Please check the examination details below before entering your candidate information

Candidate surname: StemUp Model Solution

Other names:

Pearson Edexcel
International Advanced Level

Centre Number

Candidate Number

Tuesday 21 January 2020

Morning (2 hours)

Paper Reference **WPS04/01**

Psychology

International Advanced Subsidiary
Paper 4: Clinical Psychology and Psychological Skills

You do not need any other materials.

Total Marks

Instructions

- Use **black** ink or ball-point pen.
- **Fill in the boxes** at the top of this page with your name, centre number and candidate number.
- Answer **all** questions.
- Answer the questions in the spaces provided – *there may be more space than you need.*

Information

- The total mark for this paper is 96.
- The marks for **each** question are shown in brackets – *use this as a guide as to how much time to spend on each question.*
- The list of formulae and statistical tables are printed at the start of this paper.
- Candidates may use a calculator.

Advice

- Read each question carefully before you start to answer it.
- Try to answer every question.
- Check your answers if you have time at the end.

Turn over ▶

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FORMULAE AND STATISTICAL TABLES

Standard deviation (sample estimate)

$$\sqrt{\left(\frac{\sum(x-\bar{x})^2}{n-1}\right)}$$

Spearman's rank correlation coefficient

$$1-\frac{6\sum d^2}{n(n^2-1)}$$

Critical values for Spearman's rank

	Level of significance for a one-tailed test				
	0.05	**0.025**	**0.01**	**0.005**	**0.0025**
	Level of significance for a two-tailed test				
N	**0.10**	**0.05**	**0.025**	**0.01**	**0.005**
5	0.900	1.000	1.000	1.000	1.000
6	0.829	0.886	0.943	1.000	1.000
7	0.714	0.786	0.893	0.929	0.964
8	0.643	0.738	0.833	0.881	0.905
9	0.600	0.700	0.783	0.833	0.867
10	0.564	0.648	0.745	0.794	0.830
11	0.536	0.618	0.709	0.755	0.800
12	0.503	0.587	0.678	0.727	0.769
13	0.484	0.560	0.648	0.703	0.747
14	0.464	0.538	0.626	0.679	0.723
15	0.446	0.521	0.604	0.654	0.700
16	0.429	0.503	0.582	0.635	0.679
17	0.414	0.485	0.566	0.615	0.662
18	0.401	0.472	0.550	0.600	0.643
19	0.391	0.460	0.535	0.584	0.628
20	0.380	0.447	0.520	0.570	0.612
21	0.370	0.435	0.508	0.556	0.599
22	0.361	0.425	0.496	0.544	0.586
23	0.353	0.415	0.486	0.532	0.573
24	0.344	0.406	0.476	0.521	0.562
25	0.337	0.398	0.466	0.511	0.551
26	0.331	0.390	0.457	0.501	0.541
27	0.324	0.382	0.448	0.491	0.531
28	0.317	0.375	0.440	0.483	0.522
29	0.312	0.368	0.433	0.475	0.513
30	0.306	0.362	0.425	0.467	0.504

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Chi-squared distribution formula

