B. ANALYSIS OF PERFORMANCE

Question 1

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

(i) Explain the term *aptitude.*

(ii) Mention *any two* stages of GAS model of stress.

(iii) Give the full form of MMPI.

(iv) Give *two* characteristics of *histrionic personality disorder*.

(v) What is *Albert Bandura's Theory of Personality called?*

(vi) When can an individual be termed as a criminal?

(vii) According to Julian Rotter, what is meant by *internals* and *externals*?

(viii) What is *free association?*

(ix) Mention *any two* components of attitude.

(x) Explain *object permanence* according to Piaget.

(xi) Name the *principle* in accordance with which *ego* operates.

(xii) Define *personality* according to Eysenck.

(xiii) Explain the term *source trait*.

(xiv) Who put forward the 'g' and 's' factors of intelligence?

(xv) Mention *any two* personality types put forward by Kretschmer.

(xvi) What is meant by the term *sublimation?*

(xvii) Mention *any two* categories of *Guilford's structure of intellect model*.

(xviii) Explain the term *social influence*.

(xix) What is *maturation?*

(xx) What is meant by the term *mental age?*

Comments of Examiners

(i) Most of the candidates answered this question well. However, a few confused it with 'intelligence' and some wrote the definition of 'achievement' instead of 'aptitude'. For some, the key words were not clear like, 'special ability' and 'acquire skill after training'.	*Suggestions for teachers* − While explaining 'aptitude', words like 'special ability' or 'potential', 'acquired skill after training' must be highlighted. − Stress upon the full form of tests and insist upon learning the correct spellings.
(ii) Majority of the candidates answered this question well.	
(iii) Most of the candidates wrote the correct answer. A few candidates lost marks due to distortion of one of the four words or for incorrect spellings.	

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(iv) Majority of the candidates described the characteristics of histrionic personality disorder but failed to give the key traits like 'manipulative' 'attention seeking' 'seductive', etc.	– Each personality disorder needs to be highlighted with its distinguishing features.
(v) Some candidates lost marks because they wrote 'observational learning' instead of writing the name of the personality theory.	– Explain the difference between 'delinquency' and 'criminality' in terms of legal aspect and age.
(vi) While attempting this question, a few candidates failed to mention the legal aspect or the age.	– The concept of 'internals' and 'externals' as put forward by Julian Rotter must be explained with examples.
(vii) Many candidates failed to specify the terms as per Julian Rotter's theory; they defined 'internals' as introvert and 'externals' as extroverts.	– While explaining the term 'free association' specify Sigmund Freud's technique of 'Psychoanalysis'.
(viii) A large number of candidates managed to write part of the answer correctly. Some missed out on the term 'free association' as a 'technique of psychoanalysis'.	– The three components of attitude, i.e. affective, behavioural and cognitive should be referred to and explained with examples.
(ix) Majority of the candidates answered this question satisfactorily. A very few distorted the names of the components.	– Explain 'source traits' and 'surface traits' with examples and highlight the difference between the two.
(x) Many candidates misunderstood the concept of 'object performance'. They understood it as 'out of sight, out of mind'.	– Stress upon writing the full names of psychologists with correct spellings.
(xi) This part was mostly answered well by candidates.	– Personality type must be taught in a tabular form so as to facilitate better understanding.
(xii) Most of the candidates failed to score full marks in this answer, as they gave Allports' definition instead of Eysenck's definition.	– Students must be taught the importance of 'operation', 'content' and 'product' as vital parts of Guilford's Model of Intellect.
(xiii) Majority of the candidates answered this question well, except for a few who got confused. Some candidates just defined traits without emphasizing 'source traits' as the key dimension of personality.	– Students must be trained to write or memorize with an understanding so as to remember important aspects essential for each definition.
(xiv) Majority of the candidates answered this question correctly but some did not give the full name – Charles Spearman. A few candidates omitted writing 'Charles' while some others misspelt 'Spearman'.	– The specific definitions of growth, development and maturation need to be taught along with their differences and examples. While explaining the term 'maturation' the genetic/biological/pathological aspects need to be mentioned.
(xv) Most of the candidates answered this question correctly, except for a few who wrote the personality type of Sheldon instead of Kretschmer.	
(xvi) Majority of the candidates answered this question quite well. A few candidates failed to mention key words like 'defense mechanism' or 'socially acceptable form of behaviour'. Some candidates linked the term 'sublimation' with Chemistry.	
(xvii) Most of the candidates answered this question well, barring a few who distorted the words like 'products' to productive and 'contents' to contention.	

(xviii) A few candidates gave incomplete answers omitting words like 'change' (or influence) or social agents like contact with people around him/her or cause of the change i.e. interaction or meeting people.

(xix) Many candidates failed to write the correct meaning as they did not mention the 'genetic' aspect. Some defined 'development' instead.

(xx) In majority of the cases the mental age was explained as I.Q. Candidates wrote the formula for determining I.Q. Others gave incomplete definition without mentioning it as a score.

− 'Mental Age' is an important concept of Stanford Binet Test of Intelligence and must be taught thoroughly along with I.Q. While teaching in Class, the concept of 'mental age' and 'ceiling age' must be clarified.

MARKING SCHEME

Question 1.

(i) Aptitude refers to special abilities in a particular field of activity. It is a combination of characteristics that indicate an individual's capacity to acquire some specific knowledge or skill after training.

(ii) Stages of GAS model:

Alarm Reaction / Stage of Resistance / Stage of Exhaustion. *(any two)*

(iii) Full form of MMPI: Minnesota Multiphasic Personality Inventory

(iv) Characteristics of persons with histrionic personality disorder:

(a) Immature (b) Self-centred (c) Seductive, attention getting behaviour (d) Manipulative, they get others to do their bidding by indirect tactics (e) they are flamboyant (f) such people imagine ailments or illnesses that actually have psychological origins. *(any two)*

(v) Albert Bandura's Theory of Personality is called: Social Cognitive Theory of Personality.

(vi) A person of 21 years and above convicted by the Court of law for violating the provisions of Indian Penal Code is called a criminal.

(vii) According to Rotter, individuals who believe that they exert considerable control over the outcomes they experience are internals. On the other hand, individuals who believe that they have little control over the outcomes they experience are called externals.

