2009 Care

Higher – Paper 1

Finalised Marking Instructions

Care 2009 Higher Paper 1

Section 1

Psychology for Care

(a)   Explain why nature and nurture are both important influences on how a person develops.

2 KU
2 AE

Knowledge and Understanding

- The influence of nature is in the genes we inherit from our biological parents. Genes set the blueprint for what we might become (the genotype).

- Research shows that there is a genetic link to a number of aspects of human experience such as the likelihood of developing certain illnesses.

- Studies show that twins separated at birth, and brought up in different environments, often develop in very similar ways. This would indicate that their genes have an influence on how they develop.

- The influence of nurture includes the environment in which we live, the dynamics of the family into which we are born and the community and culture in which we are brought up.

Analysis and Evaluation

- Although genes establish the blueprint for what we might become, these are only the possibilities for a person. The blueprint is influenced by the conditions/environment in which a person grows. This interaction results in the phenotype – the observable physical characteristics.

- For example, a person may be born with a disability caused by genes, but if they receive support and encouragement from family, schools and support services, they may be able to achieve more in their life than they would have in the past, when they would have just been left in an institution. This indicates that it is not the genes they were born with, but the conditions in which they are brought up, that influences what they are able to achieve.

- Today, due to advances in science and technology, people are able to take medication and undergo surgery which can affect them in many ways. Mental health problems such as depression and schizophrenia, which may have a genetic link, can be managed with medication, and even something as genetically determined as gender can be changed by surgery and medication.

Or any other valid answer

(b)   Explain **one** strength and **one** weakness of the Psychodynamic Approach when
        working in a care setting.   **2 AE**
                                                                                         2 App

        *Candidates must identify a strength or weakness to gain the AE marks – listing or
        describing key features of the psychodynamic approach is not enough to gain the
        marks. The strength and weakness must relate specifically to the psychodynamic
        approach. It is acceptable to use the work of specific psychodynamic theorists,
        such as Erikson, to answer this question. A general strength such as 'This
        approach helps a care worker to understand service users' is not appropriate, as
        it is too vague and could apply to any approach – the candidate should identify
        which aspect of the psychodynamic approach they are referring to in order to
        gain the mark. App marks are awarded for discussing the strength or weakness in
        a care context.*

        Strengths

        - The psychodynamic approach emphasises the importance of early childhood
          experience, and this enables workers to understand the way in which past
          experience might be influencing a person's current behaviour. It means that
          care workers might take time to look beyond the current experience and
          behaviour of a service user to try and understand the reasons they are
          behaving in a certain way.

        - The Psychodynamic Approach states that there are different levels of
          consciousness. The fact that some things may be deeply buried in the
          unconscious helps explain why people don't always do what they consciously
          'know' is good for them. Care workers may make time to try and explore this
          with service users, or get specialist help for the service user.

        - An understanding of stage models such as Erikson's Lifespan theory enables
          the worker to see that the service user, although psychologically balanced in
          the past, may be facing new conflicts at their current stage of development
          and this may help the worker gain a clearer insight into the behaviour of the
          person.

        - The Psychodynamic Approach talks about how people develop defence
          mechanisms to avoid feeling anxious. For instance, service users displaying
          challenging behaviour may be demonstrating regression, sublimation or
          displacement. The Psychodynamic Approach would explain this by saying
          that the dominant aspect of the personality at this point is the Id.

        - Knowledge of the Psychodynamic approach would help the care worker
          understand the reasons they might be behaving that way. This would help
          them look at the source of the anxiety as a way of managing the person's
          behaviour.

        Weaknesses

        - In a care setting, workers may have only brief contact with service users and
          therefore may not have the time or opportunity to get to know the background
          of the service user in much detail.

        - Service users need to have a certain amount of self awareness to respond to
          any interventions based on the psychodynamic approach. For instance, if
          something is still buried in a person's pre-conscious or sub-conscious, they
          may not yet be ready to access it.

- The approach is not scientific and it can't be tested, so it can be difficult for a care worker or service user to gauge if there is any change in behaviour specifically as a result of using this approach.