$$X^2 = \sum \frac{(O-E)^2}{E} \qquad df = (r-1)(c-1)$$

Critical values for chi-squared distribution

	Level of significance for a one-tailed test					
	0.10	**0.05**	**0.025**	**0.01**	**0.005**	**0.0005**
	Level of significance for a two-tailed test					
df	**0.20**	**0.10**	**0.05**	**0.025**	**0.01**	**0.001**
1	1.64	2.71	3.84	5.02	6.64	10.83
2	3.22	4.61	5.99	7.38	9.21	13.82
3	4.64	6.25	7.82	9.35	11.35	16.27
4	5.99	7.78	9.49	11.14	13.28	18.47
5	7.29	9.24	11.07	12.83	15.09	20.52
6	8.56	10.65	12.59	14.45	16.81	22.46
7	9.80	12.02	14.07	16.01	18.48	24.32
8	11.03	13.36	15.51	17.54	20.09	26.12
9	12.24	14.68	16.92	19.02	21.67	27.88
10	13.44	15.99	18.31	20.48	23.21	29.59
11	14.63	17.28	19.68	21.92	24.73	31.26
12	15.81	18.55	21.03	23.34	26.22	32.91
13	16.99	19.81	22.36	24.74	27.69	34.53
14	18.15	21.06	23.69	26.12	29.14	36.12
15	19.31	22.31	25.00	27.49	30.58	37.70
16	20.47	23.54	26.30	28.85	32.00	39.25
17	21.62	24.77	27.59	30.19	33.41	40.79
18	22.76	25.99	28.87	31.53	34.81	42.31
19	23.90	27.20	30.14	32.85	36.19	43.82
20	25.04	28.41	31.41	34.17	37.57	45.32
21	26.17	29.62	32.67	35.48	38.93	46.80
22	27.30	30.81	33.92	36.78	40.29	48.27
23	28.43	32.01	35.17	38.08	41.64	49.73
24	29.55	33.20	36.42	39.36	42.98	51.18
25	30.68	34.38	37.65	40.65	44.31	52.62
26	31.80	35.56	38.89	41.92	45.64	54.05
27	32.91	36.74	40.11	43.20	46.96	55.48
28	34.03	37.92	41.34	44.46	48.28	56.89
29	35.14	39.09	42.56	45.72	49.59	58.30
30	36.25	40.26	43.77	46.98	50.89	59.70
40	47.27	51.81	55.76	59.34	63.69	73.40
50	58.16	63.17	67.51	71.42	76.15	86.66
60	68.97	74.40	79.08	83.30	88.38	99.61
70	79.72	85.53	90.53	95.02	100.43	112.32

The calculated value must be equal to or exceed the critical value in this table for significance to be shown.

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Wilcoxon Signed Ranks test process

- Calculate the difference between two scores by taking one from the other
- Rank the differences giving the smallest difference Rank 1

  Note: do not rank any differences of 0 and when adding the number of scores, do not count those with a difference of 0, and ignore the signs when calculating the difference
- Add up the ranks for positive differences
- Add up the ranks for negative differences
- T is the figure that is the smallest when the ranks are totalled (may be positive or negative)
- N is the number of scores left, ignore those with 0 difference

Critical values for the Wilcoxon Signed Ranks test

	Level of significance for a one-tailed test		
	0.05	0.025	0.01
	Level of significance for a two-tailed test		
n	0.1	0.05	0.02
N=5	0	-	-
6	2	0	-
7	3	2	0
8	5	3	1
9	8	5	3
10	11	8	5
11	13	10	7
12	17	13	9

The calculated value must be equal to or less than the critical value in this table for significance to be shown.

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SECTION A

CLINICAL PSYCHOLOGY

Answer ALL questions. Write your answers in the spaces provided.

1 (a) State **two** symptoms of schizophrenia.

(2)

1 *Hallucinations, for example hearing voices that are not really there.*

2 *Delusions, for example believing that you are being persecuted or controlled.*

(b) Explain **two** strengths of **one** biological theory/explanation for schizophrenia other than the function of neurotransmitters.

(4)

Biological theory/explanation

Genetic explanation of schizophrenia

1 *Family members can be made aware that they have an increased risk of developing schizophrenia, so they can look out for early signs of symptoms and get help sooner. This is supported by Gottesman (1991), who found that a person has a 48% chance of developing schizophrenia if their MZ twin has the disorder, compared with about 1% in the general population.*

2 *Genetic research on mutations can explain schizophrenia in people who have no family history of the disorder, so the explanation is not limited to inherited genes. Walsh et al. (2008) found rare copy number variations (CNVs), such as deleted or duplicated genes, in patients with schizophrenia who had no family history of the disorder.*

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(c) Describe the function of neurotransmitters as an explanation for schizophrenia.

(6)

The dopamine hypothesis suggests that schizophrenia is caused by too much dopamine activity in the brain. People with schizophrenia are thought to have more dopamine receptors (especially D2 receptors), so the dopamine that is released has a greater effect on the post-synaptic neurons.

Dopamine is involved in perception, cognition and attention in areas such as the pre-frontal cortex. Unregulated, high levels of dopamine over-excite these brain functions, so ordinary stimuli are interpreted with more meaning than they really have. This can lead to positive symptoms such as hallucinations and delusions. This idea is supported by the fact that amphetamines, which increase dopamine, can produce schizophrenia-like symptoms, while antipsychotics that block dopamine receptors reduce them.

Carlsson et al. (1999) suggest that the glutamate hypothesis expands on the dopamine hypothesis, with both neurotransmitters involved in schizophrenia. Reduced uptake of glutamate at NMDA receptors has been associated with psychotic symptoms. Because glutamate pathways help to regulate dopamine, the dopamine abnormalities seen in schizophrenia may be caused by glutamate dysfunction, which could also help explain negative symptoms.

