

Psychology

Question Paper 2019

Maximum Marks: 70
Time allowed: Three hours

- Candidates are allowed additional 15 minutes for only reading the paper. They must NOT start writing during this time.
 - Answer Question 1 from Part I and five questions from Part II,
 - choosing two questions from Section A and three questions from Section B.
 - The intended marks for questions or parts of questions are given in brackets [].
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Part – I (20 Marks) **Answer all questions.**

Question 1. [20]

Answer briefly all the questions (i) to (xx) :

- (i) Define personality according to Cattell.
- (ii) Give one characteristic of people with type A personality.
- (iii) Who put forward the Two Factor Theory of Intelligence ?
- (iv) Explain the term ego according to Freud.
- (v) What are stressors ?
- (vi) Explain the term modelling.
- (vii) What is meant by ambivalent attachment ?
- (viii) Explain the term consumer behaviour.
- (ix) What is meant by matching an individual with a job ?
- (x) . Who coined the concept of IQ ?
- (xi) What is meant by the term social perception ?
- (xii) Explain the term rehabilitation as a technique of Psychotherapy.
- (xiii) Give the full form of DSMIV.
- (xiv) Mention any two classification of personality type accepted by Charak Samhita of Ayurveda.
- (xv) What is meant by substance abuse ?
- (xvi) Explain the term hypertension.
- (xvii) What is meant by Primary Cognitive Appraisal ?
- (xviii) Mention any one personality type put forward by Sheldon.
- (xix) What is meant by the term growth with reference to human beings ?
- (xx) What is displacement according to Freud ?

Answer:

(i) According to Raymond Cattell (1970), "Personality is that which permits a prediction of what a person will do in a given situation"

(ii) One characteristic of people with Type A personality is- Competitive drive, time urgency, impatient, ambitious, rigidly organized, (any one).

(iii) Charles Spearman in (1904) developed Two factor Theory of Intelligence.

(iv) According to Sigmund Freud, "ego is one of the components of the mind which works on the 'reality' principle. This component takes into account external reality in the expression of instinctive behaviour and aggressive urges arising from id.

(v) Stressors are factors that trigger or cause stress. For example: excessive noise, physical injury etc. Stressors can be physiological, environmental, social and psychological.

(vi) Modeling involves learning through observation and imitation of others. It is a technique based on social learning theory developed by Bandura. In this technique, the client tries to learn new skills, modify or unlearn maladaptive behaviours by watching any role model displaying the desired behaviour.

(vii) Attachment is an affectional and emotional bond that at first develops with one's primary care givers. Ambivalent attachment was given by Mary Ainsworth. In ambivalent attachment babies do not explore the environment. They stay close to their parents in the beginning. They show anger and resistive behaviour when the parent returns. They are not easily comforted, even when picked up by the parents. They show opposing tendencies of both clinging and resisting the parents. This style develops when parents themselves are inconsistent in meeting the babies' needs.

(viii) Consumer behaviour may be described as behaviour that is displayed by consumer while buying, collecting, evaluating the usefulness of any product. Consumer psychologists try to find out the underlying cognitive processes that determine the consumers' buying choices.

(ix) After completing the analysis of an individual's characteristics (testing individuals) and the specific nature of a job (job analysis), a career counselor selects and recruits the suitable person for the job, matching the person's abilities with the job requirements.

(x) William Stem (1912) coined the concept of IQ.

(xi) Social perception is a process by which individuals seek to know and understand other persons. They draw inferences about other people depending upon the initial knowledge gained about them. Social perception is the central part of social thought and social behaviour.

(xii) Rehabilitation is the procedure of restoring an individual to their normal life after a period of disfavour. Rehabilitation involves engaging people in various creative, cultural and productive activities as well as vocational training. Rehabilitation is a welfare program that helps in reconstruction of an individual's social, economic, family and professional life.

(xiii) Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (1994), produced by American Psychiatric Association.

(xiv) Personality types according to Charak Samhita of Ayurveda are- Vata (air), Kapha (water and earth), Pitta (Fire and water). [Any two]

(xv) Substance abuse is a maladaptive or pathological pattern of substance use (mainly alcohol and drugs) that results in potentially hazardous behaviour such as driving while intoxicated and continued use despite social, psychological, occupational or health problem.

(xvi) Hypertension is also called high blood pressure. It indicates that blood pressure in the arteries is persistently elevated. It slowly damages various organs such as kidneys, brain and eyes.

(xvii) According to Lazarus, when a person confronts a new or changing environment they determine the meaning of the event, trying to judge the situation and its probable influences on them. This process is known as Primary cognitive appraisal. Events may be perceived as positive, negative or neutral in their consequences. Negative events are further appraised for their possible harm, threat or challenge,

(xviii) Personality type put forward by Sheldon is- Endomorph, Mesomorph, Ectomorph. [Any one]

Sheldon's Classification:

Body Type	Body Characteristics	Personality Characteristics
Endomorphy	No muscle development etc. prominent stomach.	Takes everything easy, sociable and affectionate.

Mesomorphy	Balance between development of stomach and bones	Likes to work, interested in adventurous activities.
Ectomorphy	Weak, tall, thin	Pessimist, unsociable and alone

(xix) According to L.D. Crow and A.Crow (1962), “growth refers to structural and physiological changes”. It refers to quantitative changes such as change in height, weight.

(xx) Displacement is a defense mechanism of the ‘ego’. In this, the motive originally meant for one goal object is turned towards some other less anxiety and less threatening goal object. For example, a person who is angry on his boss vents the anger on the children at home or kicks the stray dog on road. This yields some relief for the pent-up tension.

Part – II (50 Marks)

Section – A

Answer any two questions.

Question 2.

- (a) Discuss the Raven’s Progressive Matrices Test for measuring intelligence. [5]
(b) What is meant by Aptitude ? Mention four uses of aptitude test. [5]

Answer:

(a) Raven’s Progressive Matrices (RPM) is a non-verbal, culture fair group test. It was originally developed by John C. Raven in 1938.

Test description: RPM is constructed for groups ranging from 5 year olds to the elderly. In each matrix, the subject is asked to identify the missing element from the given options that completes the pattern. There are six to eight options given to choose from. There is no time limit to complete the task. It checks the individual’s eductive and reproductive ability.

