higher education & training

Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

MARKING GUIDELINE

NATIONAL CERTIFICATE

EDUCATIONAL PSYCHOLOGY N5

21 NOVEMBER 2019

This marking guideline consists of 11 pages.

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SECTION A

QUESTION 1

1.1	1.1.1	H	
	1.1.2	I	
	1.1.3	L	
	1.1.4	E	
	1.1.5	M	
	1.1.6	O	
	1.1.7	N	
	1.1.8	C	
	1.1.9	A	
	1.1.10	B	
			(10 × 2) (20)

1.2	1.2.1	True	(1)
	1.2.2	True	(1)
	1.2.3	True	(1)
	1.2.4	True	(1)
	1.2.5	False Erickson's theory outlined 8 stages of psychosocial development.	(1) (1)
	1.2.6	False Identity formation refers to the development of an individual's distinct personality. **OR** Self-efficacy refers to a person's belief in his/her ability to achieve things.	(1) (1)
	1.2.7	False✓ During the autonomy versus doubt or shame stage, the child is successful at toilet training.✓ **OR** During the initiative versus guilt stage, the child needs to develop self-control.✓	(1) (1)

1.3 1.3.1 B
1.3.2 D
1.3.3 C
1.3.4 C
1.3.5 A
1.3.6 D
1.3.7 B
1.3.8 C
1.3.9 D
1.3.10 B

(10 × 2) (20)
[50]

TOTAL SECTION A: 50

SECTION B

QUESTION 2

2.1
- Gives the children the opportunity to break away from adult supervision and spend time with children who have similar interests
- Allows children to form relationships on their own in the social system, e.g. through music or sport
- Allows children to learn the customs, social norms and different ideologies that the peer group teaches them
- Teaches children about gender differences
- Allows the child to enjoy being part of a peer group, even though at this age their language and play is still mostly egocentric
- Teaches the child to respect the views of others
- Teaches the child to accept responsibility
- Teaches the child to be realistic about his/her own skills and personal attributes

(Any suitable 5 × 2) (10)

2.2
- Stereotypical illustration, for example illustrations that suggest that cooking and housework is for females and that women should serve men
- The use of sexist terms, for example 'policeman' instead of 'police officer'
- Job roles depicted along traditional norms, for example men as doctors and women as nurses
- Stories that assume that females are less adventurous and capable than men at games and technical jobs
- Stories that present females as incapable of helping themselves and solving their own problems without men's interventions
- Two-value language system: specific language for certain genders, for example girls 'giggle' and boys 'laugh'
- Stories that present personalities as gender stereotypes, for example, females are sensitive and caring and males are brave, competitive and rational
- Stories that assume that there are fundamental differences between how men and women think and approach tasks
- Female personalities shown as sensitive, intuitive, self-sacrificing and frivolous. Male personalities shown as competitive, rational, strong, analytical and serious
- Different roles of women - depicted as able to multitask - motherhood, wife and carer; heartless or superwoman; serving men (Any relevant 3 × 2) (6)

2.3
- A set of primitive needs in the unconscious:
  - Instinct for self-preservation (food, water, shelter and security)
  - Sexual instinct - drive to find a sexual partner and have sexual intercourse (biological reproduction)
- It is the only component of the personality that is present from birth.
- It seeks pleasure without regard for social rules or customs, for example, when an infant is hungry, he or she demands immediate satisfaction of that need.
- It is 'uncivilised' and centred around itself alone.
- No social refinement present. (Any 4 × 2) (8)

2.4 The process of vicarious reinforcement entails:
- If people observe others being rewarded for certain behaviour, they are likely to repeat that behaviour themselves.
- If people observe others being punished for certain behaviour, they are likely to avoid that behaviour themselves. (2 × 2) (4)

2.5 2.5.1 It is a method of collecting information in which the evaluator watches the subject in his/her usual environment without changing that environment.

2.5.2 It is a formal, structured and specific meeting in which one or more people ask questions, consult or evaluate another person based on a specific subject, paying attention to the content of the answers as well as body language.