- Any change that is likely to happen as a result of using the Psychodynamic Approach is likely to be long term, and in a lot of cases in a care setting, people are interested in more immediate results.

- Some people have criticised this approach as being based too much on a westernised male perspective, and therefore it may not fully explain the experience of all service users.

Or any other valid answer

Case Study 1

Read the case study and answer the following questions.

Petra, who is 29 years old, found out a year ago that she had breast cancer. Her mother died from breast cancer when Petra was very young.

Since she was diagnosed, Petra's life has changed in many ways. She has had to attend hospital on a regular basis for treatment and her energy has been reduced because of the treatment she had. Petra and her boyfriend Jack had both been very active, cycling and hill walking most weekends, and he found it difficult to adapt to staying at home to support Petra. He felt he was at the peak of his physical health and didn't want to miss the opportunity to explore new opportunities. Petra was really upset and angry at his unsupportive attitude and they split up.

Petra's treatment has been successful, and the doctors have told Petra she is now free of the cancer. However, she mentioned to others at the cancer support group she attends that she notices every small change in her health. She wonders whether it is another sign of the cancer coming back and worries about how it will affect her in the future. During her treatment, she had to take 6 months sick leave and is finding it difficult to become motivated since returning to work. Petra has to drag herself out of bed each morning and can't wait to get home to watch TV at night. Naseem, a support worker at the cancer support group, has invited Petra to meet with her individually to talk about her fears.

(c)   Describe Carl Rogers' theory of self and explain how it provides an understanding of Petra's behaviour.

4 KU
4 App

Knowledge/Understanding

Candidates should describe the features of the theory highlighted below in order to gain KU marks. If they only list the terms, or give a very brief description, then a max of 2 marks can be awarded. A discussion of 'core conditions' is not appropriate for this answer, unless it is related back to the impact it might have on self concept.

Self Concept: The information and beliefs that we have about ourselves is called our self-concept. Our self-concept is made up of different parts: self image, self esteem and ideal self.

Self Image: Our self image is the picture we have of ourselves: it is made up of our qualities, our body image and our roles. It is OUR picture of what we think we are like – other people may disagree, but it is our internal picture, and so it is the point of view we act from.

Ideal self: Our ideal self is the picture of who we would *like* to be. A lot of psychological discontent is caused because our picture of who we are (self-image) doesn't match up to our picture of who we would like to be (ideal self).

Self esteem: How we feel about ourselves (our self-esteem) is likely to be low if our self image and ideal self are too far apart. Equally, we are likely to feel good about ourselves and have high self esteem if our self image is close to our ideal self.

We develop our self concept in relation to our interactions with other people. If they place **conditions of worth** on us we might change our behaviour to seek their approval or love. If we change our behaviour to accommodate other people's wishes and expectations too often, then we are said to have an **external locus of evaluation**. This means that we make decisions and choices based on someone else's beliefs, values or opinions. If we are able to make decisions based on our own beliefs, values and opinions, we are said to have an **internal locus of evaluation**.

Application
For each relevant example applied to the case study, candidates can gain 1 mark for a basic point, and 2 marks for a developed point.

Using this model, the support worker would understand that since being diagnosed with cancer, Petra's self esteem seems to have lowered. She has had the diagnosis of cancer, time off from her work and the break up from her boyfriend to deal with. She doesn't trust her body any more and is suspicious of any changes in her health. Her self image has changed. Her current self image – tired, unmotivated – is quite different from her previous one – someone who was physically active, enjoyed work and had a boyfriend. Her previous self image was much closer to her ideal self than her current self image.

However, the support worker will also understand that having a gap between our self image and ideal self can also act as a motivation for change. The support worker could talk with Petra and encourage her to develop realistic goals and help her to work towards them. If the goals come from an internal locus of evaluation, and are not developed to meet conditions of worth imposed by other people, then they are goals that could provide stimulation and motivation for Petra.

Or any other valid answer

(d) Describe **three** key features of the Cognitive Behavioural approach and explain why a knowledge of the approach would be useful for Naseem, the support worker, when working with Petra.