Version : The matrices are available in three different forms for participants of different abilities. These matrices are :

Standard Progressive Matrices : This is the original form of the matrices made for average six years old to eight years old. It has five sets (From A to E) of 12 items each (numbered as A1 to A12, B1 to B12...). The items in each set are organized at an increasing difficulty level. The items are presented in black ink on a white background.

Coloured Progressive Matrices : These matrices are used for children aged from 5 to 11 years of age, the elderly and for people who have moderate to severe learning difficulties. They have sets A and B of the Standard Progressive Matrices in coloured format. Additionally it has another set of 12 items between the sets of A and B. The additional set is referred to as AB. Most of the items have a coloured background to make them visually stimulating for the target group. However, the last few items of Set B are presented in black ink against white background. If the participant performs better than the tester's expectation then the participant is moved to do the sets C, D and E of the Standard Progressive Matrices.

Advanced Progressive Matrices : These matrices are used for adolescents and adults who show the signs of being above average intelligence. It has 48 items. It is presented as Set I, which has 12 subsets and Set II, which has 36 subsets. Items are presented in black ink on white background. The items in the set are arranged in increasing order of difficulty.

Underlying Factor : RPM measures the two main components of general intelligence, originally identified by Charles Spearman. These are :

- The clear thinking ability, with an ability to make sense of a complete situation called the eductive ability.
- The ability of storing and reproducing learnt information, known as reproductive ability.

(b) According to Freeman (1971), "An aptitude is a combination of characteristics indicative of an individual's capacity to acquire (with training) some specific knowledge, skill or set of organized responses, such as the ability to speak a language, to become a musician , to do mechanical work." An aptitude is thus a component of competency or a readiness for a certain kind of work at a certain level without prior learning experience. Hence it is innate by nature.

Aptitude is a primary determinant of success. Uses of Aptitude tests are as follows :

Learning ability of a learner can be measured, which would reflect overall future performances. This can help individuals select subjects he or she could pursue. It is the back bone of guidance services.

Employers can use aptitude tests to select individuals for various jobs. They can be used for placing the employees in various positions. Training programmes may be conducted based on the results of aptitude tests as it assesses differences in aptitude among individuals.

Aptitude tests can be used as a benchmark for admission of students in different professional courses like medicine, engineering.

High level of specific aptitude of a learner is called talent. If this talent is harnessed properly then it can reach great heights.

Question 3.

(a) Describe in detail the Big Five Factor model of Costa and McCrae. [5]

(b) Discuss the administration and scoring in Rorschach Inkblot Test. [5]

Answer:

(a) In psychology, the Five factor Model by Paul Costa and Robert McCrae (1992) are five broad dimensions or domains of personality that are used to describe human personality. This theory emerged as a model for understanding the relationship between personality and various academic behaviours. The Big Five factors is known by the acronym 'OCEAN' and is as follows:

Openness to experience (inventive / curious vs. consistent/cautious)- Openness is a general appreciation for art, emotion, adventure, unusual ideas, imagination, curiosity and variety of experience. People who are open to experience are intellectually curious, appreciative of art and sensitive to beauty. They tend to be more creative. They are more likely to hold unconventional beliefs. They have an ability to think in abstraction. People with low score on openness tend to have more conventional, traditional interests. They prefer the plain, straightforward and obvious over the complex, ambiguous and subtle. Closed people prefer familiarity over novelty; they are conservative and resistant to change .

Conscientiousness (efficient/organized vs. easy-going/careless) : Conscientiousness is a tendency to show self-discipline, act dutifully and aim for achievement against measures or outside expectations. It influences the way in which we control, regulate and direct our impulses. It involves a tendency to be organized, dependable, dutiful, disciplined at one end and to be disorganized, impulsive , irresponsible and undependable at the other end.

Extraversion (outgoing / energetic vs. solitary/reserved) : Extraversion is characterized by positive emotions, surgency and the tendency to seek out stimulation and the company of others .The trait is marked by pronounced engagement with the external world. Extraverts enjoy being with people and are often perceived as full of energy. They tend to be enthusiastic, action-oriented. In groups they like to talk, assert themselves and draw attention to themselves. Introverts, on the other hand, have lower social engagement and activity level than extraverts.

They tend to seem quiet, low-key, deliberate and less involved in the social world. Their lack of social involvement should not be interpreted as shyness or depression. Introverts simply need less stimulation than extraverts and more time alone. They may be very active and energetic, simply not socially.

Agreeableness (friendly/compassionate vs. cold/unkind): Agreeableness is a tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others. Agreeable individuals value getting along with others. They are generally considerate, friendly, generous, helpful, and willing to compromise their interests with others. They have an optimistic view of human nature.

Disagreeable individuals place self-interest above getting along with others. They are generally unconcerned with others' well-being and are less likely to extend themselves for other people. Sometimes their skepticism about others' motives causes them to be suspicious, unfriendly and uncooperative.

Neuroticism (sensitive / nervous vs. secure / confident) : Neuroticism is the tendency to experience negative emotion« such as anger, anxiety or depression. It is sometimes called emotional instability. According to Eysenck's theory of personality neuroticism is interlinked with low tolerance for stress or aversive stimuli. Those who score high in neuroticism are emotionally reactive and vulnerable to stress. They are more likely to interpret ordinary events as threatening. Their negative emotional reactions tend to persist for unusually long periods of time. These problems in emotional regulation can diminish the ability of a person to think clearly, make decisions and cope effectively with stress.

At the other end of the scale, individuals who score low in neuroticism are less easily upset and are less emotionally reactive. They tend to be calm, emotionally stable and free from persistent negative feelings.

The Big Five inventory can be administered by employers to job applicants. It is believed that the big-five traits are predictive of future performance outcomes.

O	C	E	A	N
Openness	Conscientiousness	Extraversion	Agree-ableness	Neuraticism
Curious	Dependable	Talkative	Kind	Nervous
Imaginative	Organized	Sociable	Cooperative	Moody
Creative	Reliable	Passionate	Sympathetic	Emotional
Complex	Ambitious	Assertive	Helpful	Insecure
Refined	Hardworking	Bold	Courteous	Jealous

Sophisticated	Persevering	Dominant	Warm	Unstable
NOT	NOT	NOT	NOT	NOT
Inquisitive	Careless	Quiet	Critical	Calm
Conventional	Sloppy	Shy	Antagonistic	Steady
Conforming	Inefficient	Inhibited	Callous	Relaxed
Simple	Negligent	Bashful	Selfish	At ease
Unartistic	Lazy	Reserved	Rude	Secure
Traditional	Irresponsible	Submissive	Cold	Contented

(b) Rorschach ink-blot test is a projective psychological test. Projective techniques are used in psychology for assessment of personality. In this technique, the individual projects his or her unconscious wishes or desires on an ambiguous stimuli. These techniques are widely used in mental hospitals and clinics to assess personality and underlying psychopathology especially in cases where patients are reluctant to describe their thinking processes openly.