(2 × 2) (4)

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2.6
- High representation
- Low cost
- Convenient gathering of data
- Good statistical significance
- Little or no observer subjectivity
- Precise results (Any 4 × 2) (8)

2.7
- The child develops more skills and abilities.
- The child can make plans.
- The child takes the initiative to reach goals.
- The child tries out new cognitive skills.
- The child tries to conquer the world around him/her.
- At times, the child's vigorous actions may be viewed as aggressive behaviour.
- The child becomes aware of moral rules, acceptability and being liked by other people.
- The risk is that the child may become too forceful and the parents may restrict and punish him/her too much. This could produce guilt.
- Children need guilt to develop conscience and self-control, but too much guilt can inhibit the child's creativity and interaction with others.
- A balanced development leads to synthesis (purpose: the ability to strive for goals purposefully and confidently). (Any 5 × 2) (10)

[50]

QUESTION 3

3.1
- Gender
- Personality or temperament
- Psychological state of being
- Intelligence
- Motivation (Any 5 × 1) (5)

3.2
- Interact with your child actively, e.g. read stories, ask about his or her day at school, describe routines.
- Ask your child questions and then expand on how he or she responds.
- Use visual stimulation when interacting with your child, e.g. point out posters or adverts while shopping, read stories with pictures.
- Music therapy: Play songs and rhymes. Sing along, encouraging the child to imitate you. Music is entertaining and builds language.
- Positive reinforcement: Always praise your child for every little effort that he/she puts in. This will build his/her confidence to speak.
- Be patient and avoid any form of criticism.
- Enlist professional help for a diagnosis and treatment, e.g. the doctor, audiologist (ear specialist), child psychologist, neurologist (brain specialist) or speech therapist. (Any 5 × 2) (10)

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3.3
- Deprivation – poor examples set by parents - insufficient exposure to language stimulation, e.g. books, songs, etc.
- Intellectual disability
- Environmental deprivation
- Poor parent-child relationship stemming from parenting techniques, e.g. dominant and prescriptive mother and submissive father; overly anxious (neurotic) parents
- Physical and mental immaturity
- Auditory processing disorders
- Neurological problems, e.g. cerebral palsy, muscular dystrophy and traumatic brain injury
- Problematic mother–child relationship
- Emotional problems resulting from grief or being bullied (Any 5 × 1) (5)

3.4 3.4.1 Autocratic/democratic teaching style (1)

3.4.2 Democratic teaching style:
- Has a friendly style and encourages all learners to participate.
- Engages learners in shared decision making and creates a support structure.
- Makes the learner feel more free and comfortable about engaging in activities.
- Creates a positive learning environment that fosters interest in academic performance.

OR

Autocratic teaching style:
- Dictates to his or her learners, demanding co-operation which leads to better discipline.
- May inhibit some learners and prevent them from developing to their true potential.
- Learners may feel inhibited as they are not allowed to express their ideas as freely as they would want to.
- Due to the teacher-centred approach learners may be less actively involved and learning may be less successful. (4)

3.5 3.5.1 Elective mutism (1)

3.5.2
- Excessively shy
- Socially isolated/Passive in school
- Susceptible to teasing/bullying
- Withdrawn and reluctant to speak to people outside her family
- Ignores all efforts to engage in conversation
- Clinging – experience separation anxiety from his/her parents
- Has limited social and peer relationships
- Experiences school phobia, or phobias in general
- Has compulsive traits
- Has normal language skills but prefers to communicate through gestures
- Experiences toilet training problems like encopresis and enuresis
- Displays a negative attitude
- Throws temper tantrums
- Displays anxiety disorders (Any 4 × 1) (4)

3.5.3
- There is a generic predisposition to anxiety.
- There is a family history of excessive timidity or signs of separation anxiety.
- There may be frequent crying, moodiness or inflexibility in coping with some social situations which are linked to sleeping problems.
- There is no link to any biological disability, i.e. no problems associated with physical or cognitive aspects.
- Marital conflict: the affected child may be closer to the mother, while other siblings are allied to the father.
- There may be an overprotective, nurturing, maternal relationship with the mother who needs to control and there may be an abnormally strict or very distant father.
- There may/might have been incidences of abuse, neglect or trauma (rape, molestation, incest).
- There may be an unpleasant home environment, e.g. when family members express hostility and control by silence between parents.
- There might have been an immigration to a foreign country.
- There might have been an early emotional physical trauma, especially to the mouth.
- There might have been an early hospitalisation.
- There might be a psychological inhabitation. (Any 5 × 1) (5)

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3.5.4
- Professional help: Refer the parent and the child to a mental health practitioner or psychologist.
- Medication: Antidepressants or anti-anxiety medication may be used in extreme cases.
- Counselling: Individual and family counselling
- Treatment techniques:
  - Hypnosis
  - Speech and language therapy
  - Individual psychotherapy
  - Occupational therapy
  - Sensory integration therapy
  - Behaviour modification treatment (Any 5 × 1) (5)

3.6 DIFFERENTIATED CRYING
- Babies use different sound patterns and pitches to express different needs, e.g. a loud, shrill cry with groaning and whimpering indicates pain and a loud cry with sucking movements indicates hunger.
- Parents are able to distinguish between the various types of crying displayed by babies. (Any 1 × 2) (2)