(viii) A verbal reporting by persons undergoing psychoanalysis of everything that passes through their minds, no matter how trivial it may appear to be is called free association.

(ix) Components of attitude: Cognitive aspect, affective aspect / emotional and behavioural (conative) aspect. *(any two)*

(x) The fact that objects continue to exist when they pass from view is known as object permanence, according to Piaget in the sensory-motor stage.

(xi) The principle in accordance with which ego operates: Reality Principle.

(xii) Personality according to Eysenck: According to Eysenck, personality is the more or less stable and enduring organization of a person's character, temperament, intellect and physique, which determines his unique adjustment to the environment.

(xiii) According to Cattell, key dimensions of personality that underlie many other traits, e.g. cool vs warm, easily upset vs calm and stable.

(xiv) 'g' and 's' factors of intelligence: Charles Spearman.

(xv) Personality types put forward by Kretschmer:

- Pyknic (having fat bodies)

- Athletic (balanced body)

- Leptosomatic (lean and thin) *(any two)*

(xvi) Sublimation: A defence mechanism in which threatening unconscious impulses are channelled into socially acceptable forms of behaviour.

(xvii) Categories of Guilford's structure of intellect model: Operations / products / contents

(xviii) Social influence: Social influence is the change in an individual that occurs because of contact with other people. People are affected by the presence, opinions, or behaviour of others.

(xix) Maturation: are the changes determined largely by our genes.

(xx) Mental age: is a type of score expressing mental development in terms of the age level at which a child is performing. For e.g. if a 5 year old boy does as well at an intelligence test as the average child of 7, his mental age is 7.

Question 2

(a) Give an account of *Howard Gardner's Theory of Intelligence*. **[5]**

(b) Describe in detail the *Strong Campbell Interest Inventory*. **[5]**

Comments of Examiners

(a) Most of the candidates answered this question well except a few who failed to mention the name of the theory – Multiple Intelligence. A few candidates gave seven types of intelligence instead of eight.

(b) Some of the candidates gave wrong number of items in SCII. They missed some important points like, 325 items grouped into seven parts; ways of responding, i.e. L, I, D in the first five parts and 'yes', 'no', '?' in the next two parts. Only a few mentioned that it could be scored by a computer.

Suggestions for teachers
- Candidates should be explained the eight types of intelligence with examples put forward by Howard Gardener.
- Make candidates aware of the number of items and parts.

MARKING SCHEME

Question 2.

(a) *Howard Gardner's Theory of Intelligence:*

Howard Gardner proposed a unique theory of intelligence called the theory of multiple intelligences. Gardner meant that each intelligence is a relatively autonomous intellectual potential, which is capable of functioning independently of the others. The different types of intelligences are as follows:

1. Linguistic Intelligence: This type of human intelligence is responsible for all kinds of linguistic competence – abilities, talents and skill, available in human beings. It consists of the ability to write in words and to use language to express and appreciate complex meanings. Authors, poets, journalists, speakers, exhibit a high degree of linguistic intelligence.

2. Logical Mathematical Intelligence: makes it possible to calculate quantity, consider propositions and hypotheses, and carry out complete mathematical operations. Scientists, accountants, engineers and computer programmers all demonstrate this intelligence.

3. Spatial Intelligence: instils the capacity to think in dimensional ways as do sailors, pilots, sculptors, painters and architects. It enables one to perceive mental images; to create, transform or modify images; to migrate oneself and objects through space and to produce or decode graphic information.

4. Body Kinaesthetic Intelligence enables one to manipulate objects and fine-tune physical skills. It is evident in athletes, dancers, surgeons and craftspeople. In Western societies, physical skills are not as highly valued as cognitive ones and yet elsewhere the ability to use one's body is a necessity for survival and important features of many prestigious roles.

5. Musical Intelligence is evident in individuals who possess a sensitivity to pitch, melody, rhythm and tone. Those who demonstrate this intelligence include composers, conductors, musicians, critics and instrument makers as well as sensitive listeners.

6. Naturalistic Intelligence consists of observing patterns in nature and human made systems. Skilled naturalist include farmers, botanists, hunters, ecologists and landscapers.

7. Interpersonal Intelligence is the capacity to understand and interact effectively with others. It is evident in successful teachers, social workers, actors, or politicians.

8. Intrapersonal Intelligence: refers to the ability to construct an accurate perception of oneself or use such knowledge explaining and directing ones life.

(b)   *Strong Campbell Interest Inventory*: (SCII) – Merged form of Strong Vocational Interest Blank by Edward K. Strong and David P Campbell 1974 – The inventory consists of 325 items grouped into seven parts. In the first five parts, the examinee records his preferences by marking L, I or D to indicate. *Like*, *Indifference*, or *Dislike*. The items in these five parts fall into the following categories: occupations, school subjects, activities (e.g. making a speech, repairing a clock, raising money for charity) amusements and day to day contact worth various types of people (e.g. very old people, military officers, people who live dangerously).

The remaining two parts require the respondent to express a preference between paired items and marking a set of self descriptive statements 'Yes' 'No' or '?'

The subject is to make a heavy dark mark for each answer. The SCII can be scored only by computer, through several designated scoring agencies, scores on all parts of the inventory are expressed as standard scores.

Scoring:

➢ Can be scored only by computer

➢ Scores on all parts of the inventory are expressed as standard scores (M = 50, SD = 10)

➢ The test takes 25 minutes. After scoring, an individual can then view how his/her personal interests compare with the interests of people in a specific career field.

Question 3

(a)   Discuss in detail *Maslow's Humanistic Theory of Personality*.   **[5]**

(b)   Describe the *Wechsler Adult Intelligence Scale*.   **[5]**

Comments of Examiners

(a) Majority of the candidates answered this question correctly. A few candidates failed to explain self actualization in detail and others missed out the concept of 'peak experience'.

(b) Most candidates missed out at least one or two subtests out of the 11 subtests. Other candidates did not mention verbal I.Q. performance I.Q. and full scale I.Q.

Suggestions for teachers
- The difference between Maslow's Theory of Motivation (needs hierarchy) and personality theory which goes beyond motivation and extends to self actualization must be explained well. Also peak experience must be explained separately.
- The concept of verbal I.Q., performance I.Q. and full scale I.Q. must be explained clearly.

