

ISC Class 12 Psychology Specimen Paper 1

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Maximum Marks: 70 | Time Allowed: Three hours | Reading Time: 15 minutes

Part I is compulsory. From Part II attempt any five questions. This paper carries 70 marks, the remaining 30 being for the project work.

General Instructions

Write your answers on the separate answer paper provided. The first 15 minutes are for reading the paper and you may not write during that time. Part I is compulsory and must be attempted in full. From Part II you must attempt any five of the eight questions, and no credit is given for a sixth. Marks for each question, or part of a question, are shown in brackets. Answers should be in your own words and of a length suited to the marks offered, a one-mark part needing no more than a sentence and a four-mark part needing a short developed account. Use technical terms accurately and define them where a question asks for an explanation. Disorders and therapies are to be described in the third person as a syllabus describes them, and no question in this paper asks a candidate to assess himself or anyone else. No diagrams, tables or printed extracts are used in this paper. This paper carries 70 of the 100 marks for the subject, the remaining 30 being for the project work.

PART I (20 Marks)

Attempt all parts of Question 1 and all parts of Question 2.

Question 1 [12]

Each part carries 1 mark. For the parts that offer four choices, write only the option you choose. For the rest, answer in a single sentence or give the single word or term asked for.

- (i) The ratio of mental age to chronological age, multiplied by a hundred, gives:
 - (a) the intelligence quotient (b) the aptitude score
 - (c) the percentile rank (d) the standard deviation
- (ii) State in one sentence what is meant by an aptitude.
- (iii) A test whose items consist of figures, patterns or performance tasks rather than words is described as:
 - (a) a verbal test (b) a non-verbal test
 - (c) a projective test (d) a self-report inventory
- (iv) Name the part of the psyche which, in Freud's account, operates on the reality principle.
- (v) A method of assessing personality in which the subject is shown ambiguous material and asked to describe what he sees is called:
 - (a) an interview (b) a behavioural rating
 - (c) a projective technique (d) a situational test
- (vi) State in one sentence what is meant by a stressor.
- (vii) The general adaptation syndrome describes the body's response to prolonged stress in:
 - (a) two stages (b) four stages
 - (c) five stages (d) three stages
- (viii) Name the field of study concerned with the relation between psychological states and the working of the immune system.
- (ix) A disorder whose principal feature is excessive and persistent apprehension out of proportion to any identifiable danger would be classified among:
 - (a) the mood disorders (b) the anxiety disorders
 - (c) the eating disorders (d) the neurodevelopmental disorders

- (x) Name the therapeutic approach which holds that disturbance arises from irrational beliefs and which works by disputing them.
- (xi) The component of an attitude that consists of what a person believes about the object of the attitude is:
 - (a) the affective component (b) the behavioural component
 - (c) the cognitive component (d) the normative component
- (xii) Give the term for the yielding of a person's judgement to the judgement of a group.

Question 2 [8]

Each part carries 2 marks. Answer each part in two or three sentences.

- (i) Distinguish between intelligence and creativity. [2]
- (ii) State two differences between a trait and a type approach to personality. [2]
- (iii) Distinguish between problem-focused and emotion-focused coping. [2]
- (iv) State two differences between a prejudice and a stereotype. [2]

PART II (50 Marks)

Attempt any five questions from this Part. Each question carries 10 marks.

Question 3 [10]

- (a) Explain the distinction between a one-factor and a multiple-factor account of intelligence. [3]
- (b) Explain what is meant by emotional intelligence and state three abilities said to compose it. [3]
- (c) Explain the characteristics of intellectual giftedness and of intellectual disability as psychologists describe them, and explain why psychologists hold that intelligence is the product of both inheritance and environment. [4]

Question 4 [10]

- (a) Explain three uses to which psychological tests of ability are put. [3]
- (b) Explain what is meant by the reliability, the validity and the norms of a psychological test. [3]
- (c) Explain the limitations of intelligence testing, including the problem of cultural bias, and state the precautions a psychologist should observe in using and reporting test scores. [4]

Question 5 [10]

- (a) Explain the structure of personality as set out in the psychoanalytic account. [3]
- (b) Explain three of the defence mechanisms described in psychoanalytic theory. [3]
- (c) Explain the behavioural and the humanistic accounts of personality, and state what each is said to explain better than the psychoanalytic account. [4]

