

**ANSWER BOOKLET
LIVRET DE RÉPONSES
CUADERNILLO DE RESPUESTAS**

4 PAGES / PÁGINAS



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Human Relationships: origin of conflict and conflict resolution

Within the topic of human relationships, it explains our behaviors and actions when interacting with others. The origins of conflict and conflict resolution are complex ideas with many theories aiming to explain and make sense of this phenomenon. The two theories that will be discussed today that explains the origins of conflict and conflict resolution is the Realistic Conflict Theory (RCT) and the Social Identity Theory (SIT) which was proposed by Tajfel. For the social identity theory, Tajfel hypothesized that as humans, we naturally seek identity and we tend to do so by identifying ourselves as a part of a group. Furthermore, SIT also states that in identifying with a group, this establishes in-group and out-group in which we will most likely ~~also~~ be biased and favor our in-group. Due to this, behaviors such as discrimination, stereotyping and prejudice can occur between groups. On the other hand, RCT counters SIT and proposes that conflict arises due to competition over scarce resources and success at the others' failure. In addition, RCT also states that with the introduction of superordinate goals, this will promote cooperation and unity between ~~groups~~ groups and thus resolve the conflict. The studies that are going to be used to support and explain the realistic conflict theory are Sherif et al, and the study that's going to be used to support social identity theory is Tajfel et al.

Sherif conducted a study in which aimed to investigate the origins of conflict and conflict resolution by introducing a superordinate goal. Sherif hypothesized that conflict arises due to competition for a prize or scarce resource as the success of one depends on the failure of others; however, with a superordinate goal in (1)

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which requires participants to work together in order to achieve a goal, this can potentially resolve the conflict. The experiment conducted is known as the Robber's Cave.

Experiment and took place during summer camp. The study consisted of 22 participants who were all boys with similar characteristics such as: white, parents are still married, etc. All the boys were within the age range of 11-12 and did not know each other prior to the experiment. In the first part of the experiment, the participants were allocated into two groups in which they got time to bond and get to know each other. In addition, they were also asked to make team flags and team names which were the Rattlers and Eagles. This allowed for the development of in-group identification. In the second condition, the boys were then presented with a prize which was a block and they had to compete in activities such as tug of war and only 1 team could win. In the final stage, the participants were then presented with a superordinate goal in which they had to work together to move a truck in order to all get back to the camp site. The results from the second condition were that the groups developed a hostile relationship towards each other and one group even burnt the other team's flag. In addition, they also did not state any best friends in the other group which supports the RCT that the presentation of a scarce resource in this case a knife will result in competition and conflict. In the third condition, due to the superordinate goal, the two groups had to work together and help each other which resulted in the decrease of hostile behaviors and they even started to develop new friendships. This shows and further supports conflict resolution in RCT.

As evident, RCT explains and is supported by Sherif et al that the origins of conflict is due to the introduction of a scarce resource and conflict can be resolved by cooperation and teamwork. Although this theory is supported by the results of the study; however, it may not be generalizable and applicable to the real world due to the ethnocentric and androcentric sample size that doesn't represent the bigger population. The results may only be applicable to pre-teen boys. In addition, the participants weren't presented with a life or death situation in which could have completely had a different outcome. On the other hand, to an extent, the theory has a relatively high ecological validity due to the fact that the results do support the theory and it explains how ②

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possibility in which conflict can arise and be resolved.

Although RCT is supported by the findings of Sherif et al.; however, this was due to the fact that the participants ~~was~~ did not know each other prior to the experiment. The study conducted by Tjersman and Spencer challenges this hypothesis and aimed to investigate if the same results as Sherif et al would occur if the participants actually knew each other which is more likely and realistic. In this study, Tjersman and Spencer replicated the exact same procedure as the

Robber's Cave experiment with just one difference which was the fact that the participants had in fact known each other prior to the experiment. They were presented with a game in which they had to compete for and then presented with a superordinate goal in which they all had to cooperate. The results from this study were that even when they were split into teams and presented with a scarce resource, they still identified as one big group rather than being opponents. Furthermore, no hostility towards each other were expressed which shows how being acquainted and knowing the person prior to the presentation of a superordinate goal can actually prevent the rise of competition and conflict. The participants seemed to all identify as one big group thus in-group and out-groups were not established.

