

Candidate Name:.....



# St Swithun's

## Psychology

### Sixth Form Academic Assessment

### Year of Entry 2013

### Time allowed : 1 hour

#### **Instructions to Candidates**

Candidates should answer all questions

#### **Further Information**

There are two parts (part A and part B) for this assessment. Make sure that you answer all ten questions.

**Part A: Nature/Nurture debate:** “Some are born great, some achieve greatness, and some have greatness thrust upon them” (William Shakespeare, Twelfth Night: act II, scene V). The nature/ nurture debate is an unresolved conflict in Psychology.

1. Using Shakespeare’s quote as a clue, can you separate the following list of words into two groups? (4 marks)

*Culture, nature, learned, inherited, genetic, environmental, innate, biological, social, hereditary, nurture.*

2. In no more than 50 words, explain below how you decided on the make-up of your two word groups. Try to avoid using any of the above listed words in your explanation. (4 marks)

**Part B: Developmental Psychology - Attachment Theory:** Read the article ‘Supporting Healthy Relationships Between Young Children and Their Parents’ and answer the following questions in as much detail as possible.

3. Name the types of attachment mentioned in the article. (4 marks)
4. Briefly describe the main differences between the behaviour of Hannah, Carlos and Keisha? (3 marks)
5. Describe what is meant with ‘attachment’ and ‘bonding’. What is the difference between an ‘attachment’ and ‘bonding’? (3 marks)
6. What has research found promotes a secure attachment? (5 marks)
7. Briefly outline some of the characteristics (features) of each of these three attachment types identified in question 1. (3 marks)
8. Which do you think is the best attachment type to have and why? (2 marks)
9. Re-read the examples of the three children described in the article. Can you suggest which type of attachment classification they may have and why? (6 marks)
10. How might each of these attachment types affect you in later life – write a few sentences on each and say what the impact might be as you get older in terms of relationships with others. (6 marks)

## **Supporting healthy relationships between young children and their partners**

*Lessons from attachment theory and research by Laren Appleyard & Lisa Berlin*

At a child care centre, 18-month-old Hannah is clinging to her mother and crying as they enter. Her mother pulls Hannah's hands from her arm, saying, "Don't be such a cry-baby and go play." In a paediatrician's waiting room, two-year-old Carlos climbs dangerously high on the furniture. He throws a toy at his mother when she calls his name. His mother laughs nervously and says quietly, "I don't know what to do with him." In a family's kitchen, one-year-old Keisha yanks on a locked kitchen cabinet while her father is cooking. Her father kneels next to Keisha and says, "Oh - I see you are trying to get into this cabinet, but these glass pans are for me. Let's make a drawer with some plastic kitchen things for you. You can use them while Daddy cooks."

These examples illustrate how much child-parent interactions can differ from each other. Many people would see Keisha's interactions with her father as the most harmonious and developmentally appropriate example. What may be less apparent is why these types of interactions matter and what can be done to support healthy relationships between young children and their parents.

One theory about child development—attachment theory—is particularly useful for understanding early child-parent relationships and how to support them. According to attachment theory and research, early child-parent relationships lay the foundation for children's later social, emotional, and school functioning. Attachment theory and research also point to specific strategies for supporting relationships between young children and their families.

### **What are Attachments?**

Attachments are unique, lasting emotional ties between infants and their parents. All infants will develop attachments to their parents, even if the parent is harsh or abusive. The only exception to this rule is children reared without parents or specific primary caregivers (such as children in some orphanages). Thus, rather than describing a child as being attached or not, attachment theory and research focus on the quality of the relationship between the child and parent. An attachment usually takes the first year of life to develop, through repeated interactions between the child and parent.

Attachment differs from bonding. Bonding refers to the parent's tie to the infant which develops in the first few hours of life. Infants are capable of developing multiple attachments (e.g., to mothers, fathers, grandparents). Usually, however, they have one parent who is their "primary attachment figure."

### **Attachment "Quality"**

There are two basic patterns of attachment: "secure" and "insecure." The key factor in promoting a secure attachment is parenting behaviour. Many research studies have shown that sensitive, responsive parenting promotes secure attachment. Insensitive, rejecting, or inconsistent parenting has been linked to insecure attachment.

A **secure attachment** is characterized by the child's ability to use his or her parent as a source of comfort and a "secure base" from which to explore. A key principle of attachment theory is that dependence leads to independence. In other words, it is only when a child feels confident in her parent's availability that she can fully explore and play on her own.

*Parental behaviours typically associated with secure attachment include:*

- Sensitive and responsive care
- Clear, consistent, developmentally appropriate expectations and supervision
- Warm, positive, and responsive verbal interaction
- Seeing the child as a unique individual, having insight into the child (i.e., why he does what he does)
- "Holding the child in mind" (i.e., awareness of and ability to reflect on the parent's own feelings and responses to the child)

*Infant and early childhood behaviours associated with secure attachment include:*

- Comfort exploring in presence of an attachment figure
- When hurt, going to an attachment figure for comfort (i.e., not a stranger)
- Seeking help when needed
- Willingness to comply with requests with minimal conflict
- No pattern of controlling or directing the behaviour of caregivers (no role-reversal)

An **insecure attachment** is characterized by the child's inability to use his or her parent for comfort or as a secure base. There are three basic types of insecure attachment.

1. Some children are overly dependent, expressing difficulty with separation and with independent play. This pattern is called insecure-resistant attachment.
2. Some children are under-dependent, seeming disengaged from the parent and barely noticing them upon separation. This is called insecure-avoidant attachment. Such “independence” in an infant or toddler, although sometimes praised, is usually developmentally inappropriate.
3. Disorganized/disoriented attachment refers to children who seem frightened or disorganized in the presence of their parents.

*Parental behaviours typically associated with insecure attachment include:*

- Interfering with the child’s attempts at exploration (i.e., intrusive, overly controlling)
- Unclear, inconsistent, developmentally inappropriate expectations and supervision
- Ignoring the child’s needs and cues
- Inconsistent, unreliable responsiveness
- Hostile, threatening, and frightening behaviours
- Prioritizing the parent’s needs over the child’s (i.e. self-absorbed)
- Behaving like a child or treating the child as though he/she is in charge (i.e. role-reversal)
- Marked withdrawal, fright, hesitation or timidity around the child
- Sexualized or overly intimate behaviours

*Infant and early childhood behaviours associated with insecure attachment include:*

- Excessive dependence
- Marked shyness, withdrawal, or unfriendliness
- Failure to seek contact, comfort when needed
- Indiscriminate friendliness or contact seeking
- Punishing, bossy behaviours
- Over-concern with the parent’s well-being (i.e., role reversal)
- Disoriented or frightened in presence of the parent, such as approaching while looking away, stilling, freezing, or rocking
- Sexualized behaviour

Source: <http://www.childandfamilypolicy.duke.edu/eca/Attachment/index.htm> 1049  
[hrs 02.07.09](#)