6 KU
3 App

It is acceptable to use aspects of specific theorists, such as Ellis, in this answer, if presented appropriately. Application marks are awarded only if they relate to how Naseem might work with Petra. They should not be awarded for a general application of the Cognitive Behavioural approach.

Cognitive/Behavioural Approach: Key Features

Empirical
- The Cognitive Behavioural approach is empirical because it carries out research to prove how behaviour developed. Behaviourists criticised the psychodynamic approach for being untestable: no-one could prove if the unconscious mind exists or not.

Learning Theory: Stimulus, Response and Reinforcements

- The cognitive behavioural approach states that people are born as **'blank slates'** and that everything we are and everything we do has been learned from our interactions with the world.

- They believe that people learn by making links (associations) between a **stimulus** (an event) and our **response** to it. We learn through observing something, or someone, and repeating what we see. What happens as a consequence of our response is also important in determining whether the behaviour is repeated or not (**reinforcement**). *NB Stimulus, response and reinforcement do not count as three separate key features.*

- They believe that since all human behaviour has been learned, it means people can **UNlearn** it, and **RElearn** new behaviours. In this way, humans constantly learn throughout their lives, and basic patterns are not established at teenage, as the psychodynamic approach believes.

Social context: modelling, observing

- Behaviour is learned from observing others and **copying, or imitating** their behaviour.

Cognitive Processing: self efficacy

- Cognitive behavioural theorists state that a persons **perception of a situation** (how they processed it cognitively) has to be considered in order to understand how they behave. One influence on that perception is how much we admire the person who is modelling the behaviour, and therefore how much we want to be like them. Another influence on how we respond to a stimulus is our **sense of self efficacy**. Self-efficacy is our opinion about how good we are at something.

Cognitive Behavioural Approach: usefulness for Naseem

The cognitive behavioural approach would be useful for Naseem, because since Petra's behaviour can be observed easily, clear goals can be set and progress can be measured. This might happen quite quickly as results (especially changes in behaviour) can be seen in a short time.

Naseem could help Petra set small steps towards each goal so that her success could be more easily achieved. This would increase her liklihood of repeating the behaviour, as she will feel rewarded. Naseem and Petra could build in meaningful rewards when each step is achieved. Her behaviour will have been reinforced by this success. Because the approach is solution-focused, other specific problems or behaviours can then be identified and worked on.

If Naseem has attended relevant training, she will have picked up some cognitive behavioural techniques and tools that might be used with Petra such as role play, assertiveness training, relaxation and stress management techniques.

The Cognitive Behavioural approach is also relevant because it is very effective with certain kinds of depression.

The cognitive behavioural approach is person centred because it emphasises the importance of understanding the person's perception of their situation. This would be very important for Petra, as her life has changed so much since her diagnosis.

If Naseem uses the cognitive behavioural approach with Petra, her sense of self efficacy is likely to be improved, as she will now feel that she is more in control of her life again.

Or any other valid answer

Section 2

Sociology

(a)   Describe one difference between sociological explanations and common-sense explanations.   **2 KU**

Candidates can be awarded one mark for making a valid point, and a second mark for developing the point. The answer must clearly show that the candidate understands the difference between the sociological view and the common sense approach. Marks can only be awarded where the candidate clearly demonstrates that there is difference in sociological thinking which is from a scientific objective view. Candidates who discuss different sorts of sociological views eg structural versus action approaches should not be awarded marks: the question clearly asks for a demonstration of the difference between sociology and other approaches.

- Sociology avoids common sense view by being objective and based on research, whereas common sense views are subjective and anecdotal, being based on the person's own experience.

- The sociological approach is a scientific one and so is neutral and avoids making value judgments. Common sense explanations are often based on prejudice and are judgmental.

- Sociology takes the view that human behaviour is largely the product of the environment in which the behaviour occurs and is therefore the result of social forces and circumstances. Common sense views often 'blame the individual' and suggest that personal problems are the result of bad decision making or are just 'natural'.