Rorschach Inkblot Test is done to assess the structure of personality of an individual that includes personality characteristics, emotional functioning.

History : Swiss psychologist Hermann Rorschach (1921) presented a systematic approach in regard to an ink-blot test. After Rorschach's death, the original scoring system of the test was improved by Bruno Klopfer and others.

Test description and administration: There are 10 official ink-blots, each printed on separate white cards, approximately 18 x 24 cm in size. Each of the ink-blots is bilaterally symmetrical. Five ink-blots are black, two are black and red and three are multi-coloured. The blots are completely unstructured, ambiguous and without any meaning.

The test is administered in the following sequence :

The cards are presented one at a time in a specified order. When the subject gets seated, the examiner gives him the first card with necessary instructions and asks him to say what he sees in it, what it looks like to him.

The subject is allowed as much time as he wants for a given card and is permitted to give as many responses as he wishes. He is also allowed to turn the card around and look at it from any angle he wants.

Besides keeping a record of the responses of the subject concerning these ink-blots on separate pieces of paper, the examiner notes the time taken for each response, the position in which the card is being held, emotional expression and other behaviours during the test.

After all the cards have been presented the second phase of inquiry which is intended to seek clarification or addition to the original responses follows.
Scoring, analysis and interpretation of the test:

The responses are scored on four categories :

Location refers to the part of the blot the testee focuses on. There can be five categories of responses. 'W' indicating the subject has seen the blot as a whole. 'W' indicating the subject has not seen the blot as a whole and concentrates on specific sections of the blot, 'd' indicating the subject focused on minor or less important components. 'D' indicating that the subject focuses on major significant details. 'S' indicating the subject response to white regions within the blot.

Contents refer to what the responses contain or the nature of the response. Some of the common contents are as follows :

1. Human forms are symbolized as H.
2. Animal forms are symbolized as A.
3. Animal details are symbolized as Ad.
4. Human details are symbolized as Hd.
5. Natural things such as river, meadows are symbolized as N.
6. Inanimate objects like lamp shade, pot are symbolized as O.

Originality refers either to popular (common occurrences) responses or original (which contains something new or is unusual) responses for each of the ten cards. Popular responses are shown as P and original responses are shown as O.

Determinants refer to how the blot is seen or perceived, i.e., it takes note of the manner of perception. The particular characteristics which helped the subject in deciphering the blot or deciding his manner of perception. The main determinants are- form of the blot shown as F, colour of the blot shown as C, perceived movement shown as M and shading of the blot shown as K.

Question 4.

- (a) Name any two levels of intelligence below borderline with their IQ range. Describe two characteristics of each of the named levels of intelligence which lie below borderline level of intelligence. [5]
- (b) Describe the Psychosexual stages of development of Freud. [5]

Answer 4.

- (a) Mild mental retardation :IQ range: 55-69 (constitutes 85% of the total population with mental retardation).

Moderate mental retardation : IQ range : 40-54 (constitutes 10% of the total population with mental retardation)

Description:

Mild mental retardation:

Academics : Slow learners in school, repeats early grades but are educable. They are able to grasp concrete concepts much better than abstract concepts. They are able to read and write and solve simple mathematical problems. Comprehension comes from experience. Since their experience is limited, comprehension is limited. Sustaining attention for a long time becomes difficult for these children.

Social skills : Social adjustment is comparable to an adolescent ; they have friends and adjust fast.

Moderate mental retardation:

Academics : Inadequate academic skill, not educable but trainable. With early diagnosis , parental help and. adequate training most of them can achieve considerable independence in all spheres of life.

Social skills : Might have friends but face difficulty in social situations.

(b) According to Sigmund Freud, development of personality is based on the assumption of infantile sexuality. These stages are termed as 'psychosexual' because it is the sexual urges that drive the acquisition of psychological characteristics. Freud described a succession of stages revolving around body zones, namely mouth, anus and genitals and he termed these zones as erogenous zones.

Freud believed that if a child's need at one of the psychosexual stages is either unsatisfied or over satisfied, fixation would take place, that is, the child continues to show attachment to an old stage even after moving to a new one, resulting in an immature personality development and several psychological disorders. Libido is the form of psychic energy by which life instincts perform their work. Release of libido is closely related to pleasure. Description of the stages :

Oral stage : This is the first stage which lasts for about a year. In this stage, pleasure is centered in the region of the mouth. The infant first obtains sensual pleasure by sucking (swallowing) and later by biting. He/she is almost completely dependent upon their mother for sustenance. Thus, a feeling of dependence arises during this period.

Pleasure derived by swallowing may be displaced in later life by pleasure gained by acquiring knowledge or possessions. A gullible person, for example, is fixated at the oral incorporative level. Such a person will swallow almost anything he or she is told. It

is also seen in concrete forms like smoking or psychological forms such as dependence. Biting or oral aggression may be displaced in the form of sarcasm and argumentativeness. It may produce a critical "biting" personality.

Anal stage : This is the second stage, which lasts till three years of age. This occurs when parents provide "toilet -training" to their children and teach them how to avoid prohibited behaviour related to excretion. The process of elimination becomes the primary focus of pleasure. It is associated with two types of stimulation around the anal region- "folding on" and "letting go".

The first sub-stage involves pleasure around expulsion of feces (letting go). Freud maintained that fixation at these sub-stage results in adult characteristics of messiness and disorder, cruelty, destructiveness and temper tantrums. The second sub-stage involves pleasure from holding the feces (holding on), fixation at which results in excessive compulsiveness, over conformity, exaggerated self-control.

Fixation depends on the particular method of toilet training used by the mother. Extremely harsh toilet training, results in fixation at the second sub-stage (holding on). It may also make the child obstinate and stingy. In contrast, fixation stemming from very relaxed toilet training may result in people who are undisciplined, impulsive and extremely generous, i.e., fixation at the first sub-stage (letting go).