MARKING SCHEME

Question 3.

(a) *Maslow's Humanistic Theory of Personality*: He suggested the concept of a needs hierarchy. This concept suggests that human needs exist in a hierarchy, ranging from Physiological needs, on the bottom through safety needs, social needs, esteem needs, and finally self actualization needs at the top.

According to Maslow, lower order needs must be satisfied before we can turn to more complex, higher order needs. Presumably, higher-order needs can't serve as motives until lower-level needs have been satisfied.

The needs hierarchy is only a part of Maslow's theory of personality. He has also devoted much attention to the study of people who, in his terms, are psychologically healthy. These individuals have self-actualization – a state in which they have reached their fullest true potential. Self-actualized people accept themselves for what they are; they recognise their shortcomings as well as their strengths. Being in touch with their own personalities, they are less inhibited and less likely to conform than most of us. Self actualized people are well aware of the rules imposed by society, but feels greater freedom to ignore them than most persons.

Finally, self actualized persons sometimes have what Maslow describes as peak experiences – instances in which they have powerful feelings of unity with the universe and feel tremendous waves of power and wonder. Such experiences appear to be linked to personal growth for after them individuals report feeling more spontaneous, more appreciative of life and less concerned with the problems of every day life. E.g. Albert Einstein, Eleanor Roosevelt.

(b) The Wechsler Adult Intelligence Scale:

David Wechsler developed a scale for measuring intelligence in 1939. The WAIS is an individual test. It consists of two parts, the verbal part has six tests and non-verbal or performance part has five tests which require a minimum of language. The full scale is a combination of the two. It is used for 16 to 64 years and takes 1hour.

S. No.	Test	Description
Verbal Tests		
1	Information	29 questions are given, which intend to test a recall of knowledge concerning wider varieties of information.
2.	Comprehension	14 items which intend to measure understanding of knowledge concerning a certain object, event or the meaning of proverbs.
3.	Arithmetic	14 arithmetical problems which intend to measure numerical ability, given orally and are to be solved through mental manipulation. No paper and pencil allowed.
4.	Similarities	13 items which intend to measure abstract verbal reasoning, require the examinees to compare two

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		objects and determine the relationship between the two.
5.	Digit span	Intends to measure meaning for digits. In the first part, the examinee is required to repeat in the same order 3 to 9 digits presented in a forward direction and in the second part, he is required to repeat the digit in a backward direction.
6.	Vocabulary	Intends to measure verbal ability, 40 words of increasing difficulty are presented and the examinee is required to tell their meaning.
Performance Scale		
7	Digit symbol	9 digits each with different symbols are given. The numbers in jumbled order are given and the examinee is to write the matching symbols with each digit.
8.	Picture completion	Measure the ability to analyse parts from the whole. 21 cards each contains a picture from which something is missing – the testee is to fill in the missing part.
9.	Block Design	Intends to measure the ability to analyze the complex whole.
10.	Object Assembly	Examinees attempt to solve picture puzzles.
11.	Picture Arrangement	Examinees arrange 6 sets of pictures to make a sensible story.

This test is a point scale. Measuring full scale IQ, Verbal IQ and performance IQ.

Question 4

(a)   Describe *Rorschach Inkblot Test* for assessing personality.   **[5]**

(b)   Explain *any five* stages of *Erik Erikson's Psychosocial development*.   **[5]**

Comments of Examiners

(a) Most of the candidates were not sure of the number of cards. Some failed to define projective test separately. Others omitted the complete introduction of the test. In some cases, the interpretation was not well explained.

(b) This question was generally answered well by candidates though a few mixed up the names of the stages. Some candidates did not mention the names. A few others failed to describe the stages in detail. In some cases, the age ranges of the stages were omitted.

> *Suggestions for teachers*
> – Teach students to give an introduction to each answer.
> – The discussion of the administration, scoring and the interpretation must be done in detail.

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MARKING SCHEME

Question 4.

(a)   *Rorschach Ink Blot Test*:   The projective technique projects the subject's characteristics through subject's thought processes, needs, anxieties and conflicts. The subject consciously projects his/her own desires, hopes, fears, repressed wishes, etc. This not only reveals his inner or private world but also gives indications on the basis of which his total personality may be assessed.

The Rorschach Ink Blot Test was developed by Hermann Rorschach - consists of 10 cards on which there are ink blots. Five are black and grey and two cards are red, in addition to grey and white and the last three are multicoloured. The shapes are completely unstructured – the shape of the blots does not have any specific meaning.

Administration of the Tests:

1. Cards represent with proper instruction asking the subject to say what he/she sees in it, what it looks like to him/her, etc.

2. No time limit: Can give as many responses as possible.

3. The position of the response in which the cards are being held, emotional expressions and other factors are noted.

Scoring Analysis and interpretations: Scoring is categorised into four.

1. Location

2. Contents

3. Originality

4. Determinants

  (1)   Location – is referred to the part of the blot

  (W) indicates that the subject is seeing the card as a whole.

  (w) indicates that the subject has failed to see the problem as a whole.

  (d)   indicates minor details involving petty issues or less important matters.

  (D) indicates major details

  (S) indicates the subject's response to the white space within the main outlines

Contents

Scoring symbols	Contents of the response
H	Human forms
A	Animal forms
Ad	Animal detail
Hd	Human detail
N	Natural objects like, rivers, green fields
O	Inanimate objects like Lampshade, pot, etc.

In originality: for each of the 10 cards, certain responses are scored as popular using the symbol P because of their occurrence while others, which contain something new and indicate originality are represented as O.

Determinants take note of the manner of perception.

(F) – Form of the blot.

(C) – its colour

(M) – its movement

(K) – its shading

Interpretation:

1. If the number of Ws is greater than d or D, then the person is said to be mature, intelligent and is expected to possess the ability to synthesize.

2. Greater frequency of colour at the expense of human movement indicates an extrovert nature while domination of M over colour an introvert.

3. Dominance of shading responses expresses anxiety, depressed attitudes and feeling of inferiority.

4. Relatively greater emphasis on movement indicates the richness of the subject's imaginative life.

(b) Stages of Erik Erikson's Psychosocial development:

Erik Erikson's theory deals with development across the entire life span. Erikson believes that each stage of life is marked by a specific crisis or conflict between competing tendencies. Only if individuals negotiate each of these hurdles successfully can they continue to develop in a normal healthy manner.