Question 6 [10]

- (a) Explain three sources of stress commonly distinguished by psychologists. [3]
- (b) Explain the three stages of the general adaptation syndrome. [3]
- (c) Explain the effects of prolonged stress on physical health, and explain three factors that are said to moderate the effect of stress on the individual. [4]

Question 7 [10]

- (a) Explain the criteria psychologists use in describing behaviour as abnormal. [3]
- (b) Explain the main features of the anxiety disorders as they are clinically described. [3]
- (c) Explain the clinical description of depressive disorder and of bipolar disorder, and explain the diathesis-stress model of the origin of psychological disorder. [4]

Question 8 [10]

- (a) Explain three features common to all forms of psychotherapy. [3]
- (b) Explain the aims and the principal techniques of behaviour therapy. [3]
- (c) Explain the aims and the techniques of cognitive therapy and of client-centred therapy, and explain the ethical obligations of a therapist. [4]

Question 9 [10]

- (a) Explain the three components of an attitude, with an example. [3]
- (b) Explain three factors that influence the formation of attitudes. [3]
- (c) Explain the theory of cognitive dissonance, and explain the conditions under which a persuasive communication is most likely to change an attitude. [4]

Question 10 [10]

- (a) Explain the difference between conformity, compliance and obedience. [3]
- (b) Explain three factors that increase conformity to a group. [3]
- (c) Explain what is meant by social facilitation, social loafing and group polarisation, and explain the phenomenon described as groupthink. [4]

ANSWER KEY AND MARKING SCHEME

Marks shown at the end of each answer are the step marks an examiner would award. Answers are given in full so that a candidate may see what a complete response looks like, and a shorter answer that carries the same substance earns the same marks. Descriptions of disorders are given in the general clinical terms a syllabus uses and are not to be treated as criteria for identifying a disorder in any individual. Accept any correct alternative example, or any correct alternative factor or technique not printed here.

Question 1 [12]

- (i) (a) the intelligence quotient. The ratio was the basis of the early scales and has since been replaced in practice by a score expressed in relation to the distribution of scores for the person's age group.

Correct option 1.

- (ii) An aptitude is the capacity to acquire, with training, a particular kind of skill or knowledge, so it is a measure of potential for a specified field rather than of present attainment or of general ability.

Potential for acquiring a specific skill with training 1.

- (iii) (b) a non-verbal test. Such tests are used where language or schooling would otherwise affect the score, as with young children or with persons tested in a language not their own.

Correct option 1.

- (iv) The ego. It mediates between the demands of the id and the restrictions of the external world, postponing gratification until a means of obtaining it can be found that reality permits.

Ego named 1.

- (v) (c) a projective technique. The material is deliberately unstructured on the assumption that what the subject reads into it reflects his own dispositions and concerns.

Correct option 1.

- (vi) A stressor is any event, condition or demand, whether external or internal, that a person appraises as taxing or exceeding his resources and that therefore gives rise to a stress response.

An event or demand appraised as taxing the person's resources 1.

- (vii) (d) three stages. The sequence described is alarm, resistance and exhaustion.

Correct option 1.

- (viii) Psychoneuroimmunology, which studies the links between psychological states, the nervous and endocrine systems and the functioning of the immune system.

Psychoneuroimmunology named 1.

- (ix) (b) the anxiety disorders. This is the class in which disorders whose central feature is excessive and persistent fear or apprehension are grouped.

Correct option 1.

- (x) Rational emotive behaviour therapy, developed by Albert Ellis, which identifies the irrational beliefs underlying a disturbance and disputes them so that they may be replaced by more rational ones.

Rational emotive behaviour therapy named 1.

- (xi) (c) the cognitive component. It comprises the beliefs, ideas and information the person holds about the attitude object, as distinct from his feelings towards it and his disposition to act.

Correct option 1.

- (xii) Conformity, the change in a person's judgement, opinion or behaviour so as to bring it into line with the standard of a group, in the absence of any direct instruction to do so.

Conformity named 1.