(Total for Question 1 = 12 marks)

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2 In your studies of clinical psychology, you will have learned about the diagnosis of mental health disorders.

(a) Explain whether the diagnosis of mental health disorders can be considered valid.

(4)

Diagnosis can be considered valid because the DSM and the ICD show criterion validity; when both systems are used on the same people they tend to diagnose the same disorder. Andrews et al. (1999) found agreement in diagnosis between the DSM-IV and ICD-10 for depression, substance dependence and anxiety when 1500 people were assessed.

However, clinicians can interpret symptoms differently, which reduces the construct validity of the operationalised diagnostic criteria and so reduces the validity of diagnosis. Cooper et al. (1972) found that New York psychiatrists were twice as likely as London psychiatrists to diagnose schizophrenia when shown the same video-taped clinical interviews, so the criteria are not always objectively interpreted.

Overall, diagnosis has some validity because the major classification systems agree, but this is limited by subjective interpretation of symptoms by different clinicians and cultures.

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(b) Justify the statement that the DSM V has greater cultural sensitivity than the DSM IVR.

(2)

The DSM V has greater cultural sensitivity because its criteria were updated to reflect cross-cultural variations in how symptoms are presented. It also includes a Cultural Formulation Interview with cultural questions, so clinicians can assess the cultural factors that influence a patient's own perspective of their symptoms.

(Total for Question 2 = 6 marks)

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3 Kane is investigating the experiences of inpatients with an eating disorder at a mental health hospital. He decides to use a non-participant naturalistic observation method to gather qualitative and quantitative data.

(a) Describe how Kane could carry out a non-participant naturalistic observation to gather his qualitative and quantitative data about the experiences of inpatients.

(4)

Kane could observe the inpatients on the ward as they go about their daily routines, such as meal times, therapy sessions and leisure time, without taking part or interfering, so their behaviour is natural.

To gather quantitative data he could use a behaviour checklist with pre-determined categories, such as smiling, crying, arguing, refusing food or asking staff for help, and tally each time an inpatient shows each behaviour. He could also tally the number of times each patient speaks to another patient or to a member of the medical staff, using time sampling (for example every 10 minutes).

To gather qualitative data he could make detailed field notes describing what the inpatients do and say, for example how they behave during meal times and how they interact during leisure activities.

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(b) Kane also decides to use a questionnaire to gather data from families of the inpatients in the mental health hospital.

Suggest **one** question Kane could use in his questionnaire to gather quantitative data.

(1)

On average, how many hours per day does your family member spend alone on the ward? Less than 2 hours / between 2 and 4 hours / more than 4 hours.

(c) The hospital suggests that Kane could also use the medical records that are updated by the nurses each day.

Explain **one** weakness of Kane using medical records in terms of ethics.

(2)

The medical records may contain historical health information about the inpatients that should not be disclosed to Kane, as it does not relate to their experiences in the hospital. This goes against the BPS Code of Ethics and Conduct (2009) because it breaches the inpatients' right to privacy and confidentiality during research, especially as they have not consented to Kane reading their records.

(d) Explain **one** weakness of Kane using medical records in terms of objectivity.

(2)

The records are written and updated by the nurses on the ward, who may subjectively interpret the inpatients' behaviour with a bias towards the eating disorder they have been diagnosed with. This is shown by Rosenhan (1973), where the pseudo-patients' normal behaviour, such as writing notes, was recorded with a bias that supported their diagnosis of schizophrenia.

(Total for Question 3 = 9 marks)

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4 Noah has recently visited his doctor with symptoms of schizophrenia. The doctor has decided to treat Noah with drug therapy.

Noah also considers other therapies and believes that family therapy will be helpful in the long term.

(a) Explain **one** way that drug therapy will help Noah with his symptoms of schizophrenia.

(2)

Antipsychotic drugs block dopamine receptors, so Noah's positive symptoms, such as hallucinations, can be reduced and his chance of relapse lowered. Emsley et al. (2008) found that the antipsychotic risperidone, given early in the course of schizophrenia, led to high remission rates and low relapse rates.

(b) Describe why family therapy may be helpful for Noah and his family.

(3)

Noah would attend therapy sessions together with his family members, so they are involved in his treatment plan and can learn about schizophrenia and the triggers for his symptoms.

