

Answer Key  
Psychology Question Paper 2022  
Set-4

	<b>SEC-A</b>
1 a.	Well-being is not simply maintenance and survival but also includes growth and fulfilment, i.e. the actualisation of potential.
1 b.	OCD-Inability to control preoccupation with shameful, embarrassing thoughts. Obsession—inability to stop thinking about a particular idea or topic. Compulsion—need to perform certain behaviours or carry out a particular act repeatedly
2	<b>Simplicity or Complexity (multiplexity)</b> -refers to how many attitudes there are within a broader attitude. An attitude system is said to be 'simple' if it contains only one or a few attitudes and 'complex' if it is made up of many attitudes. <b>Centrality:</b> This refers to the role of a particular attitudes in the system much more than non-central (or peripheral) attitudes would.
3	The group that is the target of prejudice is itself responsible for continuing the prejudice by behaving in ways that justify the prejudice or confirm the negative expectation. Any Suitable example.
	<b>SEC-B</b>
4 a.	<b>Its Somatic symptom disorder</b> involves a person having persistent body-related symptoms which may or may not be related to any serious medical condition. <b>Other Types-</b> <b>Illness anxiety disorder</b> involves persistent preoccupation about developing a serious illness and constantly worrying about this possibility. <b>conversion disorders</b> are the reported loss of part or all of some basic body functions. Paralysis, blindness, deafness and difficulty in walking are generally among the symptoms reported.
4 b.	It is dissociative fugue. Essential feature of this could be an unexpected travel away from home and workplace, the assumption of a new identity, and the inability to recall the previous identity. The fugue usually ends when the person suddenly 'wakes up' with no memory of the events that occurred during the fugue. This disorder is often associated with an overwhelming stress. <b>Other Disorders of this group-</b> <ol style="list-style-type: none"> <li>1. Dissociative identity disorder, often referred to as multiple personality.</li> <li>2. Depersonalisation/Derealisation disorder involves a dreamlike state in which the person has a sense of being separated both from self and from reality.</li> <li>3. Dissociative amnesia- characterised by extensive but selective memory loss that has no known organic cause</li> </ol>
5	Albert Ellis formulated Rational Emotive therapy (RET). Basic Assumption: Irrational beliefs, negative thinking and faulty generalization are the cause of disorders. These negative thoughts intervene between the antecedent events and their consequences. • RET is a form of cognitive therapy that focuses on persuading individuals to recognize and change irrational assumptions that underlie their thinking. Treatment Method: • Antecedent events are identified. • Irrational beliefs are assessed through questionnaires and interviews. • Therapist persuades and sometimes challenges the irrationality of clients belief through gentle, nondirective, non probing questioning, non judgemental but though provoking questions. • The questions make the client to think deeper into his/her assumptions about life and problems. • Gradually the client is able to change the irrational beliefs by making change in his/her outlook towards life.

	<ul style="list-style-type: none"> <li>• The rational belief system replaces the irrational belief system and there is a reduction in psychological distress.</li> </ul>
6	<p>Group Formation: Some form of contact and interaction between people is needed.</p> <ol style="list-style-type: none"> <li>1. Proximity: Closeness and repeated interactions with the same people (get to know their interests, attitudes and background).</li> <li>2. Similarity: People prefer consistency—consistent relationship (reinforces and validates opinions and values; feel we're right).</li> <li>3. Common Motives and Goals: Groups facilitate goal attainment</li> </ol>
	<b>Sec-C</b>
7 a.	<p>Suicide is a result of complex interface of biological, genetic, psychological, sociological, cultural and environmental factors.</p> <ul style="list-style-type: none"> <li>• having mental disorders (especially depression and alcohol use disorders),</li> <li>• going through natural disasters,</li> <li>• experiencing violence,</li> <li>• abuse or loss and isolation at any stage of life</li> <li>• Previous suicidal attempt.</li> </ul> <p>Identifying students in distress when they show-</p> <ul style="list-style-type: none"> <li>• lack of interest in common activities • declining grades • decreasing effort • misbehavior in the classroom • mysterious or repeated absence • smoking or drinking, or drug misuse</li> </ul> <p>Strengthening self esteem-</p> <ul style="list-style-type: none"> <li>• accentuating positive life experiences to develop positive identity. • providing opportunities for development of physical, social and vocational skills. • establishing a trustful communication. • goals for the students should be specific, measurable, achievable, relevant, to be completed within a relevant time frame.</li> </ul>
7 b.	<p>Neurodevelopmental disorders manifest in the early stage of development. Symptoms appear before the child enters school or during the early stage of schooling. These children show age-inappropriate behaviour in which social, academic and occupational functioning are disturbed.</p> <p><b>Attention-deficit Hyperactivity Disorder (ADHD)</b>– The main features of ADHD include inattention, hyperactivity and impulsivity. Common complaints of children who are inattentive are that the child does not listen, cannot concentrate, does not follow instructions, is disorganized, easily distracted, forgetful, does not finish assignments and is quick to lose interest in boring activities. Children who are impulsive find it difficult to wait or take turns, have difficulty in resisting immediate temptations or delaying gratifications. They may knock things over and sometimes more serious accidents and injuries occur. Hyperactive children fidget, squirm, climb and run around the room aimlessly.</p> <p><b>Autism Spectrum Disorders</b>– These disorders are characterized by severe impairments in social interaction and communication skills, and stereotyped patterns of behaviours, interests and activities. Children with this disorder experience profound difficulties in relating to other people. They are unable to initiate social behaviour and are unresponsive to other people's feelings. They are unable to share experiences or emotions with others. They show serious abnormalities in communication and language. Many of them never develop speech and those who do have repetitive and deviant speech patterns. These children show narrow patterns of interest and repetitive behaviours such as lining up objects or stereotyped body movements such as rocking hand flapping or banging their head against the wall.</p>