8 stages in Erikson's theory

Stage 1: Basic trust vs basic mistrust (birth to about one year)

- Corresponds to the oral psychosexual stage.

- Trust shown by ease of feeding, depth of sleep, bowel relaxation.

- Depends on consistence and sameness of experiences provided by caretaker or outer provider.

- Second six months: teething and biting move infant from getting to taking.
- Weaning leads to nostalgia for lost paradise.
- If basic trust is strong, child maintains hopeful attitude, develops self-confidence.
- Oral zone associated with mode of being satisfied.

Stage 2: Autonomy vs Shame and Doubt (about 1 to 3 years)

- Corresponds to the muscular-anal stage.
- Biologically includes learning to walk, feed, self-talk.
- Need for outer control, firmness of caretaker before development of autonomy.
- Shame occurs when child is overtly self-conscious through negative exposure and punishment.
- Self-doubt can evolve if parents overly shame child, e.g. about elimination
- Anal zone associated with mode of holding on and letting go.

Stage 3: Initiative vs Guilt (3 to 5 years)

- Corresponds to the phallic psychosexual stage.
- Initiative arises in relation to tasks for the sake of activity, both motor and intellectual.
- Guilt may arise over goals contemplated (especially aggressive goals).
- Desire to mimic adult world; involvement in oedipal struggle leads to resolution through social role identification.
- Sibling rivalry frequent.
- Phallic zone associated with mode of competition and aggression.

Stage 4: Industry vs Inferiority (6 to 11 years)

- Corresponds to the latency psychosexual stage.
- Child is busy building, creating, accomplishing.
- Receives systematic instruction and fundamentals of technology.
- Danger of sense of inadequacy and inferiority if child despairs of tools, skills, and status among peers.
- Socially decisive age.
- No dominant zone or mode.

Stage 5: Identity vs Role Confusion (11 years through end of adolescence)

- Struggle to develop ego identity (sense of inner sameness and continuity).
- Preoccupation with appearance, hero worship, ideology.
- Group identity (with peers) develops.

- Danger of role confusion, doubts about sexual and vocational identity.

- Psychosexual moratorium, stage between morality learned by the child and the ethics developed by the adult.

- No dominant zone or mode.

Stage 6: Intimacy vs Isolation (21 to 40 years)

- Tasks are to love and to work.

- Intimacy is characterized by self-abandonment, mutuality of sexual orgasm, intense friendship, attachments that are life-long.

- Isolation is marked by separation from others and view that others are dangerous.

- General sense of productivity in this stage.

- No dominant zone or mode.

Stage 7: Generativity vs Stagnation (40 to 65 years)

- Generativity includes raising children, guiding new generation, creativity, altruism.

- Stagnation not prevented by having a child; parent must provide nurturance and love.

- Self-concern, isolation and absence of intimacy are characteristics of stagnation.

- No dominant zone or mode.

Stage 8: Integrity vs Despair (over 65 years)

- Integrity is a sense of satisfaction that life is productive and worthwhile.

- Despair is a loss of hope that produces misanthropy and disgust.

- Persons in the state of despair are fearful of death.

- An acceptance of one's place in the life cycle is characteristic of integrity

(any five stages)

Question 5

(a) Describe Piaget's pre-operational stage of cognitive development during childhood. **[5]**

(b) Explain the *two* eating disorders as a major concern of adolescence. **[5]**

Comments of Examiners

(a) Most of the candidates did not use the right terms and headings of symbolic play, decentration, ego centrism, decontextualization and principle of conservation. There was a common mistake where candidates stated the age range as 2-7 years instead of 18 – 24 months. As a result many mentioned the characteristics of operational stage only.

Suggestions for teachers
– Explain to students the relevance of the various transitory phases by their NAMES. The basic principle on which it rests must be mentioned.

(b) Many candidates combined the two disorders into one category. Quite a few candidates did not write the characteristics of individuals suffering from eating disorders.

– While teaching in Class, the typical characteristics of Anorexia Nervosa and Bulimia Nervosa need to be explained and the difference highlighted.

MARKING SCHEME

Question 5.

(a) Piaget's pre-operational stage of cognitive development during childhood:

Sometime between the ages of 18 to 24 months. Piaget suggested toddlers acquire the ability to form mental images of objects and events. At the same time, language develops to the point at which they begin to think in terms of verbal symbols – words. These developments mark the transition to Piaget's second stage, the preoperational stage. This term reflects Piaget's view that at this stage children don't yet show much ability to use logic and mental operations.

During the pre-operational stage, which lasts upto about 7 years, children are capable of many actions they could not perform earlier. For e.g. they demonstrate <u>symbolic play</u> in which they pretend that one object is another – that a pencil is a rocket for e.g. such play is marked by three shifts that afford unique insights into how children's cognitive abilities change during this period. One is <u>decentration</u> in which children gradually begin to make others rather than themselves the recipients of their playful actions – for instance, they begin to feed their dolls or dress them. The second shift is <u>decontextualization</u>. Objects are made to substitute for each other, as when a child pretends that a twig is a spoon. The third change involves <u>integration</u> –combining play actions into increasingly complex sequences. For instance, when I was a little boy, I had a collection of toy cars and I now realize that as I grew older I played with them in even more intricate ways.

The thought process of pre-operational children is more advanced than those in the preceding stage. Piaget emphasised that these children are still immature in several respects. They can use mental symbols but their thinking remains somewhat inflexible, illogical, fragmented and tied to specific contexts. One way in which they think of preoperational children as immature involves what Piaget termed <u>egocentrism</u> - children's inability to understand that others may perceive the world differently than they do.

Children in the preoperational stage seem to lack understanding of relational terms such as lighter, larger, softer. Further, they lack seriation, the ability to arrange object order along some dimensions. Finally and most importantly they lack a grasp of what Piaget termed as the <u>Principle of conservation</u> – knowledge that certain physical attributes of an object remain unchanged even though the outward appearance of the object is altered.

