 (12 – 16 marks) Candidate gives a detailed evaluation of the effects and may relate this specifically to different members of the family. At least two aspects of PIES are fully covered. Although most effects are likely to be negative there is some balance to the answer, some reference may be made to more positive possible outcomes. Candidate at this level may look at longer term effects and consequences and a conclusion drawn for full marks. A range of appropriate examples is used and reference may be made to events reported in the media. The answer is presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner. There are few errors of grammar, punctuation and spelling.</p> <p>Level 2 (6 – 11 marks) Candidate gives a sound evaluation of the effects on the family. At least two aspects of PIES are covered. The answer tends to address only negative effects and long term consequences are unlikely to be considered. Candidate has shown some understanding of the focus of the question. Appropriate health, social care and early years terminology is used, although sentences and paragraphs may not always be relevant. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 (0 – 5 marks) Candidate gives a limited evaluation of the effects. At least one aspect of PIES is covered. There is little evidence of understanding of the focus of the question. Answer may be muddled and list like. There is little use of appropriate health, social care or early years terminology. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>	[16]	<p>Levels checklist</p> <p>Level 3 Detailed evaluation – min 2 positives and 2 negatives Related to different family members Min 2 aspects of PIES Range of appropriate examples Clear understanding High level of QWC</p> <p>Level 2 Sound evaluation – min 1 positive and 1 negative Tends to focus on negatives 'Family' may be used generally Min 2 aspects of PIES Some understanding Possible errors in QWC</p> <p>Level 1 Limited attempt at evaluation Tends to focus on negative Min 1 aspect of PIES Limited understanding Possible noticeable and intrusive errors in QWC</p> <p>Effects</p> <ul style="list-style-type: none"> accept other appropriate responses

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Members of a family</p> <ul style="list-style-type: none"> • babies / children / adolescents – relate more to disruption of routine / school / friendships etc • adults / parents / primary carers- relate more to worry about how to cope eg money worries, insurance problems, work related difficulties etc • older adults / grandparents- relate more to loss of treasured / irreplaceable possessions, difficulties in moving eg to inappropriate temporary accommodation etc • (links not necessarily confined to life stages indicated, children will be affected by loss of favourite toy, all groups may be affected by disruption of friendships / social activities etc) <p>Effects</p> <p>Physical</p> <ul style="list-style-type: none"> • injury / illness • regression in child eg bedwetting • sleep difficulties / nightmares • effects on diet – loss of food storage / cooking facilities • loss of belongings / toys / photos / clothes etc • have to move to different area • temporary accommodation may be cramped / crowded eg caravan <p>Intellectual</p> <ul style="list-style-type: none"> • unable to concentrate • missing school / change of school • time off work / stress related impact on ability to work • loss of schoolwork / coursework • loss of essential work material for adults • loss of computer / books etc essential for study / work • dealing with insurance claims etc 		

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Emotional</p> <ul style="list-style-type: none"> • stress • worry • fear • anxiety • guilt <i>(all possibly leading to physical effects)</i> • money worries • disruption of family life • sense of loss – can be compared to bereavement <p>Social</p> <ul style="list-style-type: none"> • moving away from neighbours • can't invite friends round • lack of time / energy / motivation to socialise or take part in leisure activities <p>Positive aspects could include</p> <ul style="list-style-type: none"> • re-housing to better accommodation • renovation of flooded property to higher standard • community working together • family support / value each other (people more important than possessions) • staying with friends / other family members may be enjoyable / supportive • public support / sympathy (media coverage / events / financial help) • special consideration / support from school • new clothes / furniture / equipment etc 		

Question		Expected Answer	Mark	Rationale / Additional Guidance
3	(a)	One mark for <ul style="list-style-type: none">• Piaget• Vygotsky	[1]	

Question		Expected Answer	Mark	Rationale / Additional Guidance
3	(b)	<p>Level 3 (11-14 marks) Candidate gives a detailed and accurate explanation of ways in which the chosen theory could be used by practitioners, demonstrating a good understanding. At least two examples of providing opportunities / resources / experiences / play etc are given, which are relevant to the particular theory used. The answer is presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 (6-10 marks) Candidate has accurately explained the theory chosen and has made some links to the role of the practitioner. At least two relevant examples of providing opportunities / play etc are given but these may be expressed in general terms rather the linked to specific aspects of the chosen theory. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 7 for theory or application only</i></p> <p>Level 1 (0-5) Candidate has made an attempt to explain an appropriate theory. Theory may or may not be related to the role of the practitioner. The answer may be muddled, confused or use very general comments with little explanation of relevance. Sentences and paragraphs have limited coherence and structure indicating a superficial knowledge of the theory chosen. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p>	[14]	<p>Levels checklist</p> <p>Level 3 Detailed and accurate explanation Clearly links theory to use by practitioners Min 2 relevant examples Clear understanding High level of QWC</p> <p>Level 2 Sound explanation Attempts to link theory to use by practitioners Min 2 relevant examples Some understanding Possible errors in QWC <i>Sub-max 7 for theory OR application only</i></p> <p>Level 1 Limited attempt at explanation – likely to be more descriptive/list-like Minimal attempt to link theory to use by practitioners Limited understanding Possible noticeable and intrusive errors in QWC</p>