However if the mother praises the child when he or she excretes in the appropriate place, this may be the basis of creativity and productivity, (iii) **Phallic stage :** During this stage, sexual and aggressive feelings associated with the functioning of the genital organs come into focus. Personality development occurs in separate ways for boys and girls. In this stage, the child has sexual feelings for the parent of the opposite sex and hostile feelings for the parent of the same sex.

In case of a boy child, he wants to possess his mother and remove his father. These feelings express themselves through a child's fantasy during masturbation and in the alteration of love and rebellious action towards the parents. This is known as 'Oedipus Complex'. This stage is from three to five years and although it is modified and suffers repression after the age of five years, it still remains a vital force of personality throughout life.

The boy's incestuous cravings for mother and his growing resentment towards father bring conflict with parents, especially the father. He imagines that his dominant rival (father) is going to harm him. His fear regarding what the father may do to him centers around harm to his genital organs because they are the source of lustful feelings. His fear that his father will remove the offending organ is known as 'Castration anxiety'. This leads to three things :

1. Repression of sexual desires towards father and hostility towards mother.
2. Identification of the boy with the father.
3. Repression of Oedipus complex causes the superego to undergo its final development.

In case of the girl, she wants to possess the father and replace the mother. This is known as 'Electra complex'. She exchanges her original love object (the mother) for a new love object (the father). This occurs because she realizes she does not have a protruding sex organ (the penis) instead she has only a cavity. Several important consequences follow this traumatic discovery :

1. She holds her mother responsible for this castrated conditioning, thereby weakening her feelings for the mother.
2. She transfers her love to the father because he has the valued organ.
3. She envies him as he has the organ. This is known as 'Penis envy'. It is a female counterpart of 'Castration anxiety'.

The girl's Electra complex goes through some modification due to realistic barriers that prevent her from gratifying the sexual desires for father. It is resolved when the girl surrenders her sexual desires for her father and identifies once again with her mother.

Adult male fixated at phallic stage behave in a reckless manner and attempts all the time to assert their masculinity. In case of women, fixation results in flirtatiousness, seductiveness. Some women become excessively assertive. Fixation at this stage is considered to be a primary source of neurotic pattern.

Latency : Between the ages of 6 to 7 years the child passes through this stage. The child's libido is now channelized through sublimation into non-sexual activities such as intellectual pursuits, athletics and peer relations. Latency can be viewed as a preparation for the final stage. The sexual instincts are dormant in this stage because of the development of the ego and superego and also due to physiological changes in the child's body.

Genital stage : With the onset of puberty comes a resurgence of sexual and aggressive drives, with an increased awareness and interest in the opposite sex. During this stage, the reproductive organs mature, the endocrine system release sex hormones leading to a state of excitability and sexual activity. The early adolescents normally select their romantic partner. They mature into responsible social sexual beings and experience satisfaction through heterosexual relationships. If there is any traumatic experience in early childhood then development during this stage becomes difficult.

Section – B
Answer any three questions

Question 5.

- (a) Discuss two eating disorders as major concerns of adolescence. [5]
- (b) Describe Piaget's cognitive development during infancy. [5]

Answer:

(a) In adolescence different types of eating disorders are frequently observed. The most common eating disorders observed among adolescents are – anorexia nervosa and bulimia nervosa.

Anorexia Nervosa : The term anorexia nervosa literally means lack of appetite induced by nervousness. However, the root cause anorexia nervosa is an intense fear of gaining weight or becoming fat, combined with a refusal to maintain even minimally low body weight.

Criteria for anorexia nervosa (DSM-IV-TR):

(1) Refusal to maintain a body weight that is normal for a person's age and height (that is a reduction of body weight to about 85% of what would normally be expected).

(2) Intense fear of gaining weight or becoming fat even though underweight.

(3) Distorted perception of body shape and size. This is known as body image distortion. It has been observed that this disorder is more common among female adolescents than male. The reason is girls have a greater societal pressure, influence of mass media to look attractive. They try to conform to an ideal body type, which is lean and thin like a fashion model.

(ii) **Bulimia Nervosa :** The word 'Bulimia' comes from the greek word 'bous' (meaning ox) and 'lumos' (meaning hunger). It is meant to denote hunger of such proportion that the person can eat an ox.

Criteria for Bulimia nervosa (DSM-IV-TR):

(1) Recurrent episodes of binge-eating, i.e., uncontrolled and rapid intake of food.

(2) Recurrent and inappropriate efforts to compensate for the effects of binge-eating to prevent weight gain.

(3) Typical strategies include- self-induced vomiting or misuse of laxatives, purging (cleansing the body from within).

(4) Self evaluation is excessively influenced by weight and body shape. This disorder is associated with a lack of self control to resist eating excessive amounts of food. This

excessive food intake generally takes place during feelings of negative emotions like sadness, anxiety, anger.

Causes of eating disorder :

(1) Peer and media influences : There is an ideal body shape for women set by models in various magazines. Young adolescents are avid customers of such magazines.

(2) Body dissatisfaction : One consequence of socio-cultural pressure to be thin is that some young girls develop highly intrusive and pervasive perception regarding how 'fat' they are.

(3) Dieting : When people wish to be thinner, they go on a diet. But there is a difference between going on a supervised diet that is monitored by a therapist and going on a self-started diet that might be characterized by periods of fasting and over-eating.

(4) Genetics : Certain people may have genes that increase their risk of developing eating disorders. Biological factors, such as changes in brain chemicals, may play a role in eating disorders.

(5) Psychological health : People with eating disorders may have psychological and emotional problems that contribute to the disorder. They may have low self-esteem, perfectionism and troubled relationships.

Eating disorders can be treated through family therapy for adolescents or cognitive behaviour therapy which involves changing the behaviours and maladaptive styles of thinking.

(b) The first stage of Piaget's four stages of cognitive development is the sensory-motor stage. During this stage (birth – two years), infants learn about themselves and their world through their developing sensory and motor activities. Six sub-stages of Piaget's sensory motor stage are:

Use of reflexes (birth to one month) :

Infants exercise their inborn reflexes and gain some control over them. They do not grasp an object they are looking at. For example- Dory begins sucking when her mother's breast is in her mouth.