As evident from the results of this study, this shows that the origin of conflict is much more complex than the Realistic Conflict Theory explains and thus the theory as a whole is reductionist because it doesn't take into account that in real life, individuals that live within the same vicinity know each other. Due to the fact that no conflict arose, the study also doesn't support RCT's conflict resolution hypothesis. The origin of conflict is a lot more complex and makes many other factors than what is perceived thus the theory has low external validity and can only be applied to certain situations, groups and populations. There is empirical evidence which supports the theory but also evidence that disproves it as evident in Tjersman and Spencer's study.

In contrast, another theory that aims to explain the origins of conflict is the Social Identity Theory proposed by Tajfel. The theory states that in-group and out-group formation results in the build up of in-group favoritism to boost self esteem and identity and can lead to prejudice against the out-group, (3)

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negative stereotypes and discrimination. Tajfel et al is a study that aims to investigate the SIT, specifically how in-group and out-group categorization can lead to prejudice and discrimination which may result in conflict. The study was conducted on a group of young pre-teen boys who were all white and American. In the first condition, they were separated into groups in which they thought was based on their preference of an artwork. In this condition, they then participated in a matrix task in which they were told that they had to allocate money to either in-group, out-group or both and they would receive real cash prize.

In the second condition, they were split into 2 groups which were Klee & Kladoski. They participated in the same matrix activity except this time they had the choice of awarding both groups with the maximum amount, awarding only the in-group / their group with the maximum amount or max. difference in which they would receive the maximum amount and the other group would receive the minimum. The results of the first condition were that all of the participants chose to award their in-group which shows in-group favoritism.

In the second condition, the majority opted for the max. difference option which shows prejudice against the out-group and further in-group favoritism.

As evident from the study, there is a correlational relationship between in-group and out-group categorization and the rise of prejudice and potentially conflict. ~~This~~ This study shows high internal validity for the theory due to the fact that it was a lab experiment in which confounding variables were controlled; however, the theory has low ecological validity because the study was conducted in an artificial environment and stimulus thus may not be applicable to another more naturalistic environment. Once again, the participants were not presented with a life or death situation which could have changed their behaviors as for example, there would be no prejudice if one group was in danger and the other group had the choice to help or to not do anything.

The ACT and SIT both attempt to explain the origins of conflict and conflict resolution but evident through Sherif et al, Tajfel et al and Tjebman and Sperear, the phenomenon is a lot more complex and involves many factors not just due to social categorization and ~~and~~ competition over (4)
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scarce resources. In fact, the origins of conflict and conflict resolution may be a combination of the factors in RCT and SIT combined with other factors as well. However, the 2 themes do give us an insight on a perspective of conflict and resolution.

$$2, 5, 6, 6, 2 = 21/22$$

Abnormal Psychology - Validity and Reliability of Diagnosis.

When diagnosing a patient with a certain disease whether it is physical or mental, it is crucial that clinicians must try to prevent the occurrence of false negatives and positives that may be due to factors such as stereotype, stigmatization and/or culture. Reliability of a diagnosis refers to the consistency of the diagnosis and whether multiple clinicians will ~~also~~ diagnose the same patient with the same illness. Validity refers to the extent to which the diagnosis is actually valid and true to the symptoms of the patient. In diagnosing clinicians will use criteria such as DSM or ICD and each country and culture has their own criteria due to culture and beliefs. This ties in with the factor of individualistic and collectivist cultures may diagnose the same patient with different illnesses due to difference in values and perspectives. The studies that will be further looked at today are Rosenhan et al., Parhar et al and Lobbestael et al.

Rosenhan et al aims to investigate whether clinicians' diagnosis is actually \textcircled{S}

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reliable and valid and thus in turn credible. This experiment consisted of 8 confederates who were acting as patients, 5 women and 3 men. They were assigned and for those where they were going to go out of 12 hospitals ~~which~~ in 5 different states in order to determine if diagnosis is actually credible. Rosenham taught the confederates how to act like a mentally ill patient in which they all reported the same symptoms as actually mentally ill patients such as hearing voices whispering certain words. They were then admitted to the hospital in which they performed ~~the~~ observation of clinicians diagnosis and treatment. Some clinicians got suspicious thus they then ~~performed~~ performed covert observations. In addition, they asked clinicians when they were going to be released and kept count of the number of patients that were doubting they were actually sick. The results were that 11 hospitals all diagnosed the confederates with schizophrenia and 1 hospital diagnosed with another mental disorder. This shows reliability as 11/12 hospitals had the same diagnosis 31% of the real patients. ~~suspecting~~ suspected that they were fake patients and the environment in the hospitals were so absurd that it almost prevented patients from being normal. In addition, when they were discharged, 7/8 were diagnosed with schizophrenia remission and 1 was diagnosed with schizophrenia.