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Piaget</p> <ul style="list-style-type: none"> • main role of the practitioner is to provide opportunities for play and learning • allow free play with range of materials etc • learning through own experience, importance of free play • stages of development – sensory motor (0-2), pre-operational (2-7), concrete operations (7-11), formal operations (11+) • accommodation, assimilation and equilibrium – the development of schemas to cope with dilemmas and construct understanding • egocentricity – the world is seen from the child’s perspective • child constructs own understanding as a result of experiences • concept formation – conservation etc • age / stage related toys / resources – appropriate examples may be given • opportunities for varied experiences • value of sand / water / play-dough etc • encouragement helps child to engage <p>Cont/...</p>		

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Vygotsky</p> <ul style="list-style-type: none"> • main role of practitioner is to interact with child during play to aid learning • demonstration / explanation important to extend understanding • opportunities for play can be structured • variety of experiences important • discussion and use of language / explanation • extend child's understanding by providing experiences beyond current level • child's learning takes place within a social context / culture – understanding develops through interaction with others • importance of more knowledgeable other (child or adult) and structure of learning experiences • zone of proximal development - child should be provided with opportunities to challenge level of understanding and be helped to tackle more difficult concepts • importance of supported play – adults involved • internalisation of social interaction 		

Question		Expected Answer	Mark	Rationale / Additional Guidance
4	(a)	<p>One mark for</p> <ul style="list-style-type: none"> • Pavlov • Skinner 	[1]	
	(b)	<p>Two marks for each feature outlined, TWO required (one for naming feature, one for development)</p> <p>Pavlov</p> <ul style="list-style-type: none"> • theory comes from classical conditioning – response to behaviour • work developed from experiments with dogs (salivating / food / bells) - useful in establishing routine behaviour eg in fire drills • behaviour learned by association and direct experience - becomes automatic • based on reward / response to specific behaviour - identification of appropriate rewards / responses • avoidance of unpleasant experiences – linked to changes in behaviour <p>Skinner</p> <ul style="list-style-type: none"> • uses operant conditioning - behaviour operates on the environment to produce a response • positive reinforcement / praise / reward leads to behaviour being repeated and strengthened • negative reinforcement – avoiding unpleasant situations leads to bring about ‘desired behaviour’. • focus on desired behaviour – identify appropriate rewards / reinforcement • ignore unwanted behaviour – being ignored is unpleasant and so behaviour will change to avoid this situation (hopefully to produce the desired behaviour which is then rewarded and reinforced) • punishment must be used with care – it merely stops behaviour, may not result in producing the desired behaviour 	<p>2x1 2x1 [4]</p>	

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<ul style="list-style-type: none">• behaviour which is rewarded is repeated - use of praise, stars, stickers etc• behaviour which is ignored is 'extinguished'• child has to experience the reward themselves (conditioning does not allow for seeing others being rewarded and copying their behaviour)		

Question	Expected Answer	Mark	Rationale / Additional Guidance
4 (c)	<p>Level 3 (11 – 15 marks) Candidate clearly analyses at least two factors which could influence the development of self-concept of an adult in a hospice. The answer demonstrates a high level of understanding of the focus of the question. Candidate is likely to have included appropriate examples to support their answer and to make specific reference to the impact on self-concept of moving into a hospice (usually as a result of life-limiting illness). The candidate is likely to give a balanced response providing some positive aspects as well as negative. The answer is in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with information presented in a balanced, logical and coherent manner. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 (6 – 10 marks) Candidate analyses two factors which could influence the development of self-concept of an adult. There may be limited understanding demonstrated of the impact of the reasons for being in a hospice. Response is likely to focus on negative aspects. The candidate has shown limited ability to organise the relevant information, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 7 marks for one factor done well.</i></p> <p>Level 1 (0 – 5 marks) Candidate analyses one or two factors which could influence the development of self-concept. These may not relate directly to an adult in a hospice. Answer may be list like and muddled with little development of the factors suggested, demonstrating little understanding of the focus of the question. The candidate has used little, if any, appropriate health, social care and early years terminology. Sentences and paragraphs have limited coherence and</p>	[15]	<p>Levels checklist</p> <p>Level 3 Detailed and accurate analysis Min 2 factors Min 2 relevant examples Clearly links self-concept to hospice setting Likely to consider positive as well as negative Clear understanding High level of QWC</p> <p>Level 2 Sound analysis Min 2 factors Some attempt to link self-concept to hospice setting Tends to focus on negative Some understanding Possible errors in QWC <i>Candidates who do not apply their answer to the hospice setting are restricted to level 2</i> <i>Sub-max 7 for one factor done well</i></p> <p>Level 1 Limited attempt at analysis – likely to be more descriptive/list-like Min 1 factor Tends to consider self-concept generally Minimal attempt to link to hospice setting Limited understanding Possible noticeable and intrusive errors in QWC</p>