Primary circular reaction (one month to four months) : Infants repeat pleasurable behaviour that first occurs by chance, such as thumb sucking. Activities focus on infant's body rather than the effect of the behaviour on the environment. For example-

when given a bottle, Jessie who is usually breast fed is able to adjust her sucking to the rubber nipple.

Secondary circular reaction (four months to eight months) : Infants become more interested in the environment. They repeat actions that bring interesting results such as shaking a rattle. Actions are intentional but not goal directed. For example- Benjamin pushes pieces of dry cereal over the edge of his chair tray one at a time and watches each piece as it falls on the floor.

Coordination of secondary schemes (eight months to twelve months) : Behaviour is more deliberate and purposeful(intentional) as infants coordinate previously learned skills and use previously learned behaviours to attain their goals, such as crawling across the room to get a desired toy. For example- Nancy pushes the button of her musical rhyme book and 'twinkle twinkle little star' plays. She pushes this button over and over again, choosing it instead of the buttons for other sounds.

Tertiary circular reactions (twelve to eighteen months) : Toddlers show curiosity and experimentation. They purposefully vary their actions to see results, such as shaking different rattles to hear their sounds. They actively explore the world. They try out new activities and use trial and error in solving problems. For example- When Tony's elder sister holds his favorite board book up to his crib bars he reaches for it. His first effort to bring the book into his crib fails because the book is too wide. Soon Tony turns the book sideways and hugs it, delighted with his success.

Mental combinations (eighteen months to twenty four months) : Since toddlers can mentally represent events they are no longer confined to trial and error. Symbolic thought allows toddlers to begin to think about events and anticipate their consequences. For example- Jenny plays with her shape box searching carefully for the right hole for each shape, without trying and succeeding.

Other developments in the sensory-motor stage:

Object permanence : It develops gradually between three to six sub-stage. It is the understanding of an infant that an object or person continues to exist even when out of sight. This development in many cultures can be seen in the game of peek-a-boo.

Imitation : Piaget maintained that invisible imitation (imitation using a part of the body that a baby cannot see such as mouth) develops at about nine months after visible imitation- the use of hands or feet which babies can see.

Question 6.

(a) Discuss the different stages of the GAS model of stress. [5]

(b) Explain the following effective strategies of coping with stress. [5]

- (i) Relaxation training.
- (ii) Any three stages of yoga.

Answer:

(a) Hans Selye (1956), after a lot of research concluded that during stress an organism is confronted with a threat. As a result a series of three closely related physiological processes occur, i.e., a cluster of non-specific responses are being made by the organism that helps it to adapt to stressors. Selye named this phenomenon as General Adaptation Syndrome (GAS).

The phenomenon included the following three stages of reaction :

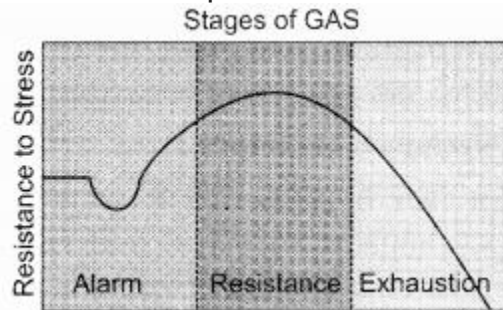
Alarm stage : In this stage, an organism is suddenly exposed to a threatening and unfamiliar stimulus. This phase involves an immediate reaction to the stimulus. Secretion of adrenaline mobilizes glucose, providing the energy for 'fight or flight'. The sympathetic division of autonomic nervous system gets activated and prepares the body for extensive action. So, there is an increase in blood pressure, glucose level, release of hormone (cortisol and adrenaline). Thus, in this stage the stressor upsets the homeostasis.

Resistance stage : It is a rebound phase to the stimulation. After the initial level of arousal, the body tunes up fast to react. It is observed that the symptoms that have appeared in the previous stage due to sudden of stimuli disappear in this stage. This is because the state of shock (fight or flight) has passed and the individual now knows that the stressor exists as well as body begins to repair itself. This indicates that the power of resistance has increased. However, the body is not able to cope with a new stressor very effectively during this time.

There are certain hormonal responses in the body at this stage known as the adrenocorticotrophic axis to resist stress. If you overcome stress and the situation is no longer creating pressure on you then your body continues to repair itself until your hormone levels, heart rate and blood pressure reach a pre-stress state. If suppose, the stress continues for a prolonged duration and your body remains on high alert, then, your body adapts and learns how to live with higher stress level. In this stage, your body continues to secrete stress hormones and your blood pressure remains elevated. You think that you are managing stress well, but your body's physical response is in different state. If the resistance continues for too long period then this can lead to the exhaustion stage.

Exhaustion stage : If the exposure to the stressor persists, gradually the body's resistance breaks down. The resources that help the body to fight depletes continuously. Thus, the final stage of exhaustion sets in. If this stage prolongs, it results in burnout, i.e., a debilitating psychological condition brought on by excessive stress which results in depleted energy reserve, lowered resistance to illness, increased

dissatisfaction and pessimism. In this stage the body's capacity to respond to the stressors collapse.



(b) Relaxation training : To effectively reduce stress, it is necessary to activate the body's natural relaxation responses through techniques such as deep breathing, rhythmic exercise etc. Stressors activate our nervous system disrupting the homeostasis. Relaxation techniques can restore homeostasis by producing the relaxation responses, a state of calmness. Few most popular relaxation techniques are as follows :

Deep breathing meditation : This is a technique that is easy to learn and can be practiced almost anywhere. It involves long, slow and deep breaths.

Progressive muscle relaxation : This involves a two-step process in which one has to systematically tense and relax different muscle group. This leads to the relaxation of both mind and body.

Body scan meditation : This is a relaxation technique that helps the person to feel and be aware of the various sensations that occur throughout the body.

Mindfulness : The process of focusing and becoming aware of all internal and external experiences of the present moment is termed as mindfulness. It is believed that by staying calm and focused on the present moment may improve our mental well-being.

Creative Visualization : This involves imagining a scene, which makes the individual feel relaxed, free from anxiety and tension. This process has to be guided by a therapist.

Yoga : Yoga has eight stages. These stages serve as guidelines on how to live a meaningful and purposeful life. They serve as codes of moral and ethical conduct and self discipline. They even help to direct one's attention towards their health and the spiritual aspects of the nature.