(b) <u>Eating Disorders</u> are of two types:

<u>Anorexia Nervosa</u>: Anorexia involves an <u>intense and excessive fear of gaining weight</u>. In other words, people with this disorder relentlessly pursue the goal of being thin, no matter what this does to their health. They often have distorted perceptions of their own bodies believing that they are much heavier than they really are. As a result of such fears and distorted perceptions, they starve themselves to the point where their weight drops to

dangerously low levels.

There is an intense fear of becoming fat so it is <u>more common among females than males</u>. This has led researchers to propose that far more than males, adolescents and young women <u>feel tremendous pressure</u> to live up to the images of beauty shown in the mass media, to be as thin as the models who are held up as paragons of female desirability. If they are not this thin, they reason, they will be viewed as unattractive.

That <u>intense social pressure</u> does indeed play a role in Anorexia nervosa is suggested by the findings.

<u>Bulimia Nervosa</u>: In this disorder, individuals engage in recurrent episodes of binge eating – <u>eating large amount of food within a short period of time</u>, followed by some kind of compensatory behaviour designed to prevent weight gain. This can involve <u>self-induced vomiting, the misuse of laxatives, fasting or exercising</u> so excessive that it is potentially harmful to the person's health.

The cause is once again in "thin is beautiful" - it seems to play an important role. Anorexics do tend to perceive themselves as much heavier than they really are.

Question 6

(a)   Discuss how work related situations cause stress in an individual.   **[5]**

(b)   Explain the effect of stress on health.   **[5]**

<u>Comments of Examiners</u>

(a) This question was well answered by most of the candidates. A few candidates lost marks as they either missed out points or just mentioned the points without explanation.
(b) Majority of the candidates were able to answer this question well.

> *Suggestions for teachers*
> – Distinction of work related conditions in an industry or work place must be made from any other type of work.
> – Discuss the following with students: cause of bronchial asthma; peptic ulcer; coronary disease; diabetes; immune system.

MARKING SCHEME

Question 6.

(a)   Work related situations cause stress in an individual:

In this competitive age and importance given to work culture many people spend more time at work than in any other single activity.

People today are more career conscious and the need for money to lead luxurious life and also the need to work and get job satisfaction and many other related factors have motivated the modern men and women to work hard and work for a longer duration than their physiological limit. Under these circumstances, jobs and careers have become the major source of stress. Many other factors produce stress in work place besides long hours of work. They are sexual harassment, gender discrimination, bias and prejudice towards lower class people, too much competition with co-workers to get a promotion, bad behaviour of employer or immediate supervisor, low salary but more work, discrimination on the ground of race and caste, honesty and merit not being rewarded and so many other factors.

Sometime back, it came out in the media that a computer engineer in India committed suicide because of over load of work.

A scientist working in famous institute at Bombay committed suicide because he was superseded. Many high level executives, engineers and administrators leave their job by resigning and join elsewhere because of work place stress. Misbehaviour of the management with the employees day in and day out produces work place stress which slowly kills the man physically and psychologically. Instances are many to substantiate this point.

Similarly, under-load or being asked to do little also can cause stress. It produces strong feelings of boredom and becomes very stressful. When somebody who is quite efficient is asked to do less work, he feels neglected and perceives this as an insult to his ability and intelligence. Less work is equally harmful like overwork. Everything should therefore be balanced in work place to work in a relaxed and hassle free way. Too much bossism and autocratic attitude also produces stress.

Other work related stress are role conflict which means the employee becomes the target of conflicting demands from different groups of people. Newly recruited executives or CEOs or managers of a particular company or organisation are pressurized by their subordinates (who are old employees) to take immediate action on their various grievances. The various labour unions and associations put tremendous pressure to improve their physical environment, work assignment, salary, fringe benefits, while the employer or the boss wants and expects the manager to do just the opposite. This type of conflict due to incompatibility leads to pressure and stress. The poor manager is in between "Do and Don't do", and it produces a stressful situation for him.

Another work related factor that can sometimes generate intense levels of stress involves performance appraisals, the procedures used for evaluating employees' performance. If employees perceive these as fair, employee stress tends to be low; if employees view them as arbitrary or unfair, it is almost certain to be high. After all, no one wants to feel that rewards such as raises, promotions, or bonuses are being distributed in an unjust manner.

Work-related issues are of great interest to experts in a branch of psychology called industrial / organisational psychology.

(b)   The effect of stress on health:

The link between stress and personal health, according to medical experts, is very strong indeed (Kiecolt-Glaser & Glaser, 1992). In fact, some authorities estimate that stress plays some role in 50 to 70 percent of all physical illness (Freese, 1985) Moreover, included in these percentages are some of the most serious and life-threatening ailments known to medical science. To list just a few, stress has been implicated in the occurrence of <u>heart disease, high blood pressure, hardening the arteries, ulcers, asthma, cancer and even diabetes</u> (brief explanation).

How does stress produce such effects? The mechanisms involved remain to be determined precisely, but growing evidence suggests that the process goes something like this. By draining our resources and keeping us off balance physiologically, stress upsets our complex internal chemistry. In particular, it may interfere with the efficient operation of our immune system – the elaborate internal mechanism through which our bodies recognise and destroy potentially harmful substances and intruders, such as bacteria, viruses, and cancerous cells. Foreign substances that enter our bodies are known as antigens. When they appear, certain types of white blood cells (lymphocytes) begin to multiply. These attack the antigens, often destroying them by engulfing them. Other white blood cells produce antibodies, chemical substances that combine with antigens and so neutralize them.

Prolonged exposure to stress seems to disrupt this system. For example, in studies with animals, subjects exposed to inescapable shocks demonstrated reduced production of lymphocytes relative to subjects exposed to shocks from which they could escape **(**Ader & Cohen, 1984). Studies of the effect of stress on animals and humans suggest that a variety of stressors, including disruptions in interpersonal relationships, loneliness, academic pressure, daily hassles, and the lack of social support, can interfere with our immune systems.

For example, in one study Cohen and his colleagues (1992) explored the effects of social stability on the immune systems of monkeys. During the year preceding the study, all of the monkeys lived in stable (unchanging) social conditions. When the study began, however, the monkeys were randomly assigned to stable or unstable social conditions for a period of twenty-six months. Monkeys spent time in various forms of social interaction including affiliative behaviours such as engaging in passive physical contact with other group members and grooming them. They reasoned that if social support serves as a stress buffer, then the monkeys in the unstable group that engaged in the least amount of affiliative behaviours would experience the greatest negative impact on measures of immune functions. The results of the experiment confirmed these predictions.