This would help his family understand and manage the environmental, social and emotional issues Noah may need support with, such as making sure he attends his medical appointments and takes his medication.

It can also reduce critical or hostile communication (high expressed emotion) in the family, so Noah is less stressed and less likely to relapse, and the family can support him over the long term.

(Total for Question 4 = 5 marks)

TOTAL FOR SECTION A = 32 MARKS

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SECTION B

CLINICAL PSYCHOLOGY

Answer the question. Write your answer in the space provided.

5 In your studies of clinical psychology, you will have conducted a practical investigation to explore attitudes to mental health.

Evaluate your clinical psychology practical investigation.

(16)

For our practical we carried out a content analysis to explore attitudes to mental health in the media. We used a standard internet search engine to find three news articles about mental health, all from the same national news website and each about 800 words long. Before coding, we decided on categories of words and concepts based on previous research, which represented positive attitudes (for example "recovery", "support", "brave") and negative attitudes (for example "dangerous", "violent", "crazy"). Each class member coded the articles separately by tallying each category, and we then came together to discuss our coding and agree any differences. We found an imbalance, with mental health more often portrayed negatively, often suggesting that patients are dangerous.

One strength is validity. The sources were real reports written for a news website rather than material created for the study, so our data reflected how the media actually present mental health to the public. This means our findings about negative portrayal have high ecological validity, unlike a questionnaire where people might give socially desirable answers about mental health.

A further strength is reliability. Because we recorded our procedure and the exact words and concepts that fitted each category, the study could be replicated by another researcher using the same coding scheme. Each class member coded independently before we compared our tallies, which allowed us to check inter-rater reliability; where our tallies were similar we could

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be more confident that the categories were applied consistently.

However, there was subjectivity in the coding. When each person analysed the articles they had to decide whether a word or phrase suitably fitted into a category, and the meaning of a word such as "struggling" depends on its context. Some of the differences we had to discuss show that the coding was not completely objective, so the results may partly reflect our own interpretations rather than the attitude of the writer.

Another weakness is generalisability. It took a lot of time to categorise the data, so we could only analyse three articles, all from the same website. These may not represent the media as a whole, as other news sites, social media or television may present mental health differently. The sources are also time-locked, showing attitudes only at the moment they were published, and the coding categories are culture-bound as they reflect one culture at one point in time, so generalising to attitudes to mental health in other cultures is problematic.

In terms of ethics, the content analysis was ethical as the articles were in the public domain and no participants were directly involved, so there were no issues of consent or harm. However, the findings could indirectly affect people with mental health disorders if they were reported in a way that reinforced stigma.

In conclusion, our content analysis was a valid, replicable and ethical way to explore media attitudes to mental health, and it suggested that negative portrayals are common. However, the small sample of articles and the subjectivity of coding mean the findings should be treated with caution, and analysing a larger range of sources with clearer operationalised categories would make the conclusion more credible.

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(Total for Question 5 = 16 marks)

TOTAL FOR SECTION B = 16 MARKS

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SECTION C

PSYCHOLOGICAL SKILLS

Answer ALL questions. Write your answers in the spaces provided.

6 Zoe investigated whether the amount of time spent on social media influenced the amount of time spent talking with friends face to face (in person).

She visited her local shopping centre and asked 20 passersby to estimate (in minutes) the time they spent on social media during a week. Zoe also asked them to estimate (in minutes) the time they spent talking with friends face to face during a week.

(a) When Zoe asked the passersby to answer her questions, another 35 people had walked past her.

Calculate what percentage of the total available passersby Zoe sampled.

You **must** give your answer to **two** significant figures.

(1)

Space for calculations

Total available = 20 + 35 = 55

20 ÷ 55 × 100 = 36.36...% ⇒ 36% (2 s.f.)

Percentage *36%*

(b) Explain **one** way Zoe could have increased the accuracy of the quantitative data she collected.

(2)

Zoe could ask participants to record the actual time they spend on social media and talking face to face with friends over a week, for example using a diary or screen-time data on their phones. This would make the data more accurate because estimates rely on people being able to judge timeframes, which they may not be able to do.

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Zoe plotted her data in the scatter diagram shown in **Figure 1**.