1. Yama : Behaving in accordance to the ethical standards.
2. Niyama : Maintaining self-discipline.
3. Pranayama : Breathing exercise that improves the functioning of respiratory system, thus rejuvenating the mind and body.

4. Asanas : Assuming various postures to improve functioning of various physiological systems to maintain homeostasis.
5. Pratyahara : Withdrawing our awareness from external objects and turns them inward. This withdrawal allows the person to observe his habits that may be detrimental to his health and likely to interfere with his inner growth.
6. Dharna : Focusing or concentrating of mind on a particular object.
7. Dyan : Meditation, i.e., prolonged concentration.
8. Samadhi: Prolonged meditation when one loses sense of time and place. [Any three]

Question 7.

- (a) Explain the biological psychodynamic and sociocultural view of abnormal behaviour. [6]
- (b) Give two causes and two symptoms of each of the following[4]
- (i) Antisocial personality disorder.
 - (ii) Dependent personality disorder

Answer:

(a) According to the modern psychologists, there are various perspectives which delineate the causal factors of abnormal behaviour. Some of the viewpoints are as follows :

Biological or medical perspective : This perspective tries to explain abnormal behavior in terms of some anomalies in the biological / physiological systems in the body. It mainly takes into consideration four factors :

1. Damage/malfunctioning of brain and nervous system
2. Infection/physical illness.
3. Neurotransmitters and hormonal imbalances.
4. Faulty genes.

For example : Low levels of activity of neurotransmitter GABA may lead to anxiety disorders. Certain dysfunctions in various parts of brain like frontal lobe, limbic system are linked to schizophrenia.

Psychodynamic perspective : According to this view, abnormality is an outcome of conflicts between unconscious desires and conscious motives. The unconscious includes all hurtful memories, forbidden desires, unresolved conflicts and experiences. They originate from primitive, sexual and aggressive instincts. Individuals need to keep these primitive impulses hidden from one's consciousness. If such matters seep into the person's conscious mind the mind will be flooded with profound anxiety. This anxiety gets manifested in the form of various psychological disorders. Thus, according

to this perspective, psychological disorders are outbursts of various primitive, forbidden conflicts in different ways that were repressed in the unconscious.

Social-cultural perspective : According to this perspective, abnormal behaviours develop due to the adverse effects of society on the person rather than the person himself. Various societal frameworks such as family dynamics, cultural expectation, societal biases cause abnormality. Different socio-cultural factors like poverty, unemployment, less stimulating or negative environment, inadequacy of scope of education and prejudice play a significant role in causing mental disorders. Profound malnutrition, lack of educational and health facilities, poor mental support and a lack of sympathy during childhood makes individuals prone to stress and other psychopathologies.

(b) Anti-social Personality Disorder- Symptoms- (According to DSM-IV-TR)

(i) A pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years as indicated by atleast three of the following :

1. Failure to consider social norms and repeated law breaking.
2. Deceitfulness.
3. Impulsivity or failure to plan ahead.
4. Irritability and aggressiveness.
5. Reckless disregard for safety of self or others.
6. Consistent irresponsibility.
7. Lack of remorse.

Causes :

(i) Biological factors :

Genetic influences : There is moderate heritability for anti-social or criminal behaviour. Researchers found that individuals with low MAO-A activity are more likely to develop Anti-social personality disorder, if they had experienced early maltreatment.

Neurological factors : Certain brain areas like temporal lobe and pre-frontal cortex regulate mood and behaviour. Serotonin is the neurotransmitter that can be linked with impulsive and aggressive behaviour.

Psychosocial factors : Low fear hypothesis : Research suggests that psychopaths have low trait anxiety and show poor conditioning of fear. They are slow at learning and stop responding in order to avoid punishment.

Emotional deficits : There is a more general difficulty among psychopaths to process and understand the meaning of emotional stimuli. There is a lack of empathy.

Early parental loss, rejection and inconsistency : The aggression is a result of damaging effects of parental rejection, abuse and neglect accompanied by inconsistent discipline.

Dependent Personality Disorder (According to DSM-IV-TR) Symptoms :

(i) A pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fear of separation as indicated by at least five of the following :

1. Difficulty making everyday decisions without advice or assurance from others.
2. Need others to take responsibility for major areas of life.
3. Difficulty expressing disagreement with others because of fear of loss of support.
4. Difficulty initiating project.
5. Goes to excessive lengths to obtain nurturance or support from others.
6. Feels uncomfortable or helpless when alone.
7. Urgently seeks another relationship when a close one ends.
8. Unrealistic preoccupation with fears of being left to take care of himself/herself.

Causes:

Biological factors:

1. Genetic and personality factors : There may be a very small genetic influence on dependent personality trait. Personality traits such as neuroticism and agreeableness are predominant in dependent personality disorder, have a genetic component.

Psycho-social factors:

1. Environmental factors : People with partially genetic based predisposition to dependence and anxiousness may be prone to adverse effects of parents who are authoritarian and over protective (not promoting autonomy and individuation) in their child, instead reinforcing dependent behaviour.

2. Cognitive factors-Cognitive theorists describe the underlying maladaptive schemas as involving core beliefs about weakness and competence and needing others to survive such as "I am completely helpless", "I can function only if I have access to somebody competent".

Question 8.

(a) What is meant by bias ? With the help of two examples each, explain self-serving bias and counterfactual thinking. [5]

(b) Discuss any three causes of prejudice. Also, suggest two ways of missing prejudice. [5]

Answer 8.

(a) Biases in attribution are errors committed while ascribing the reasons behind other's and our own behaviour. Attribution biases are mostly cognitive and perceptual in nature.

1. Self-serving bias : This bias involves ascribing all successes (positive events) to internal (own character) or dispositional causes and all failures (negative events) to external causes. It mainly occurs because we expect to succeed in life. Then we tend to ascribe our successes to internal causes.

For example:

a person getting a promotion ascribes it to his hard work, sincere efforts to each deadlines, dedication and commitment towards work (Internal causes). The same person when refused promotion may ascribe it to unfair boss, flaws in the management, luck (External causes).

After a football team has soundly beaten an opponent, usually we hear from the opponent that it was bad luck, the field conditions were poor (External causes). On the other hand, the team who has won does not believe it was bad luck at all. They think they are better. The tendency to take credit for success and deny responsibility for failure is known as the self- serving attributional bias.