Question 2 [8]

- (i) Intelligence is the general capacity to understand, to reason, to learn from experience and to adapt to new situations, and tests of it present problems that have a single correct answer towards which the thinking must converge. Creativity is the capacity to produce ideas or products that are both novel and appropriate to the situation, and it calls for divergent thinking, in which many different possibilities are generated from a single

starting point. The two are related but not identical: a certain level of intelligence appears to be necessary for creative work, while above that level the two do not correspond closely, so a person of high measured intelligence is not necessarily creative.

Intelligence described with convergent problem solving 1. Creativity described with novelty, appropriateness and divergent thinking, and the relation between the two 1.

- (ii) First, a type approach places people in a small number of discrete categories, each person belonging to one and not to another, whereas a trait approach treats personality as a set of continuous dimensions on which every person has some position, so the difference between people is one of degree rather than of kind. Second, the type approach yields a global description that is easy to communicate but loses the variation within a category and cannot accommodate those who fall between, while the trait approach gives a profile of scores on several dimensions, which is more precise and better suited to measurement, though it does not describe the organisation of the personality as a whole.

Discrete categories against continuous dimensions, with difference of kind against difference of degree 1. The global but imprecise description against the measurable profile, with the limitation of each 1.

- (iii) Problem-focused coping is directed at the stressor itself and consists of efforts to alter or remove the source of difficulty, by gathering information, planning, acquiring a skill, seeking practical assistance or taking direct action. Emotion-focused coping is directed at the distress rather than at its cause and consists of efforts to regulate the emotional response, by reappraising the situation, seeking comfort from others, distraction, acceptance or the expression of feeling. Research indicates that the first is generally the more effective where the situation is open to change, and the second where it is not, and that most people use both.

Problem-focused coping defined as action on the stressor 1. Emotion-focused coping defined as regulation of the distress, with the conditions under which each is appropriate 1.

- (iv) First, a stereotype is a cognitive structure, a set of beliefs about the attributes of the members of a group, which may be favourable, unfavourable or neutral, whereas a prejudice is an attitude towards a group that includes an evaluative and emotional element, usually a negative one. Second, a stereotype may be held without hostility, as a simplified expectation that saves cognitive effort, while a prejudice carries a disposition to feel and to act unfavourably, and the behavioural expression of it is discrimination. The usual account is that the stereotype supplies the cognitive component of the prejudice, so the two are related as belief is to attitude.

Stereotype defined as a set of beliefs about a group, which need not be negative 1. Prejudice defined as an evaluative attitude with an affective component, and its expression as discrimination 1.

Question 3 [10]

- (a) A one-factor account holds that intelligence is a single general capacity which enters into every intellectual task, so that a person who does well on one kind of problem will tend to do well on others. The evidence usually given for it is that scores on very different tests correlate positively, which suggests a common factor underlying all of them, and Spearman's two-factor theory accordingly postulated a general factor, which he called *g*, operating in every task, together with specific factors particular to each. On this view a single score is a meaningful summary of a person's ability. A multiple-factor account holds instead that intelligence is composed of a number of relatively independent abilities, so that a person may be strong in one and weak in another and a single score conceals more than it reveals. Thurstone's theory of primary mental abilities, which identified a set of distinct factors such as verbal comprehension, number, spatial relations, memory, reasoning, word fluency and perceptual speed, is of this kind, and later theories went further in the same direction, Guilford proposing a model of many distinct intellectual operations and Gardner proposing a set of multiple intelligences treated as separate domains. The difference matters in practice because it determines whether a test should yield one figure or a profile, and the position taken by most psychologists now is that both are partly right: there is evidence for a general factor, and also evidence for distinguishable abilities arranged below it, which is why hierarchical models that place a general factor above broad group factors have gained acceptance.

One-factor account explained, with the general factor and the evidence of positive correlation 1. Multiple-factor account explained, with a named theory and examples of the separate abilities 1. The practical difference between a single score and a profile, with the hierarchical compromise 1.