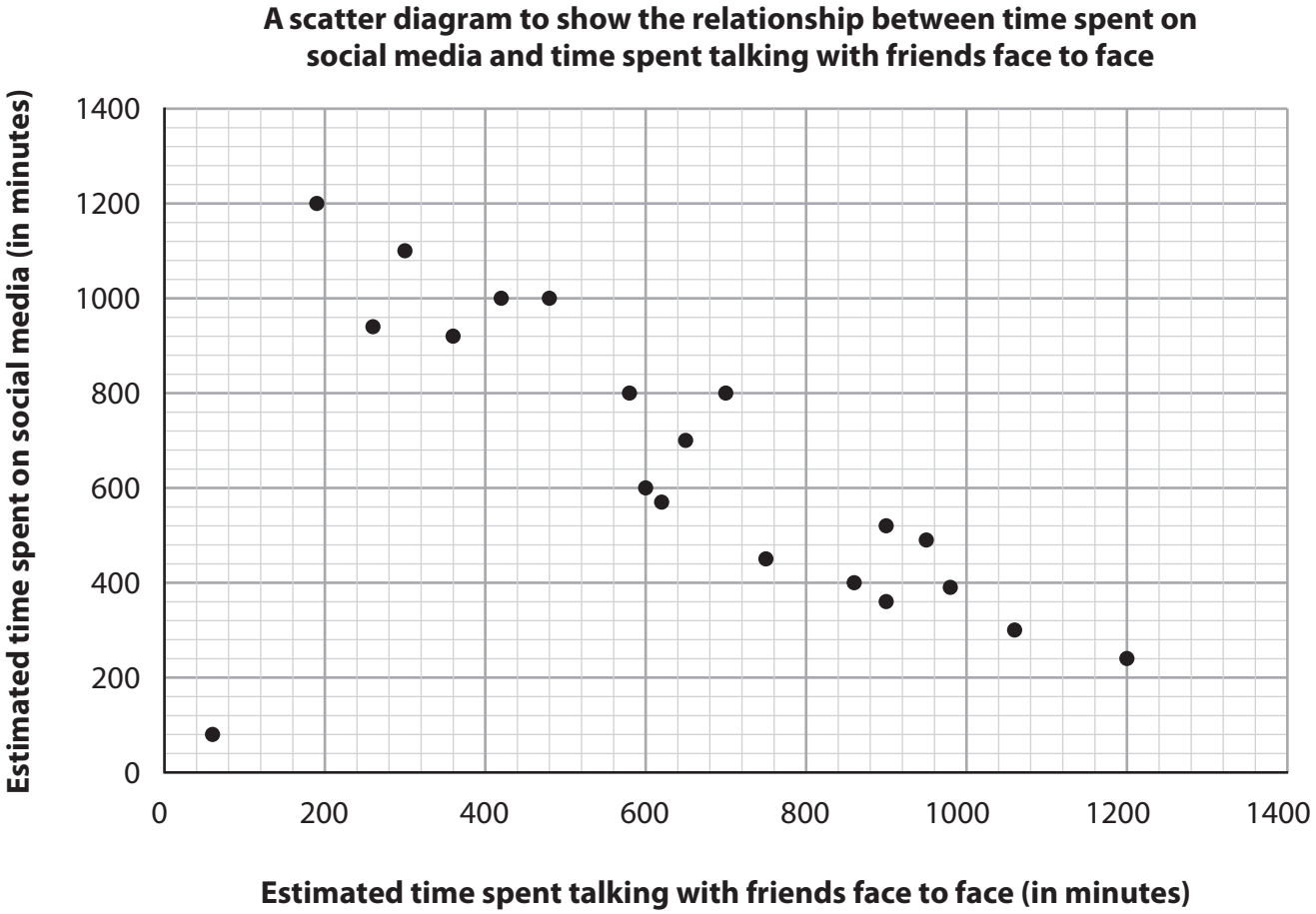


Figure 1

(c) Identify the type of correlation shown in **Figure 1**.

(1)

Negative correlation.

(d) Explain, using the data shown in **Figure 1**, **one** conclusion Zoe can make from her investigation.

(2)

As time spent on social media decreases, time spent talking with friends face to face increases: one person estimated about 1200 minutes on social media and under 200 minutes talking face to face, while another estimated about 240 minutes on social media and 1200 minutes face to face. So people who use social media more see their friends face to face less.

(Total for Question 6 = 6 marks)

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7 Orla conducted a longitudinal investigation into the development of emotional understanding in children. She sampled 50 children from a range of family backgrounds and recorded their behaviour every year from when the children were 1 year old to when they were 12 years old.