2. Counterfactual thinking : Counter- factual thinking is so named as it includes thoughts that is 'counter to the facts' i.e., different from reality. It is the tendency to judge any situation in life by thinking about a perfect alternative to it. Counterfactual thinking are those thoughts which make the person think over the differences in his/ her situation if things had occurred differently in her past. It is described as 'what might have been if...' thought process.

For example:

Suppose a person takes an important exam and gets a score of C, much lower than what the person expected. Thoughts that usually come to most people in such a situation is 'what might have been' receiving a higher grade and reflect on how they could have obtained that better outcome. "If only I would have studied more or come to classes more often", may be the thoughts. The person may actually formulate plans to do better the next year.

Athletes who win bronze medals at the Olympics report that they often imagine not winning any medal at all. Both negative and positive feelings are generated through counterfactual thinking. When a person imagines better outcomes than actually what has occurred, he/she experiences negative feelings of regret, envy (upward counterfactual thinking). On the contrary, when the person imagines worse outcomes than actually what has occurred they may experience positive feelings of satisfaction (downward counterfactual thinking).

Counterfactual thinking can also help individuals understand why negative or disappointing outcomes occurred. This in turn can help people plan changes in

behaviour or adopt new strategies that can improve our future performances. By engaging in counter-factual thinking an individual can learn from past experiences and can make profit from their mistakes.

(b) Prejudice is the negative attitude towards members of a particular social group based on their membership to the particular social group. There are several causes of prejudice- psychological, social and cultural.

They are as follows :

Social learning: Children acquire prejudices either by hearing or observing their parents, teachers, friends or others expressing prejudiced ideas and views. Children are adept in learning the prejudices when they are being rewarded or approved by others for expressing these views. Mass media like television, movies and newspaper play an active role in shaping the prejudices. For example, often films portray a particular ethnic group in a negative light thereby leading to development of prejudice.

Realistic Competition: Prejudice emerges from competition among different groups with respect to various opportunities and valued resources such as adequate living, proper job, educational prospects, health facilities and other desirable commodities. This view proposed that various competitions lead to rivalry, hatred, prejudice and inter-group conflicts within the society. This fact serves the basis of 'Realistic Conflict Theory' (Bobo, 1983). This theory states that when competition increases the members of different groups start to view others as enemy. They see themselves as morally superior. Gradually competition turns into prejudice.

Social categorization: Another important cause of prejudice is categorization or labeling. People typically divide the social world into two discrete categories- 'Us' and 'Them'. People are segregated as either belonging to their own group, termed as in-group or belonging to another group, termed as out-group. Such distinctions are based on many dimensions such as religion, race, age, sex, ethnic background, occupation, income and many other ways. Studies also indicate that the human mind usually views the members of the 'us' group more favourably than the members of the 'them' group. Generally people develop prejudice against the members of the 'out-group'.

Ways of resisting prejudice are as follows :

Inter-group contact- Direct contact with members of other groups (out-group) help to combat stereotypes and resist prejudice. This fact is suggested by what is called contact hypothesis. It states that there are several reasons that prove proper contact with members of other groups may be effective in reducing prejudice against them. This is because increased contact between people belonging to different groups allows them to identify the similarities between them. These similarities generate positive feelings and likings towards the people of other groups.

Even increased contact with out-group members help in altering the stereotypes when sufficient stereotypes inconsistent information is received. Also intergroup contact help to negate the rigid belief associated with stereotypes that all members of the stereotyped group are similar. Intergroup contact may resist prejudice under certain conditions like :

- The groups interacting must belong to more or less same social status.
- The contact between them must involve cooperation and interdependence.
- Each group must view the members of out-group as typical to their respective group.
- Contact must ensure that each group gets to know the members of out-group individually.

Propaganda and education : Propaganda through newspaper, radio, television, movies is effective in reducing prejudice. Studies reveal that speakers are more effective than printed material; rational appeal is more effective than emotional appeal; oral propaganda is more effective in small groups than in large groups. Propaganda is more effective when the speaker is prestigious. Education makes people tolerant, socially adjusted and adaptive with all groups. Education enables a person to judge each and every individual as a human being having positive qualities. Thus educated people are more receptive to propaganda and are more flexible than less educated people.

Question 9.

Write a short note on any two of the following : [5 x 2]

- (a) Obsessive Compulsive Disorder.
- (b) Role of a counselor is dealing with individuals.
- (c) Phobia.

Answer 9.

(a) Obsessive Compulsive Disorder : It is defined by the occurrence of unwanted and intrusive obsessive thoughts that are usually accompanied by compulsive behaviors performed to neutralize the obsessive thought. Criteria for Obsessive Compulsive Disorder (According to DSM-IV-TR)

Obsession is defined by :

- Recurrent and persistent thoughts that are intrusive and cause anxiety.
- Intrusive thoughts come frequently and . trigger extreme anxiety that gets in the way of day-to-day functioning.
- Person attempts to suppress, ignore or neutralize them by some other thought or action.
- Person recognizes thoughts are a product of his/her own mind.

Compulsion is defined as :

- Repetitive behaviors (hand washing, ordering, checking) or mental acts (praying, counting). The person feels driven to perform in response to obsession.
- Behaviors or mental acts aim at preventing or reducing distress.

1. Person recognizes that the obsessions and compulsions are excessive and unreasonable.

2. Obsessions and compulsions cause marked distress and interfere significantly with normal functioning.

Causes:

Biological factors:

(i) Genetic influences : Evidence from twin studies reveal a moderately high concordance rate for monozygotic twins and a lower concordance rate for dizygotic twins.

(ii) Abnormalities in brain function : PET scans have shown that people with OCD have abnormalities in the active metabolic levels in the caudate nucleus, the orbital frontal cortex and cingulate cortex.

(iii) The role of serotonin : Current evidence suggest that increased serotonin activity and sensitivity of some brain structure to serotonin are involved in OCD symptoms.

Psychosocial factors: (i) Behavioral viewpoint: According to O.H. Mower's two-process theory of avoidance learning, neutral stimuli become associated with frightening thoughts or experiences through classical conditioning and elicit anxiety. For example – touching a doorknob or shaking hands might become associated with the 'scary idea' of contamination. Once learned such avoidance responses are extremely resistant to extinction.

(ii) Cognitive biases and distortions : People with OCD seems to have difficulty blocking out negative irrelevant input or distracting information so they may attempt to 'suppress' negative thoughts stimulated by this information. Trying to suppress negative thoughts may paradoxically increase their frequency.