- (b)** Emotional intelligence is the capacity to perceive, understand, regulate and use emotion, in oneself and in others, so as to guide thinking and action effectively. It was proposed as a form of ability distinct from the abilities measured by conventional intelligence tests, on the ground that a person may reason very well about abstract problems and yet handle feelings and relationships badly, and the concept was given wide currency by Daniel Goleman. Of the abilities said to compose it, the first is the accurate perception and identification of emotion, which includes knowing what one is feeling at the time one feels it and reading the emotional state of others from expression, tone and conduct. The second is the regulation of emotion, which includes managing one's own distress, anger and impulse so that they do not determine action, sustaining effort in the face of frustration, and also influencing the emotional state of others, as in calming a distressed person. The third is the use of emotion in thought and in relationships, which includes directing attention and motivation by means of feeling, taking emotional information into account in making decisions, and the social skills of empathy, cooperation and the handling of conflict. The concept has been criticised on the ground that it is defined very broadly, that it overlaps existing notions of personality and social skill, and that measures of it are less satisfactory than measures of general ability, but it has been useful in drawing attention to capacities that the older tests left out.

Emotional intelligence correctly defined 1. Two of the component abilities explained 1. A third component ability, with the point that the concept has been questioned, or any other accurate observation on it 1.

- (c)** Intellectual giftedness is described as exceptionally high ability, well above the level expected for the person's age, usually taken together with a marked capacity for sustained interest in a field and for original or productive work in it. The characteristics psychologists record include rapid learning and an unusual memory for what has been learnt, advanced language and reasoning, the ability to grasp abstract relations and to generalise, a preference for complexity and for independent work, persistent curiosity with a tendency to question what is accepted, and a high level of motivation in the chosen field. Writers also note that gifted children frequently develop unevenly, so that intellectual advancement is not matched by physical or social development, and that they may be bored or isolated in a class taught at the ordinary pace, which is the reason for provision such as enrichment of the curriculum or acceleration. Intellectual disability is described as significantly below-average general intellectual functioning, arising during the period of development, together with corresponding limitations in adaptive behaviour, that is in the conceptual, social and practical skills needed in daily life, such as communication, self-care, use of money and time and the management of social relationships. Both elements are required for the description, since a low test score alone is not treated as sufficient, and the degree is described in terms of the level of support a person needs rather than by a score alone. The recognised causes include genetic and chromosomal conditions, injury or infection before, during or shortly after birth, metabolic disorders, and severe deprivation in early childhood, though in many cases no single cause can be identified. Provision is directed at education suited to the person's level, the teaching of practical and social skills, and support in employment and in independent living. On the question of inheritance and environment, psychologists hold that intelligence is the product of both, for several reasons. Studies of families, of twins and of adopted children indicate a substantial hereditary component, since the measured intelligence of identical twins is more alike than that of fraternal twins, and the scores of adopted children show a resemblance to their biological parents as well as to the families in which they are reared. The same studies, however, show environmental effects as clearly: identical twins reared apart are not identical in score, adopted children resemble their adoptive families, and improvements in nutrition, health and schooling are associated with improvements in measured performance across populations. The crucial point is that the two do not act separately and cannot be added together as independent contributions, since what is inherited is a range of potential whose realisation depends on the circumstances in which the person develops. A favourable environment, with adequate nutrition, stimulation, language and schooling, allows a given potential to be realised more fully, while severe deprivation restricts the development of any potential however good, and the two also interact, in that a child with a particular disposition seeks out and is given different experiences from one without it. For these reasons psychologists regard the question how much is inherited and how much acquired as badly put, and treat the heritability figures that are quoted as applying to the variation within a particular population under particular conditions rather than to any individual.

Giftedness described with its characteristics and the provision made for it 1. Intellectual disability described with both below-average functioning and limitations in adaptive behaviour 1. Evidence for a hereditary component and evidence for an environmental one 1. The interaction of the two explained, with the point that the contributions cannot be separated for an individual 1.

Question 4 [10]

- (a) First, in education. Tests of general ability and of aptitude are used in placing pupils in courses suited to them, in identifying those who need additional help and those whose attainment falls well below their measured ability, in guiding the choice of subjects and of a career, and in the selection of candidates where places are fewer than applicants. Second, in employment and in the services. Tests of aptitude and of specific abilities are used in the selection of applicants for posts and for training, in the classification of recruits so that each is placed where his abilities are most useful, and in decisions about promotion and about transfer, the object being to predict performance in a job before the expense of training is incurred. Third, in clinical and counselling work. Tests are used as part of the assessment of a person brought for help, to establish the level of intellectual functioning, to identify particular difficulties such as those of language or of memory, to inform a plan of treatment or of education, and to measure change over time. A fourth use is in research, where tests provide the measures with which hypotheses about development, about the effect of an intervention or about the relation between abilities can be examined.