UNDIFFERENTIATED CRYING
- Babies use it solely to signal their needs, as the cry lacks variety. The baby is trying to express hunger, thirst, fear, pain or discomfort because the crying sounds the same for all these needs.
- Parents are unable to distinguish why the baby is crying. (Any 1 × 2) (2)

3.7
- Engage in constant conversation with the child.
- Reciprocate responses from the child positively.
- Avoid using baby language, e.g. 'woof-woof' for 'dog'.
- Maintain eye contact, show love, concern and attention.
- Convey physical affection and affection in your voice. (Any 3 × 2) (6)

[50]

QUESTION 4

4.1
- Talk to your adolescent child about life.
- Try to find out what issues your child is struggling with.
- Familiarise yourself with his/her fears, struggles and joys.
- Care about the struggles your child is going through.
- Make an effort to find out what is going on in his/her life. (Any 3 × 2) (6)

4.2 4.2.1
- The development of an individual's distinct personality
- A person becomes aware of himself/herself as a unique, independent entity with a particular place in society.

4.2.2 It describes how happy a person is with himself/herself based on the extent to which he/she has accepted himself/herself for who he/she is.

(2 × 2) (4)

4.3 4.3.1

- Headaches (including migraines)
- Stomach ailments (bleeding stomach ulcers, spastic colon, poor appetite, diarrhoea, constipation, nausea)
- Aches, pains and tense muscles
- Chest pains and rapid heart rate
- Feelings of exhaustion and lack of energy
- Disturbed sleep patterns (insomnia or too much sleep)
- Frequent colds or infections
- Trembling hands
- Ringing ears
- Cold, sweaty hands and feet
- Dry mouth and difficulty swallowing
- Tight jaw muscles and grinding teeth
- Skin problems, e.g. eczema
- Sweating without exertion or high air temperature
- Dizzy spells, palpitations and nauseous sensations - irregular heartbeats
- Hypertension
- Lower immunity/resistance to disease
- Asthma
- Digestive disorders: continuous diarrhoea, spastic colon, bleeding stomach ulcers, poor appetite (Any 5 × 1) (5)

4.3.2

- Moodiness and helplessness, hopelessness (inferiority, does not feel loved, feel trapped, loneliness, fearfulness)
- General pessimism/lack of enthusiasm
- Overeating in an attempt to feel better
- Frustration
- Depression/Neurosis
- Anxiety, which can cause extreme irritation about small things
- Poor concentration, memory loss and forgetfulness
- Crippled self-image and low self-esteem
- Social withdrawal
- Inability to communicate
- Efficiently becoming antisocial (Any 5 × 1) (5)

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4.3.3
- Poor school performance
- A deterioration in physical health
- Difficulty interacting with peers
- Depression
- Emotional instability, e.g. feelings of sadness and anger, whining, crying
- Disruptions in routine, e.g. lack of sleep, lack of nurturing and care, bed-wetting
- Aggressive and rebellious behaviour to relieve frustration

(Any 5 × 1) (5)

4.4 4.4.1
- This leader aims to share decision making with all group members as he/she wishes to promote social equity for them.
- The leader allows participation and involvement of all members and these are the key elements of success. These will win both the respect and affection of the group.
- A democratic leader shows concern for the feelings and interests of the group members. Such a leader leads by making suggestions rather than by giving orders. (Any 3 × 1) (3)

4.4.2
- Mutual respect which leads to the group functioning optimally
- Fosters a sense of belonging and satisfaction
- Relationships are built because of mutual trust
- Children become focused on achieving a common goal

(Any 3 × 2) (6)

4.5 4.5.1
- Allows children to escape the direct supervision of adults.
- Forms a reference group in which adolescents can assess their behaviour, express frustrations, discuss problems and review goals
- Forms a support and structural base for adolescents from broken homes and single-parent families
- Contributes towards identity formation during the early stages of adolescence when teenagers experience a lack of independence, self-confidence and sense of identity
- Influences the adolescent's intellectual and personal development
- Helps in conflict resolution situations
- Provides a feeling of security, acceptance and understanding
- Helps adolescents release emotional tension
- Allows adolescents to learn and experiment with new ideas – develops effective social functioning
- Allows for opportunities for communication and the forming of close friendships with the opposite sex
- The group facilitates emancipation from the family home
- Provides sexual information to adolescents
- Develops norms for sexual activities (Any 3 × 2) (6)

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4.5.2
- Shows enthusiasm and takes initiative in everyday activities
- Has greater tolerance levels and displays sympathy towards peer group members
- Becomes more flexible about ideas of others
- Displays self-confidence
- Maintains a cheerful and positive rapport with others due to common ground
- Can aim to maintain an attractive physical appearance (Any 5 × 2) (10)

[50]

TOTAL SECTION B: 150
GRAND TOTAL: 200

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