OCD is also caused by the faulty belief where a person believes that having a thought about doing something (for instance killing a person) is equivalent to doing it (having killed a person). This is known as thought-action fusion. This belief keeps increasing the anxiety due to expectation of causing harmful consequences. This impels the person to

engage in various compulsive behaviours to reduce the likelihood of any harmful consequences.

Psychodynamic perspective : This view suggests that obsessions and compulsions stem from unconscious conflicts arising when primitive Id impulses are conflicting with socially acceptable behaviours. Since the conflict is highly distressing the person may resort to something more manageable, like an intrusive thought or an associated compulsive behaviour.

(b) Counseling is an interactive process conjoin-ing the counselee, who needs assistance and the counselor, who is trained and educated to give assistance.

Role of counselor in dealing with individuals :

Counseling deals with wellness, personal growth, career and pathological concerns. In other words, counselors work in area that involve relationships.

Counseling meets the requirement of a wide spectrum of people. Clients have developmental or situational concerns that require help in regard to adjustment or remediation.

Counseling is intended to help the individuals to realize their potentials and to make optimum contributions to the growth of society.

Counseling aims at providing assistance to teachers in their efforts to understand their students.

Counseling aims at developing in student's qualities such as perseverance, dedication, sincerity, devotion, positive outlook, respect for views of others.

Currently counseling is also successful to rehabilitate criminals and prevent criminal tendencies and delinquency if detected early. Vocational counseling is provided to criminals to rehabilitate them.

The common areas of counseling are as follows:

Child counseling : Counseling dealing with different problems of a child, such as learning difficulties, temper tantrums, conduct problems, lack of concentration, inadequacy in cognitive, perceptual or social development, emotional disturbances and child abuse.

Parental or family counseling : The main aim is to resolve the problematic issues pertinent in the family of the client. Parental counseling is an extended part of child counseling. It helps to improve parent-child relationship.

Academic and school counseling : This deals with school children regarding their academic difficulties, relational problems with teachers, classmates, career issues and personal problems.

Workplace counseling : It aims to assist both the employer and the employee by intervening with an active problem-solving approach. It helps in increasing productivity of an organization.

Couple counseling : This helps couples of any type to realize and resolve their conflicts and improves their relationship. It enables the couples either to make thoughtful decisions about rebuilding the relationship or getting separated.

Group counseling : People suffering from the same or similar problems get together and share their problems and coping mechanism that they use. They sense a feeling of having a support system. Popular group therapies are seen in the form of alcoholic anonymous, or support group for cancer patients.

Geriatric counseling : This helps to manage problems arising in and from old-age.

Counseling of delinquents : Counseling the delinquents involve addressing the emotional, behavioural and personality issues of the delinquents.

Career counseling : This helps the individual in their decision for the right choice of career or vocational course.

Sports counseling : This area is mainly concerned with the physical health, mental functioning and performance of a sports person.

Counseling for mental health issues : Counseling is also used to treat and alleviate mental disorders, adjustment problems and emotional disturbances.

Phobia is an anxiety disorder. It means extreme and irrational fear of some specific object or situation that leads to avoidance to these objects or situation by the person. According to DSM-IV- TR There are three kinds of phobia- specific, social and agoraphobia.

Criteria for specific phobia- (according to DSM-IV-TR):

- Marked and persistent fear that is excessive and unreasonable caused by the presence or anticipation of a specific object or situation.

- Exposure to phobic stimulus provokes an immediate anxiety response or panic attack.
- Person recognizes that the fear is excessive or unreasonable.
- Phobic stimuli is avoided or endured with intense anxiety.
- Symptoms interfere significantly with normal functioning.
- Duration of at least six months.

Criteria for social phobia : (according to DSM-IV-TR)

- Marked or persistent fear of one or more social situations in which the person is exposed to unfamiliar people or possible scrutiny of others.
- Exposure feared social situation provokes anxiety or panic.
- Person recognizes the fear to be excessive or unreasonable.
- Feared social or performance situation is avoided or endured with great distress or anxiety.
- Symptoms interfere significantly with normal functioning. Agoraphobia- the Greek word 'Agora' means public places of assembly.

Criteria for agoraphobia:

- Anxiety about being in places from which escape might be difficult or in which help may not be available.
- Situations are avoided or endured with marked distress.

Causes:

Biological factors :

Genetic factors : Genetic and temperamental variables affect the speed and strength of conditioning the fear. Several studies have suggested, a moderate genetic contribution in the development of phobias. Behaviourally inhibited children who are shy, timid and easily distressed are likely to develop phobias from different objects or situations.

Psychosocial factors:

1. Psychodynamic perspective : According to this viewpoint phobia is represented as a defense against anxiety that stems from repressed impulses from the Id. It is too dangerous to know the repressed Id impulses the anxiety is displaced on to some external object/ situation that has some symbolic relationship to real objects of anxiety.

2. Phobias as learned behaviour : The principle of classical conditioning appear to account for the acquisition of irrational fears and phobias. The fear response can readily be conditioned to previously neutral stimuli when these stimuli are paired with traumatic or painful events. Once acquired phobic fears would generalize to other similar situations or objects.

3. Vicarious conditioning of phobic fears :

People learn irrational phobic fears simply watching a phobic person. This can be distressing to the observer and can result in fear being transmitted from one person to another through vicarious or observational learning. For example- A boy who has witnessed his grandfather vomit while dying developed a strong and persistent vomiting fear.

4. Evolutionary preparedness : Humans seem to be evolutionarily prepared to rapidly associate certain objects such as snakes, spiders, water and enclosed spaces with frightening or unpleasant events. This preparedness occurs because certain objects or situations posed real threat to our early ancestors. Thus the prepared fears are not inborn rather they are easily acquired and resistant to extinction.

On the other hand social phobia is a result of dominance hierarchies, a common form of social arrangement among animals. Dominance hierarchies are established through aggressive encounters between members of a social group and a defeated individual typically displaces fear and submissive behaviour but rarely attempts to escape the situation completely. Social phobias are evolutionary basis to acquire fears of social stimuli that signal dominance and aggression from other humans.

5. Cognitive factors : Beck suggested that people with social phobia tend to expect that other people will reject or negatively evaluate them. This leads to a sense of threat from people around them.