	<p><b>Intellectual disability</b>– This refers to below average intellectual functioning with IQ 70 or below and deficits or impairments in adaptive behaviour i.e. in areas of communication, self-care, home living, social/interpersonal skills, functional academic skills, work; and which are manifested below the age of 18 years.</p> <p><b>Specific learning disorder</b> – In this, the individual experiences difficulty in perceiving or processing information efficiently and accurately. These get manifested during early school years and the individual encounters problems in basic skills in reading, writing and/or mathematics. The affected child tends to perform below average for his/her age. However, individuals may be able to reach acceptable performance levels with additional inputs and efforts. Specific learning disorder is likely to impair functioning and performance in activities/occupations dependent on the related skills.</p> <p>Any three</p>
8 a.	<p>Rehabilitation of the Mentally Ill:</p> <ul style="list-style-type: none"> <li>• Aim: to empower the patient to become a productive member of society to the maximum extent possible.</li> <li>* Many patients suffer from negative symptoms such as disinterest and lack of motivation to do work or to interact with people—rehabilitation is required to help such patients become self-sufficient.</li> <li>* In rehabilitation, the patients are given: <ul style="list-style-type: none"> <li>(i) <b>Occupational Therapy:</b> teaches skills such as candle making, paper bag making and weaving to help them to form a work discipline</li> <li>(ii) <b>Vocational Therapy:</b> Once the patient improves sufficiently, gains skills necessary to undertake productive employment.</li> <li>(iii) <b>Social Skills Training:</b> Develops interpersonal skills through role play, imitation and instruction; objective is to teach the patient to function in a social group.</li> <li>(iv) <b>Cognitive Retraining:</b> Improves the basic cognitive functions of attention, memory and executive function.</li> </ul> </li> </ul>
8 b.	<p>Behavioural Techniques:</p> <ol style="list-style-type: none"> <li>1. Negative Reinforcement: Following an undesired response with an outcome that is painful or not liked.</li> <li>2. Aversive Conditioning: Repeated association of undesired response with an aversive consequence present reality.</li> <li>3. Positive Reinforcement: Given to increase the deficit if an adaptive behaviour occurs rarely.</li> <li>4. Token Economy: Give a token as a reward every time a wanted behaviour occurs, which can be collected and exchanged for a reward.</li> <li>5. Differential Reinforcement: Unwanted behaviour can be reduced (negative reinforcement) and wanted behaviour (positive reinforcement) can be increased simultaneously. The other method is to positively reinforce the wanted behaviour and ignore the unwanted behaviour—less painful and equally effective.</li> <li>6. Systematic Desensitization: A technique introduced by Wolpe for treating phobias or irrational fears. <ul style="list-style-type: none"> <li>(i) The client is interviewed to elicit fear provoking situations.</li> <li>(ii) With the client, the therapist prepares a hierarchy of anxiety—provoking stimuli with the least anxiety-provoking stimuli at the bottom.</li> <li>(iii) The therapist relaxes the client and asks the client to think about the least anxiety-provoking situation.</li> <li>(iv) The client is asked to stop thinking of the situation if tension is felt.</li> <li>(v) Over sessions, the client is able to imagine more severe fear provoking situations while maintaining the relaxation.</li> <li>(vi) The client gets systematically desensitized to the fear.</li> </ul> <p>It Operates on the principle of reciprocal inhibition—the presence of two mutually</p> </li> </ol>