In short, social support may be an important buffer against the adverse effects of chronic stress. These results are relevant to people too. For example, persons who are divorced or separated from their spouses often experience reduced functioning in certain aspects of their immune system, compared to individuals who are happily married. (Kiecolt-Glaser et al. 1987-1988). Additionally, some recent evidence suggests that the effects of stress on our immune system may be less for people who have effective ways of dealing with their stressors than for those who do not. For example, some studies have shown that optimism, regular exercise, and feelings of control over stressful events are associated with reduced suppression of our immune system under stress (Taylor, 1991). Such findings are both unsettling and encouraging. On the other hand, they suggest that our complex, high stress lifestyle may be undermining our ability to resist many serious forms of illness, at least to a degree. On the other hand, they indicate that reductions in such stress may be of major benefit to our overall health.

Question 7

(a)   Briefly explain the five axes of DSMIV.   **[5]**

(b)   Discuss *any three* characteristics of each of the following: **[5]**

    (i)   Disorganised Schizophrenia.

    (ii)   Catatonic Schizophrenia.

<u>Comments of Examiners</u>

(a) Most candidates answered well. A few just named the axes without explaining them in detail and some just explained the five axes without giving the names.

(b) (i) In this question many candidates failed to give the typical characteristics of Disorganized Schizophrenia, instead, general characteristics of Schizophrenia were given

(ii) A number of candidates failed to mention the typical characteristics of catatonic schizophrenia.

> *Suggestions for teachers*
> – Train students to write complete answers Characteristics of each Axis must be known with examples.
> – While teaching, emphasize the general symptomatology at first and then elaborate on the different clinical subtypes of Schizophrenia.
> – Each subtype is marked differently from the other. To help students to retain better, they must be briefed with case studies of patients (Schizopherenia).

MARKING SCHEME

Question 7.

(a)   The Five Axes of DSMIV: As has been the case since the advent of DSM-III in 1980, DSM-IV evaluates an individual according to five foci or 'axes'. The first three axes assess an individual's present clinical status or condition.

- Axis I: The particular clinical syndromes or other conditions that may be a focus of clinical attention. This would include <u>schizophrenia, generalized anxiety disorder, major depression and substance dependence.</u> Axis I conditions are roughly analogous to the various illness and disease recognized in general medicine.

- Axis II: Personality disorders. A very broad group of disorders that encompass a variety of problematic ways of relating to the world, such as <u>histrionic personality disorder</u>, <u>paranoid personality disorder, or antisocial personality disorder.</u> The last of these, for example, refers to – developing, persistent and pervasive pattern of disregard for accepted standards of conduct, including legal strictures. Axis II provides a means of coding for long-standing maladaptive personality traits that may or may not be involved in the development and expression of an Axis I disorder. <u>Mental retardation</u> is also diagnosed as an <u>Axis II condition</u>.

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- Axis III: <u>General medical conditions</u>. Listed here are any general medical conditions potentially relevant to understanding or management of the case. Axis III of DSI-IV may be used in conjunction with an Axis I diagnosis qualified by the phrase, "Due to a specifically designated" general medical condition – for example, where a major depressive disorder is conceived as resulting from unremitting pain associated with some chronic medical disease.

On any of these first three axes, where the pertinent criteria are met, more than one diagnosis is permissible, and in fact encouraged. That is, a person may be diagnosed as having multiple psychiatric syndromes, such as Panic Disorder and Major Depressive Disorder; disorders of personality, such as Dependent or Avoidant; or potentially relevant medical problems, such as Cirrhosis (liver disease often caused by excessive alcohol use) and Overdose, Cocaine. The last two DSM-IV axes are used to assess broader aspects of an individual's situation.

- Axis IV: Psychological and environmental problems. This group deals with the stressors that may have contributed to the current disorder, particularly those that have been present during the prior year. The diagnostician is invited to use a checklist approach for various categories of impinging life problems – family, economic, occupational, legal, etc. For example, the phrase "Problems with Primary Support Group", may be included where a family disruption is judged to have contributed to the disorder.

- Axis V: Global assessment of functioning. This is where clinicians note how well the individual is coping at the present time. A 100-point rating scale, the Global Assessment of Functioning (GAF) Scale, is provided for the examiner to assign a number summarizing a patient's overall functionability.

(b)   Characteristics of Disorganised and Catatonic types of Schizophrenia:

(i) Disorganised Schizophrenia: The onset of this disease usually occurs in adolescence and develops gradually. In this disorder the affected person retreats from the stress of life by regressing to a silly childish level of behaviour and by withdrawing into a fantasy world of his own, with accompanying emotional disintegration of the personality with most dramatic psychotic symptoms like symbolic language disturbances and symbolic actions hallucinations particularly auditory, and delusions of sexual, religious hypochondriacal and persecutory nature.

Hebephernia represents withdrawal in an extreme form. The patient no longer remains interested in the world around him. His silly and inappropriate giggling, weeping or laughing behaviour does not result from stimuli but from stimuli from within the imaginary world in which he lives. In severe cases the withdrawal and regression is so extreme that in many ways the person behaves in many ways like an infant. It is an incurable stage and the patient continues to exist on the level of his choice in the strange world of his own creation.

Criteria for Disorganized Schizophrenia

- Disorganized speech

- Disorganized behaviour

- Flat or inappropriate affect

- No evidence of catatonic schizophrenia   *(any three)*

(ii) Catatonic types of Schizophrenia: The catatonic schizophrenia is diagnosed mainly on the patient's behaviour functioning between stuporous depression and wild excitement. Consequently, his motor behaviour may be inhibited (stupor) or alternately he may break out into an inexplicable burst of over activity (catatonic excitement).