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>structure and are not always related to the focus of the question. Information presented may be muddled and of doubtful relevance to the focus of the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <ul style="list-style-type: none"> • self-concept is made up of self-esteem, self-image and self-efficacy • self-esteem - how a person feels about themselves, moving into hospice will have a negative impact – no longer able to be independent, care for self etc • self-image – how a person sees themselves, realisation that they are now incapable, disabled, have a life limiting condition etc – negative impact • self-efficacy –accuracy of predictions of success, may be lowered, feelings of helplessness generated by needing hospice care – self-fulfilling prophecy, learned helplessness • self-concept affected by immediate society and culture – beliefs about self according to gender, age, ethnicity, disability etc, compare self with other residents • reactions of others / feedback from family / friends – reinforces feelings of lack of self-worth • comparing selves with others – how we ‘measure up’ / judge ourselves in comparison with friends / peers / siblings / others of similar age (eg who are still living independently) • influence of role models still applies – do we choose realistic role models and set ourselves achievable targets or can we never live up to our ideals - media images of people in similar circumstances etc (self-image) • reactions to success or failure - coping with change – being able to adapt to changing circumstances / difficulties / life limiting condition etc (self-esteem) • self-fulfilling prophecy – we become what we are told we will be / what we tell ourselves • predisposition towards a particular personality type – high / low self-concept 		

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Positive aspects could include</p> <ul style="list-style-type: none"> • philosophy of the hospice movement is to make the most of remaining life – encouragement to make the most of opportunities available • improved health, appearance etc because of care being given • feeling better about self because of emotional support provided in the hospice / no longer having to worry about not being able to cope • feeling more able to participate in activities / encouragement provided in the hospice • greater confidence in carrying out tasks because facilities / support are available eg specially adapted bath / shower / toilet enables independence in personal care which may not have been possible with inappropriate facilities in own home • comparison with others who may be in similar circumstances / less independent gives ‘boost’ to self-concept • feedback from carers gives positive feelings - improved self-concept • positive feedback from family likely because they are provided with emotional support and are therefore more relaxed • relief, greater confidence because hospice care emphasises a positive response to difficult situation • care provided supports recognition of life limiting situation, reassurance concerning approaching death improved outlook for remaining life 		

Question	Expected Answer	Mark	Rationale / Additional Guidance
5	<p>Level 4 (20 – 25 marks) Candidate identifies an appropriate theorist and demonstrates a clear understanding of the chosen theory applying their knowledge to the focus of the question. At least two of examples are given which are relevant to the care a child receives in early childhood and which clearly illustrate application of the theory. Candidates are able to analyse the effects of ways carers respond to the different behaviours of children in early childhood and the ways in which future development may be affected. Opinions of others, personal opinion or supporting / conflicting evidence of may be expressed in providing a full and balanced answer. The answer has a clearly defined structure, using appropriate health and social care terminology confidently and accurately. Sentences and paragraphs, consistently relevant, are well structured in a way that fully addresses the question. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 3 (14-19 marks) Candidate identifies an appropriate theorist and demonstrates understanding of the theory. There is a sound attempt at applying the theory to analyse how the care a child receives in early childhood could affect their future development. At least two examples are used to illustrate application of the theory. Clear links are made between the theory and the care of a child in early childhood. The answer is well-planned and has a logical sequence, using appropriate health and social care terminology accurately. Sentences and paragraphs address the focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p>	[25]	<p>Levels checklist</p> <p>Level 4 Appropriate theorist Clear understanding and application of their theory Min 2 examples relevant to care in early childhood Detailed analysis of ways carers respond to different behaviours of children in early childhood and possible effects on future development Full and balanced answer High level of understanding High level of QWC</p> <p>Level 3 Appropriate theorist Clear understanding of their theory Min 2 examples relevant to care in early childhood Sound analysis of ways carers respond to different behaviours of children in early childhood and possible effects on future development Well-planned, with logical sequence Clear understanding High level of QWC</p> <p>Level 2 Appropriate theorist Some attempt to apply theory Some links made between theory and practical situations related to early childhood Min 1 appropriate example Some understanding Possible errors in QWC <i>Sub-max of 10 for theory only</i></p>