	<p>opposing forces (relaxation response vs. anxiety-provoking scene) at the same time, inhibits the weaker force. The client is able to tolerate progressively greater levels of anxiety because of his/her relaxed state.</p> <p>7. Modelling: The procedure wherein the client learns to behave in a certain way by observing the behaviour of a role model or the therapist who initially acts as the role model. Vicarious learning, learning by observing others, is used and through a process of rewarding small changes in the behaviour, the client gradually learns to acquire the behaviour of the model.</p>
9	<p>An individual's attitude may not always be exhibited through behaviour. Likewise one's actual behaviour may be contrary to one's attitude towards a particular topic. Psychologists have found that there would be consistency between attitude and behaviour when:</p> <ul style="list-style-type: none"> <li>(i) The attitude is strong and occupies a central place in the attitude system.</li> <li>(ii) The person is aware of his/her attitudes.</li> <li>(iii) Person's behaviour is not being watched or evaluated by others.</li> <li>(iv) Person thinks that the behaviour would have a positive consequence.</li> </ul> <p>Richard La Piere, an American social psychologist, conducted the following study. He asked a Chinese couple to travel across the United States, and stay in different hotels. Only once during these occasions they were refused service by one of the hotels. La Piere sent out questionnaires to managers of hotels and tourist homes in the same areas where the Chinese couple had travelled asking them if they would give accommodation to Chinese guest. A very large percentage said that they would not do so. This response showed a negative attitude towards the Chinese, which was inconsistent with the positive behaviour that was actually shown towards the travelling Chinese couple. Attitudes may not always predict actual pattern of one's behaviour.</p>
10	<p>Reason is Social Loafing: This is the reduction in individual effort when working on a collective task.</p> <ul style="list-style-type: none"> <li>— Individual performing an activity with the others as part of a larger group.</li> <li>— Individuals work less hard in a group than alone.</li> <li>— Don't know much effort each one is putting in.</li> <li>— Presence of others leads to arousal; motivates individuals to enhance their performance (only when a person's efforts are individually evaluated).</li> </ul> <p>Causes of Social Loafing:</p> <ul style="list-style-type: none"> <li>(a) Members feel less responsible for the overall task and thus exert less effort.</li> <li>(b) Performance of the group isn't compared with other groups.</li> <li>(c) Motivation decreases as contributions are not individually evaluated.</li> <li>(d) No/improper co-ordination between members.</li> <li>(e) Belonging to the same group is not important for members (it is only aggregate of individuals).</li> </ul> <p>Can be reduced by:</p> <ul style="list-style-type: none"> <li>(a) Making effort of each person identifiable.</li> <li>(b) Increasing pressure to work hard—make members committed, motivated.</li> <li>(c) Increase apparent importance and value of task.</li> <li>(d) Make them feel their individual contribution is important.</li> <li>(e) Strengthen group cohesiveness—increase motivation for successful group outcome.</li> </ul>
	<b>Sec-D</b>
11	<p>The disorder is Schizophrenia- the descriptive term for a group of psychotic disorders in which personal, social and occupational functioning deteriorate as a result of disturbed thought processes, strange perceptions, unusual emotional states, and motor abnormalities.</p> <p>The symptoms of schizophrenia are grouped into three categories:</p> <p><b>Positive symptoms:</b></p>

	<ul style="list-style-type: none"> <li>In this, there are excesses of thought, emotion and behaviour. People develop delusions which is a false belief held on inadequate grounds. <b>This includes delusions, hallucinations and formal thought disorders.</b></li> </ul> <p><b>Negative symptoms:</b> These include the three As: (a) Alogia: This includes poverty of speech, i.e. reduction in speech or speech content. (b) Blunted or Flat effect: People show less anger, sadness, i.e., blunted effect or no emotions at all, a condition called flat effect. (c) Avolition: In this, the person shows apathy or an inability to start or complete a course of action</p> <p><b>Psychomotor symptoms:</b> In this, the person shows odd grimaces and gestures. The symptoms may take extreme forms known as catatonia. It is of the following types: (a) Catatonic stupor: The person remains motionless and silent for long stretches of time. (b) Catatonic rigidity: In this, the person maintains rigid or upright posture for long hours. (c) Catatonic posturing: In this, the person assumes awkward or bizarre positions for long periods of time</p>
12	<p>Delusion: It is a false belief that is firmly held on inadequate grounds. It is not affected by emotional argument, and has no basis in reality. Ex- Enemy soldiers are following and radio, television in the room being monitored.</p> <p>Inappropriate Effect, i.e., emotions that are unsuited to the situation.</p> <p>Negative symptoms are 'pathological deficits'</p> <ul style="list-style-type: none"> <li>Alogia—poverty of speech, i.e., a reduction in speech and speech content.</li> <li>Blunted effect—reduced expression of emotions.</li> <li>Flat effect—no expression of emotions.</li> <li>Avolition—social withdrawal.</li> </ul>