- Any other valid point may be awarded marks provided that there is a clear demonstration of understanding that sociological thinking is scientific and strives to be objective and neutral whereas commonsense approaches are opinionated and based on value judgements.

(b) Using **two** key features, explain how functionalist theory views the family. **4 KU**
4 AE

Maximum KU Points should only be gained where the candidate explains, describes or develops the point made – simply stating the point can only be awarded a maximum of 1 mark. Up to 4 AE marks can be achieved for developing these points to demonstrate how the family is understood in functionalist terms.

KU points	AE points
Consensus on social norms, values, roles and customs – arises out of working cohesively and sets acceptable codes of behaviour for that society. These concepts contribute to an overall social structure which is stable and relatively constant (unchanging). The concept of family therefore is something functionalists may see as an expression of these norms, and a means of perpetuating consensus.	Families are the key agents of primary socialisation. Children learn the norms values and customs of their culture and society from their family. The passing on of these norms etc. provides stability and structure in society and the family is seen as an "ideal" for learning about patterns of living and conducting everyday life. *Within* each family there may be consensus on norms, values and roles such as homemaker or breadwinner.
Integration and inter-dependence Functionalism sees society as an organic whole made up of components which interrelate and depend on each other. The relationships and links between different social institutions are what hold society together and can therefore be seen (from a functionalist viewpoint) as a framework of the overall social structure. Social institutions depend on each other for continuity and continuance.	Family is one of the elements of society which contributes to overall social cohesion. Families are seen from a functionalist viewpoint as an element which integrates neatly into the overall social structure (ie seen as a normal way of living). The family works alongside and with other social institutions to provide a way of life which is stable and relatively unchanging. Other social institutions can be seen as dependant on families to enable them to continue their "function".
Stability and Continuity Functionalists suggest that institutions such as families exist in society to provide a function. Families provide a useful element of stability and continuity for society. Different institutions/ components of society work together to produce social harmony and cohesion.	The family is seen as one means by which individuals within society learn social roles and therefore learn their "place" in the social order, which maintains the stability and continuity of society. Families therefore provide something useful (functional) to the overall maintenance of social order.

Dysfunctionality	Some "Alternative" family structures
Elements within society which go against accepted norms are seen as dysfunctional – they are seen as not contributing in a useful way to the stability/continuity of the whole society. Dysfunctional elements are thus a threat to the accepted social order and so need to be challenged.	(eg gay couple parents, lone parents, co-habiting couples etc) may and can be seen as *dysfunctional* – ie providing a threat and/or suggesting instability in the social order. They are seen as not contributing fully to the accepted social order. Society therefore discourages these family structures and acts to alter them so that they then "fit in" to accepted norms values and patterns of living. Within a family, one family member may not conform to the roles/ norms/expectations of the family, and be seen as dysfunctional within that family.

Or any other valid answer

(c)   Use **two** key features of symbolic interactionist theory to explain the experience of people with disabilities.

2 KU
5 AE

*Candidates who merely explain that people with disabilities experience discrimination/exclusion/denial of rights and choices etc should not gain any marks. In order to gain marks, any discussion of these topics **must** be from within a **Symbolic Interactionist perspective.***

Knowledge and Understanding

Candidates can achieve up to 2 KU marks for correctly using any two of the four key features below: *The candidate must clearly show that they understand the feature chosen, and are not merely stating the term, in order to gain a mark.*

- **Self-concept** – The concept we have of our self is derived from the perceptions we have of the feedback we receive from other people

- **Significance of symbols and labels in social interaction -** The 'symbol' within symbolic Interactionism relates to the communication tools we use during interactions.

- **'Role-taking'** – This is often described as members of society being like actors. We therefore try to act in such a way that the other actors with whom we interact perceive our 'acting' positively.

- **The individual as an influence on society –** Symbolic Interactionist theory focuses on the small scale interactions that take place in society, highlighting the way in which individuals can actually be influential in shaping the societies in which they live.