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Level 2 (7-13 marks) Candidate identifies an appropriate theorist and attempts to apply knowledge of the theory to the focus of the question. Some links are made between theory and practical situations which occur in early childhood giving at least one appropriate example. Some understanding is shown of the effects of care in early childhood on later development. There is limited ability to organise the information, with the material presented in a way that does not fully address the question. Sentences and paragraphs are not always relevant There may be noticeable errors of grammar, punctuation and spelling. <i>Note: candidates who fully analyse a theory with no application can gain maximum of 10 marks.</i></p> <p>Level 1 (0-6 marks) Candidate identifies an appropriate theorist and makes some attempt to analyse the theory. Answer may be list like with simple statements. There is a minimal attempt to apply the theory and little reference to the focus of the question demonstrating a lack of understanding. There is little use of health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure often being doubtful in relevance to the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p>		<p>Level 1 Appropriate theorist Limited attempt at analysis – likely to be more descriptive/list-like Minimal attempt to apply theory Limited understanding Possible noticeable and intrusive errors in QWC</p>

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Bowlby</p> <ul style="list-style-type: none"> • attachment to primary carer of key importance - bonding • separation anxiety similar to loss and grief when babies separated from primary carer • as a baby is fed, held and spoken to emotional, loving relationships develop and deepen • babies who find that adults respond quickly to their cries become trusting of life and are well-attached in warm, stable relationships • babies who do not make close emotional bonds with carer experience general difficulty in forming stable, warm, loving relationships later in life • babies who are responded to quickly are less demanding later in life • now believed that babies can form close attachments with more than one person • quality of the time spent with carers determines emotional attachment • difficulties arise from separation at birth eg baby needs special care • attachment may be more difficult if baby has learning difficulties, vision or hearing impairments • children who have experienced many separations from those they have tried to form bonds with find it difficult in later life to understand social situations and form relationships 		

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Freud</p> <ul style="list-style-type: none"> • childhood experiences responsible for development • stages need to be successfully resolved – fixation at each stage gives rise to specific behaviours: <ul style="list-style-type: none"> - oral stage – link to feeding weaning - passive, dependent, gullible, oral pleasures eg smoking, eating drinking or suspicious and avoiding oral pleasure - anal stage – link to toilet training - stubborn, mean, obsessed with tidiness, organised or overgenerous, untidy, open to views of others - phallic stage – recklessness, risk taking, obsessed with sexual activity or timid and avoiding reference to sexuality • unconscious feelings direct the way we behave, people do not know why they behave in a certain way • emotion and behaviour driven by the id , ego and superego – balancing personal wants with social and moral values - Id predominating – egocentric, self-seeking and selfish, superego predominating – conformist and self-denying • regression – during periods of stress • defence mechanisms – <ul style="list-style-type: none"> - denial – blocking threatening information - repression – forgetting unpleasant thoughts - rationalisation – reinterpreting unpleasant events - displacement – transferring anger - projection – blaming others - reaction formation – overemphasising opposite emotions eg changing love into hate or hate into aggressive affection eg responses to carers 		

Question	Expected Answer	Mark	Rationale / Additional Guidance
	<p>Erikson</p> <ul style="list-style-type: none"> • early experiences provide a foundation for later development • life stages seen in terms of crises / dilemmas • development requires resolution of different stages – each stage may have a positive or negative outcome: • trust v mistrust – most relevant in this situation • baby learns to be trusting of the world in general if their needs are responded to quickly • child who has learned to ‘trust’ will be less demanding later in life • ‘mistrusting’ develops into a ‘needy’ adult who is demanding in relationships, needs constant reassurance • autonomy v shame and doubt – linked to toilet training / bodily functions <ul style="list-style-type: none"> - child who develops a positive attitude will be able to develop close, mature physical relationships in adulthood / confident self-image - negative outcome of this stage linked to poor self-image / embarrassment • initiative v guilt – willingness to be curious / ask questions – confidence in learning, <ul style="list-style-type: none"> - children who resolve early ‘crises’ in a positive way are more likely to continue to have a positive approach to life • later stages <ul style="list-style-type: none"> - industry v inferiority - identity v role confusion - intimacy v isolation - generativity v stagnation - integrity v despair <p>(the way earlier dilemmas were resolved likely to determine responses during later stages but experience and influences later in life will also have a significant effect)</p>		

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