Orla used tasks with the children to test their emotional understanding, such as scenario-based play and picture cards.

(a) Describe why Orla used a longitudinal research method for her investigation.

(2)

Orla needs to follow the same 50 children over a long time period (from age 1 to 12) to see their individual emotional development, recording the changes in their emotional understanding on the tasks each year so she can find a pattern of development.

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(b) Compare the use of longitudinal research with cross-sectional research.

(6)

Longitudinal research follows the same participants over time, whereas cross-sectional research compares different participants of different ages at one point in time. This means cross-sectional research can be affected by participant variables between the age groups, unlike longitudinal research where the sample stays the same, so changes are more likely to be due to development.

Both methods can be used to research developmental changes over the life span. A cross-sectional study could test groups of children of increasing ages at the same time, while a longitudinal study, like Orla's, follows the same children through those stages of life.

Cross-sectional research can be conducted in a much shorter timeframe than longitudinal research, which takes years (Orla's took 11 years). This makes cross-sectional research a much quicker and cheaper way of gathering comparative data, whereas longitudinal research is more likely to suffer from participant attrition as children drop out over time.

(Total for Question 7 = 8 marks)

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8 Matheus wanted to know how phobias impacted on family relationships. He asked individuals with globophobia (a fear of balloons) to score the severity of their symptoms in terms of the impact on their family relationships.

A score of 0 represented no impact on family relationships and a score of 5 represented a significant impact on family relationships.

(a) Calculate the standard deviation for the data gathered by Matheus by completing **Table 1**.

The formulae can be found at the front of this paper.

You should show your working out.

You **must** give your answer to **two** decimal places.

(4)

Participant	Score (out of 5) for severity of impact on family relationship	$(x - \bar{x})$	$(x - \bar{x})^2$
A	1	−2.4	5.76
B	5	1.6	2.56
C	4	0.6	0.36
D	4	0.6	0.36
E	3	−0.4	0.16
Mean score for severity of impact on family relationship =	3.4	Sum of differences^2 =	9.2
		Standard deviation =	1.52

Table 1

Space for calculations

Sum of differences² = 5.76 + 2.56 + 0.36 + 0.36 + 0.16 = 9.2

$s = \sqrt{\frac{\Sigma(x - \bar{x})^2}{n - 1}} = \sqrt{\frac{9.2}{5 - 1}} = \sqrt{2.3} = 1.5166...$

Standard deviation = 1.52 (2 d.p.)

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(b) Give **two** reasons why the standard deviation may be a better measure of dispersion than the range.

(2)

1 *The range is affected by extreme scores, whereas the standard deviation reduces the effect of anomalies as it looks at the spread of scores around the mean.*

2 *The standard deviation shows how far every score in the data set varies from the mean, rather than only the difference between the highest and lowest scores.*

(Total for Question 8 = 6 marks)

TOTAL FOR SECTION C = 20 MARKS

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SECTION D

Answer the question. Write your answer in the space provided.

9 One key question for society is whether we can reduce aggression between opposing sports team players during sporting events. There have been several reported incidents of aggression, for example biting, between opposing team players during high profile sporting events.

Hormones are implicated in aggression. Dabbs et al. (1995) studied 692 male prisoners and found high levels of testosterone in violent offenders, indicating a link between aggressive behaviour and increased testosterone levels.

It can be suggested from a psychodynamic perspective that sport is cathartic, where a player's feelings of aggression are released through socially acceptable means. However, it could also be claimed that aggression during sporting events is often met with rewards, such as crowds cheering or a team player scoring points.

Discuss the key question of whether we can reduce aggression between opposing sports team players during sporting events. You should use concepts, theories and/or research studied in your psychology course.

You must make reference to the context in your answer.

(8)

Biological explanations suggest it may be hard to reduce aggression between players. Testosterone is a hormone found in greater quantities in males, and it promotes muscle strength and competitiveness. Dabbs et al. (1995) found higher testosterone in violent offenders, and male sports players are likely to have high testosterone, so aggression such as biting may be partly biological and difficult to change. High profile sporting events may also act as a fight or flight stressor, releasing adrenaline that prepares the body for action and can lead to aggression. This suggests there may be a limit to how far interventions can reduce aggression.