As evident from this study, this shows how the validity of diagnosis ~~is~~ is incredibly low due to the fact that clinicians couldn't understand and figure out that they were pretending but instead just diagnosed them. This is a huge ethical consideration because false positive and negative diagnoses could potentially harm people's lives. This in turn has helped the development of the DSM criteria in order to make diagnosis more valid and reliable. However, because mental illnesses are diagnosed according to a criteria, in this case DSM II, there is a high level of reliability as most clinicians diagnosed the same mental illness. Although the credibility of diagnosis was tested in 12 different hospitals; however, that is still a very small sample size thus the results may not be generalizable to the target population. In addition, there is low external validity because realistically, patients wouldn't fake their illness; however, Rosenham did argue that some may do so to avoid (6)

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diagonal charges.

Another factor that influences the reliability and validity of diagnosis is culture and stigmatization. Stigmatization is based on stereotypes and how Asian cultures may not promote the idea of mental illnesses but instead say that they are somatic symptoms. The aim of this study was to investigate the diagnostic in collectivist vs. individualistic cultures in this case was white US Americans and Malaysians with Chinese heritage. The study consisted of 5 US white Americans and 5 Malaysians as well as 5 white American clinicians and 5 Asian American clinicians. The participants participated in an interview in which they ranked their reasons to being diagnosed with MDD. After, the clinicians then watched 2 interviews of 2 Malaysian patients and 2 white patients. The results from the study were that the white American clinicians concluded that the Asians had less social capabilities and were less likely to develop interpersonal relationships whereas the Asian American clinicians stated that the white American patients were severely depressed. The Malaysians ranked somatic symptoms as their cause and reason of diagnosis such as health problems and insomnia which shows how in collectivist cultures, we tend not to focus on emotions and mental state but rather believe that mental illness is due to health ~~problems~~ problems which is the opposite of ~~collectivist~~ individualistic cultures.

As evident, the validity and reliability of diagnosis could also be affected by cultural values, stigmatization and stereotypes. The clinicians gave different diagnoses which shows low reliability of diagnosis. We can use this information in order to further develop diagnostic criteria which can incorporate many different factors. There was also low external validity due to the fact that clinicians would normally meet the patient in person, ask questions and develop a better and deeper understanding of the participants before diagnosing instead of just watching a video. The findings may also be hard to generalize due to the very small sample size which doesn't necessarily represent the target population.

Lastly, the ~~reliability~~ reliability and validity of diagnosis may also be low due to different interpretations and perspectives as well as how vague (7)

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the diagnostic criteria used is. Lobbestael et al aimed to investigate if the same patient would be diagnosed with the same condition by different clinicians in order to examine the ~~credibility~~ credibility of diagnosis. The clinicians participated by watching a video of a patient during an interview and based on their symptoms, they had to come up with a diagnosis based on DSM-5 criteria. The clinicians do not know what the previous clinician diagnosed patient with.

The results from this experiment were that due to how vague the DSM criteria is, the diagnosis was not consistent and thus there is low reliability and validity in diagnosis. However, this information and results can be used to further improve the diagnostic criteria used in order to increase consistency of diagnosis and validity. A limitation is that this study has low external validity due to its artificial setting. Clinicians don't diagnose patients by watching a video and thus this may have been a factor that influenced the consistency of diagnosis as well as accuracy of correctly diagnosing the patient.

As evident from the studies used, Roseham et al, Parker et al and Lobbestael et al, diagnosis of mental illnesses can be influenced by many factors which can affect the validity and reliability of the diagnosis. These factors include stereotypes, culture, diagnostic criteria used and even method of diagnosis of the clinician. However, due to diagnostic criteria constantly being developed and improved to be more detailed in order to diagnose specific ~~the~~ mental illnesses, validity and reliability of diagnosis is increasing everyday and with this, patients can then receive the right treatment ~~and~~.