Educational use, in placement, guidance and selection 1. Occupational use, in selection, classification and training 1. Clinical or counselling use in assessment, or use in research 1.

- (b) Reliability is the consistency with which a test measures. A test is reliable if it yields much the same score when the same person is tested again after an interval, which is the test-retest form of reliability; if the two halves of the test, or two parallel forms of it, agree with each other, which is internal consistency; and if two scorers marking the same performance arrive at the same result, which is inter-scorer reliability. A test that gives a different result on each occasion cannot be measuring anything stable. Validity is whether the test measures what it claims to measure. It is examined in several ways: by considering whether the items cover the whole of the attribute the test is meant to assess, which is content validity; by comparing the scores with an independent measure of the same attribute or with later performance in the field the test is meant to predict, which is criterion validity, taken either at the same time or after an interval; and by examining whether the pattern of relationships with other measures is what the underlying theory would require, which is construct validity. Reliability is necessary for validity but does not establish it, since a test may measure something consistently and yet not the thing intended. Norms are the standards against which an individual score is interpreted. A raw score is meaningless by itself, so the test is administered to a large and carefully selected sample representing the population for whom the test is intended, and the distribution of scores in that sample becomes the frame of reference. An individual's performance is then expressed in relation to it, as a percentile rank, as a standard score or as an age or grade equivalent. It follows that a test is interpretable only for persons of the kind included in the group on which it was standardised, that norms must be revised as populations change, and that a test standardised on one population may give a misleading result when applied to another.

Reliability defined with at least one of its forms 1. Validity defined with at least one method of establishing it, and the relation to reliability 1. Norms explained as the standardisation sample against which a raw score is interpreted, with the consequence for the test's applicability 1.

- (c) Intelligence testing has several recognised limitations. A test measures present performance on a sample of tasks, not capacity in the abstract, and the score reflects the opportunities the person has had to acquire what the test calls for, so schooling, language, literacy, familiarity with paper-and-pencil tasks and practice at being tested all affect it. The score is also affected by the conditions of testing, by anxiety, fatigue, illness, motivation, and by the relation between the examiner and the person tested, so a single score has a margin of error and should be treated as an estimate rather than a fixed quantity. A test covers only those abilities its items sample, so qualities of considerable practical importance, creativity, judgement in real situations, persistence, social skill and practical competence, are not represented, and the score should not be read as a measure of a person's worth or of his likely success in life. Tests predict academic and occupational performance moderately well and far from perfectly, so a score should never be the sole ground of an

important decision. There is the further difficulty that a label attached to a person on the basis of a score may alter the expectations others hold of him and the opportunities offered to him, so that the measurement influences the outcome it was meant to predict. The problem of cultural bias is the most serious of the limitations. A test is constructed within a particular culture, in a particular language, by people of a particular background, and both the content of the items and the manner of testing reflect that origin. The vocabulary used, the objects and situations referred to, the kind of reasoning rewarded, the assumption that one should work quickly and alone, and the convention that one answers questions put by a stranger whose purpose is not explained, are all more familiar to some groups than to others. A person tested in a language that is not his first, or drawn from a community in which the activities the test samples are uncommon, is therefore at a disadvantage that has nothing to do with the ability the test claims to measure, and the result is a systematic underestimate for such groups. Attempts have been made to meet the difficulty by constructing tests that use figures and patterns rather than words, described as culture-fair, by translating and restandardising tests on local populations, and by assessing a person's capacity to learn with assistance rather than his unaided performance, but no test has been shown to be wholly free of cultural influence, since even a non-verbal item assumes some familiarity with the conventions of the task. The precautions a psychologist should observe follow from these limitations. A test should be used only for the purpose and the population for which it was standardised, and only by a person trained to administer and interpret it. The score should be reported with its margin of error and in relation to the appropriate norms, with the date of standardisation stated. It should never be used alone, but together with the person's history, his performance elsewhere, observation, interview and information from those who know him, and where language or background may have affected the result this should be said in the report. A single testing should not be the basis of an irreversible decision, and retesting should be undertaken where the result is doubtful or the circumstances were unfavourable. The results are confidential, and should be communicated in terms the person or his family can understand, with their meaning and their limits explained and without a label that invites others to lower their expectations. Finally, the psychologist should keep in view that the purpose of the assessment is to help the person, so that a score which leads to no useful provision has served no end.