However, operant conditioning suggests aggression can be reduced. Behaviour that is reinforced is repeated, and behaviour that is punished stops. When crowds cheer an aggressive act or a player scores points after it, this acts as positive reinforcement, so the player is more likely to be aggressive again. Aggression could be reduced by punishing it consistently, for example with red cards, match bans and fines, and by encouraging crowd disapproval rather than

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cheering. Social learning theory adds that fans and young players watching high profile players being rewarded for aggression may imitate them, as Bandura et al. (1961) found children imitated an aggressive model, so punishing aggressive players publicly could also reduce aggression in others.

From a psychodynamic perspective, sport is cathartic, so aggressive feelings from the id are released in socially acceptable ways such as tackling. However, biting another player is not a socially acceptable release, so catharsis does not explain or solve this type of aggression during a match. Cathartic methods could instead be used before events, such as training sessions where players release anger. Bushman (2002) found that venting anger by hitting a punching bag increased rather than reduced aggression, which questions whether catharsis works at all.

Overall, aggression between players is likely to have biological causes that cannot be removed completely, but it can be reduced by changing the consequences of aggression, so that it is punished rather than rewarded.

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(Total for Question 9 = 8 marks)

TOTAL FOR SECTION D = 8 MARKS

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SECTION E

Answer the question. Write your answer in the space provided.

10 Assess the implications of socially sensitive research in psychology.

(20)

Sieber and Stanley (1988) define socially sensitive research as studies where there are potential consequences or implications, either directly for the participants or for the class of individuals they represent. These implications go beyond the research situation and can affect researchers, individuals and groups within society. Sensitivity can arise because people may be treated differently as a result of the way findings are interpreted or reported in the media, and it is especially important when researching controversial topics such as aggression, mental health, obedience or parenting.

One implication concerns responsibility for behaviour. Biological explanations look to nature to explain aggressive or criminal behaviour, such as the MAOA "warrior" gene or the XYY chromosome abnormality. Raine et al. (1997) found that murderers who pleaded not guilty by reason of insanity had brain abnormalities, such as reduced activity in the prefrontal cortex. This could be used to claim that individuals are not responsible for their violence. As many legal systems are based on crime being an individual choice made with free will, treating aggression as "nature" could change perceptions of guilt and sentencing. This also has implications for social control: Court-Brown (1965) argued that XYY men should remain hospitalised because of their increased likelihood of aggression, even though they had not committed a crime. Similarly, Cohrs et al. (2012) suggested personality types are indicators of prejudice, which could lead to screening the population for those traits and labelling people before they have acted.

On the other hand, socially sensitive research can have very positive implications. Research showing that mental health disorders have biological causes, such as neurotransmitter

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differences in schizophrenia, has helped to debunk myths such as demonic possession or witchcraft and has improved how patients are treated. Rosenhan (1973) showed that inpatients suffered depersonalisation in psychiatric hospitals, which positively influenced mental health practices. However, the same findings could have been harmful to the staff, clinicians and hospitals involved, possibly causing them distress and damaging trust in psychiatry, which shows that the benefits for one group can come at a cost to another.

Developmental research also has implications for society. Bowlby (1944) implied that children were at risk of becoming juvenile delinquents if they did not bond with their mothers, which put pressure on working mothers and influenced parenting styles and childcare policy. As his sample of 44 thieves was retrospective and correlational, these implications may have been unjustified, showing how sensitive findings can be over-generalised. Research on institutional care has nevertheless improved care practices for children.

There are also implications for the participants themselves. Curtis (1977) cared for and studied Genie; although the researchers tried to help her develop, she was also used as a research subject and there was thought to have been excessive testing, raising issues of power and the need to separate the roles of researcher and carer. Participants in Reicher and Haslam (2006) knew they would appear on national television, but may not have been fully aware of how their behaviour might change in the mock prison, so sensitivity was needed in the debrief as they were known to the public for their actions. Mental health patients in drug trials are often vulnerable, so care must be taken that they fully understand the implications of taking part and that their confidentiality is protected.

In conclusion, socially sensitive research has serious implications because findings can be misused to remove responsibility, justify social control or stigmatise groups, and participants

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can be harmed. However, avoiding sensitive topics would mean important issues such as mental health care and child development are not researched, which would be more harmful to society. Sieber and Stanley's (1988) guidance has improved ethical considerations, so the most important implication is that psychologists must carefully consider how their research is conducted, interpreted and reported, rather than avoid it altogether.

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TOTAL FOR SECTION E = 20 MARKS
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