During his periods of stupor the patient may remain for hours in a bizarre posture. For example, he may sit, stand, or keep his limb in a particular position for hours on end or he may manifest symptoms like muscular rigidity (rigidity of the muscles and a general resistance to movement), waxy flexibility (remaining in any position in which he is put), echopraxia (mimicry or imitation of what others do, echolatia (automatic repetition of words said by another) and negativism (resisting even the simplest request). He may repeatedly carry out complicated stereotyped movements such as handing the parts of his chair in a certain sequence symmetrically with both hands or walking endlessly up and down the ward; some step in one direction and an equal number of steps in the other.

In the excited phase of catatonia, the patient becomes extremely over active, agitated, aggressive and destructive. During such periods, he may shout, throw himself around, tear his clothes, assault others, or injure and mutilate himself. The violence of the catatonic patient is unbridled.

In addition to the motor symptoms, the catatonic patient display typical schizophrenic thinking and affect. They may frequently experience fears, hallucinations and delusions involving ideas of grandeur and of persecution.

The genesis of catatonia may be searched into some sound psychological basis. The meaningless behaviour, the stereotype physical activity, the stupor or violence are actually never senseless in the light of the patient's inner conflicts and repressions. A psychological trouble arising out of conflicts and frustrations (for example sex frustrations and feelings of guilt concerning sex behaviour) may become a potent source for the catatonic functional psychosis.

Criteria for Catatonic Schizophrenia:

In catatonic schizophrenia, the clinical picture is dominated by at least two of the following:

- Immobile body or stupor

- Excessive motor activity that is purposeless and unrelated to outside stimuli.

- Extreme negativism (resistance to being moved, or to follow instructions) or mutism.

- Assumption of bizarre postures, or stereotyped movements or mannerisms

- Echolalia or echopraxia. *(any three)*

Question 8

(a) What is *attribution?* Explain the *internal* and *external* causes that determine understanding of others' behaviour. **[5]**

(b) Explain *any five* ways of changing individual's attitude by persuasion. **[5]**

Comments of Examiners

(a) Majority of the candidates answered this question well. However, several candidates failed to mention 'consensus', 'consistence' and/or 'distinctiveness' and some did not give and an explanation of the interplay of these three factors.

(b) Majority of the candidates answered this question well.

MARKING SCHEME

Question 8.

(a) Attribution: The process through which we seek to determine the causes behind others' behaviour is known as attribution.

We examine others' behaviour for clues as to the causes behind what they say and do, then reach our decision. What kind of information do we consider? This depends on the specific question we want to answer. For instance, one basic issue is: Did another person's actions stem from internal causes (e.g. their own traits, intentions, or motives) or from external causes (e.g. luck or factors beyond their control in a given situation). To answer this question, we often focus on information about (1) Consensus – whether other people behave in the same way as the person we're considering; (2) Consistence – whether this person behaves in the same manner over time; and (3) distinctiveness – whether this person behaves in the same way in different situations. If very few people act like this person (consensus is low), this person has behaved in the same way over time (consistence is high), and this person behaves in much the same manner in many situations (distinctiveness is slow), we conclude that the behaviour stems from internal causes: This is the kind of person the individual is and will probably remain. In contrast, if all three factors (consensus, consistence and distinctiveness) are high, we are more likely to conclude that people behave as they do because of external causes – for instance, that they may have no choice, (Kelly, 1972). We'd reach this conclusion if many other students also criticized the professor, if this student criticized the same professor on other occasions and if the student did not criticize other professors.

(b) Ways of changing individual's attitude by persuasion:

In the early twenty-first century, the business of changing attitudes – or at least trying to change them – seems to grow every bigger and more intense: television commercials, magazine ads, billboards, warning labels on products, and who knows? - The goal remains the same; to change people's attitudes and so, ultimately, their behaviour. To what extent are such efforts at persuasion – efforts to change attitudes – really effective? Let's see what psychologists have learned about these issues:

1. Experts are more persuasive than non-experts (Hovland and Weiss, 1951). The same arguments carry more weight when delivered by people who seem to know what they are talking about than, when they are made by people lacking expertise.

2. Messages that do not appear to be designed to change our attitudes are often more successful in this respect than ones that seem intended to reach this goal (Walster & Festinger, 1962). In other words, we generally don't trust – and generally refuse to be influenced by persons who deliberately set out to persuade us. This is one reason why the soft sell is so popular in advertising – and in politics.

3. Attractive sources are more effective in changing attitudes than unattractive ones (Kiesler and Kiesler, 1969). This is one reason why the models featured in many ads are highly attractive and why advertisers engage in a perpetual search for appealing new faces.

4. People are sometimes more susceptible to persuasion when they are distracted by some extraneous event than when they are paying full attention to what is being said (Allyn & Festinger, 1961).

5. When an audience holds attitudes contrary to those of a would-be persuader, it is often more effective for the communicator to adopt a two-sided approach, in which both sides of the argument are presented, than one-side of an issue, acknowledging that the other side has a few good points in its favour serves to disarm the audience and makes it harder for them to resist the source's major conclusions.

6. People who speak rapidly are often more persuasive than persons who speak more slowly (Miller et al., 1976). So, contrary to popular belief, we do not always distrust fast-talking politicians and salespersons.

7. Persuasion can be enhanced by messages that arouse strong emotions (especially fear) in the audience particularly, when the message provides specific recommendations about how a change in attitudes or behaviour will prevent the negative consequences described in the fear-provoking message (Leventhal, Singer & Jones, 1965).

(any five)

Question 9

Write short notes on *any two* of the following: **[5 × 2]**

(a)   Ways of combating prejudice.

(b)   The role of psychology in promoting the efficiency in workplace or industry.

(c)   Characteristics of Obsessive Compulsive Disorder.

Comments of Examiners

(a) Majority of the candidates either discussed only two to three ways of combating prejudice, or they just mentioned the points without explanation.
(b) This question was answered well by most of the candidates.
(c) Most of the candidates only defined 'obsession' and 'compulsion' without enlisting their typical behavioural characteristics like preoccupation with details, extreme perfectionism, extreme rigidity and stubbornness, etc.

> *Suggestions for teachers*
> – Students should be explained that prejudices, despite having social function, have a psychological basis. Also, the basic theories and their underlying principles must be taught.
> – Teach Obsessive Compulsive Disorder with the distinguishing characteristics. To help students understand better, examples of different forms of OCD must be discussed.

MARKING SCHEME

Question 9.