Analysis/Evaluation
*1 mark for each point made up to maximum of **3 marks per point**. A total of 5 marks can be awarded for Analysis/Evaluation.*

- The person with a disability will therefore develop a **concept of themselves** according to *how they are received (reacted to) by others in their society*. The feedback they receive from other people **shapes each person's view of themselves**. Being seen as less able, dependant, less valued etc will thus have a negative effect on the person's self image. **Where people with disabilities are viewed as dependant and less able to take action for themselves**, their influence on the wider society will be limited.

- The aids associated with disability eg walking sticks, wheelchairs, adaptations to a house etc **are interpreted as symbols**. They have a **social meaning** and this meaning **shapes the communication or interaction** between the person with the disability and the rest of society.

- Everyone is **expected to take on a role in society**. The person with a disability, just like other members of society. The person **will therefore act in such a way as to be seen positively by other members of society** and will have to "live up to" **the role ascribed to them as a result of symbols**, **social meaning etc** and act accordingly in order to be accepted by mainstream society.

- Where the person is excluded or exists on the margins of society and not able to participate fully in conventional day to day living **activities the persons influence will be severely limited**. Where the person with a disability is included and valued as a valid member of their social group then their opportunity to influence the wider social world will be significantly greater. People with disabilities have actively campaigned to change legislation in order to enhance their rights, and services have altered/improved and adjusted as result of pressure from people with disabilities (ie interaction).

Or any other valid answer

(d)   The majority of workers in the care sector are female. Use **two** key features of Feminist Theory to explain this.

4 KU
4 AE

Candidates can be awarded up to 2 KU marks and 2 AE marks for explaining any 2 of the following 4 features. To gain full marks candidates must clearly explain or describe what the concept actually means and not merely state the term. To gain AE marks the candidate must clearly show how the chosen concept explains the fact that there are significantly higher numbers of female care workers.

Gender role socialisation

Feminist theory highlights that people are socialised into gender roles. Female/ male characteristics and behaviour patterns are therefore learned through the process of socialisation. Caring is therefore viewed as an intrinsically "female" activity, thus the norm is for a carer to be female. Girls are socialised from an early age into "caring" roles via being given dolls, encouraged to look after younger siblings, carrying out caring chores. Caring occupations therefore come to be seen as women's jobs.

Oppression and subordination through patriarchy
Feminists argue that strict gender roles (particularly those of wife/mother/ homemaker reinforce male dominance and actually cause women to be oppressed. Feminism alleges that a gender division of labour serves to keep women in a subordinate role in a number of ways and shifts the power balance in society in favour of men. Some feminists argue that men's physical power/strength over women is misused to keep women in subordinate positions within the family/ domestic settings. Women's experience of working in care occupations (low status, powerlessness, lack of opportunity etc) exemplifies the feminist stance generally ie lends weight to the feminist argument.

Equal rights for women

Feminist sociology argues that there needs to be a culture of equality within society to ensure that women are treated fairly in comparison to men. Some measures have been taken by society to address this eg equality legislation. Many women still however remain disadvantaged, earning less than male counterparts, being passed over for promotion in favour of males, finding barriers to opportunity which males do not come up against. The concept of women's rights needs to be highlighted more to ensure that there is a social awareness of these issues and therefore women treated more favourably. The part-time/shift work nature of many care occupations means that women can fit this around the demands of home-making and child rearing – further emphasising the supposed "normality "of the female carer. Care work is often low-paid, low status thus befitting the low status which women often experience. The notion of gender division of labour is relevant here in that where caring jobs are seen as "female" this is seen as one of the (limited) career options which women have.

Questioning of 'malestream' thinking

Feminists argue that sociology itself is male dominated and has emerged out of the male advantage inherent in our society. Feminists therefore call for a new way of thinking about sociology from a female point of view. This malestream thinking therefore continues the notion that care work is thought of as a female occupation. So, by challenging the notion that females are naturally more suited to be carers than men and therefore better suited to this sort of work, feminist sociology provides an understanding of how this operates in contemporary society.

Or any other valid answer

[END OF MARKING INSTRUCTIONS]