(a)   Ways of combating prejudice:

- Breaking the cycle of prejudice, learning not to hate.

- Direct inter-group contact. The potential benefits of acquaintance.

- Recategorization: Resetting the boundary between us and them.

- Inter-caste and international marriages.

- Good inter-personal relationship.

- Mutual exchange of ideas.

(explain any five with examples)

(b)   The role of psychology in promoting the efficiency in workplace or industry.

1. Recruitment and hiring the right personnel – use of intelligence and aptitude to select the right person for the right job.

2. Devise procedures to enhance work motivation – setting goals, providing benefit plans, enrichment plans for jobs.

3. Designing appropriate and satisfying performance appraisal plans.

4. Design an effective and safe work environment – pay careful attention to human abilities and limitations.

5. Plan a productive environment, free from most kinds of distractions like noise, intense temperature, etc.

6. Appoint consultants to promote HRD.

7. Prepare training programmes for improving efficiency of the personnel.

8. Help to develop group morale – team building

9. Enhance leadership skills.

10. Enhance employee –employer relationship

11. Provide social support system

12. Assist in coping with stress.

(any five with brief description)

(c)   Characteristics of Obsessive Compulsive Disorder:

Most people with obsessive compulsive disorder who come for treatment experience both obsessions and compulsions. Although, earlier estimates were that as many as 25% experienced pure obsessional disorder without any compulsive rituals (Richman & Hodgson, 1980) recent estimates from research conducted in the development of the DSM-IV are that over 90% of those who come for treatment experience both obsessions and compulsions. When mental rituals or compulsions such as counting are also included as compulsive behaviours, this figure jumps to 80%. In 90 percent of cases, the compulsions are seen as

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functionally related to the obsessions (Riggs & Foa, 1993). For example, it can be predicted that some with an obsession about dirt and contamination will have washing rituals. However, in epidemiological samples where people in the community are being diagnosed, but who are often not presenting for treatment, the picture that emerges is rather different. In one such study, 40 percent experienced obsessions only and 30 percent experienced compulsions only (Weissman et al., 1994).

Most of us have experienced minor obsessive thoughts, such as whether we remembered to lock the door or turn the stove off. In addition, most of us occasionally engage in repetitive or stereotyped behaviour, such as checking the stove or the lock on the door, or stepping over cracks on a sidewalk. In the case of obsessive-compulsive disorder, however, the thoughts are much more persistent and distressing. They interfere considerably with everyday behaviour. Nevertheless, research indicates that normal and abnormal obsessions and compulsive behaviours exist on a continuum, with the primary difference being in the frequency and intensity of the obsessions and in the degree to which the obsessions and compulsions are troubling and to which they are resisted (Gibbs, 1996; Rachman & Hodgson, 1980, S. Kirk, 1997).

Types of Obsessive Thoughts: Obsessive thoughts may center on a variety of topics. A recent review concluded that in patient and non-patient (epidemiological community) samples, the content of obsession consist most often of contamination fears, fears of harming self or others, and pathological doubt. Other fairly common themes are concerns about or need for symmetry, sexual obsessions, and obsessions concerning religion or aggressions. These themes are quite consistent cross-culturally and across the lifespan (Gibbs, 1996).

Obsessive thoughts involving themes of violence or aggression might include a wife being obsessed with the idea that she might poison her husband, or a daughter constantly imagining pushing her mother down a flight of stairs. Even though, such obsessive thoughts are only very rarely carried out in action, they remain a source of often excruciating torment to a person plagued with them.

Types of Compulsions: People with OCD feel compelled to perform repeatedly acts that often seem pointless and absurd even to them and that they in some sense do not want to perform. The compulsive acts in patient samples are of five primary types: cleaning, checking, repeating, ordering/arranging, and counting (Antony et al, 1998) with many people showing multiple kinds of rituals. For a smaller number, the compulsions are to perform various everyday acts such as eating or dressing extremely slowly (primary obsessional slowness) and for others the compulsions are to have things exactly symmetrical or "evened up" (Rasmussen & Eisen, 1991). Washing rituals vary from relatively mild ritual-like behaviour, such as spending 15 to 20 minutes washing one's hands after going to the bathroom, to more extreme behaviour, such as washing one's hands with disinfectants for hours every day to the point that the hands bleed. Washing rituals appear to be far less common in non-patient samples than in patient samples. Checking rituals also vary from relatively mild, such as checking all the lights, appliances, and locks two or three times before leaving the house, to very extreme, such as going back to an intersection where one thinks one may have run over a pedestrian and spending hours checking for any sign of the imagined accident. Both cleaning and checking rituals are often performed a specific number of times and thus also involve counting. Compulsive rituals are sometimes covert or cognitive in nature, involving feelings and thoughts.

GENERAL COMMENTS:

(a) Topics found difficult by candidates in the Question Paper:

- Concept of maturation – Q1(xix)
- Strong Campbell Interest Inventory – Q2(b)
- Rorschach Inkblot Test – Q4(a)
- Piaget's preoperational stage of cognitive development – Q5(a)

(b) Concepts between which candidates got confused:

- Julian Rotter's 'internals' and 'externals' were confused with Jung's introvert and extrovert.
- Instead of the term 'mental age' most of them wrote about I.Q.
- Criminal and delinquent.
- Eysenck's and Allport's definition of Personality.
- Source and Surface traits.
- Maturation and Development.
- Wechsler Adult Intelligence Scale (Verbal and Performance Subtest).
- Aptitude and Intelligence/ achievement.
- Five Axes of DSM IV.

(c) Suggestions for students:

- All topics from the syllabus must be studied. Avoid selective studies.
- Practice writing long answers with emphasis on descriptions, implications and appropriate evaluation.
- For clarity of concepts, examples, including researches and case studies must be read with care.
- Read as many books as possible on relevant topics.
- Before writing the answers please pay attention to the command words of a question (discuss, describe, explain, mention, define, etc.)
- Be more specific and present answers in an organised manner.
- Answer in point form or try presenting the answer in separate paragraphs with underlined keywords instead of vague, abstract essays.
- Learn the correct spellings of the full names of psychologists, psychological tests and theories, etc.
- Use technical/factual terms whenever required.
- Give examples, studies and diagrams where necessary.