Two sound limitations, such as dependence on opportunity and schooling, or the effect of the conditions of testing 1. Two further limitations, such as the narrow range of abilities sampled, imperfect prediction, or the effect of labelling 1. Cultural bias explained, with the ways in which it operates and the attempts made to reduce it 1. Three precautions, including use only with the appropriate population, use alongside other evidence, and confidentiality with careful communication 1.

Question 5 [10]

- (a) The psychoanalytic account, as set out by Freud, describes the personality as composed of three systems in continual interaction. The id is present from birth and is the source of instinctual energy. It is entirely unconscious, works on the pleasure principle, seeking immediate gratification of its urges without regard to consequence or to reality, and operates by what Freud called primary process thinking, which admits no contradiction and no sense of time. The ego develops out of the id as the infant comes into contact with the external world. It works on the reality principle, that is, it seeks to satisfy the demands of the id but only in ways and at times that the external world permits, postponing gratification, weighing consequences, and employing perception, memory, reasoning and planning, which Freud called secondary process thinking. It is partly conscious and partly unconscious, and it is the executive of the personality, mediating between the id, the superego and reality. The superego develops later, in the course of childhood, through the internalisation of the standards of the parents and through them of the society. It has two parts, the conscience, which punishes with guilt what it judges wrong, and the ego ideal, which holds up what the person should aspire to be and rewards attainment with self-esteem. It is largely unconscious and makes its demands without regard to practicability, so it may be as unreasonable in its severity as the id is in its appetite. Freud held that a well-functioning personality is one in which the ego is strong enough to manage the competing claims, and that anxiety arises when it is overwhelmed, whether by the pressure of the id, by the severity of the superego or by external danger, which is the occasion for the defence mechanisms.

Id described, with the pleasure principle and its unconscious instinctual character 1. Ego described, with the reality principle and its executive function 1. Superego described, with conscience and ego ideal, and the ego's

task of mediating between the three 1.

- (b) Defence mechanisms are unconscious devices by which the ego protects itself from anxiety by distorting, excluding or redirecting what it cannot face. Three may be described. Repression is the fundamental mechanism, in which an impulse, a memory or a wish that would cause unacceptable anxiety is excluded from consciousness and kept out of it. The material is not destroyed, and continues to exert an influence, appearing in dreams, in slips of speech and in symptoms, and energy is expended continuously in holding it down, which is why Freud regarded extensive repression as costly to the personality. Projection is the attribution to another person of the impulse or quality that the person cannot accept in himself, so that the feeling is experienced as coming from outside rather than from within, and the person then perceives in others the hostility, the envy or the desire that is in fact his own. Reaction formation is the transformation of an unacceptable impulse into its opposite, which is then expressed with an emphasis beyond what the situation requires, so an impulse that cannot be admitted is held in check by a conspicuous display of the contrary attitude, and the exaggeration is what suggests to the analyst what is being defended against. Other mechanisms commonly described are denial, in which an external fact is refused recognition; rationalisation, in which a plausible reason is supplied for conduct whose real motive is unacceptable; displacement, in which an impulse is directed from its original object to a safer one; regression, in which the person returns to a mode of behaviour belonging to an earlier stage of development; and sublimation, in which the energy of an impulse is diverted into an activity the society values, which Freud alone among the mechanisms regarded as wholly adaptive. The general point is that these devices reduce anxiety and are used by everyone to some degree, and that they become a difficulty only when they are relied upon so heavily that the person's contact with reality or his capacity to deal with his situation is impaired.

The function of defence mechanisms correctly stated 1. Two mechanisms accurately explained 1. A third mechanism accurately explained, with the point that such devices are normal in moderation 1.

- (c) The behavioural account treats personality as the sum of a person's learnt responses and declines to explain it by inner structures that cannot be observed. Its position is that behaviour is acquired through the same processes of learning that operate elsewhere, classical conditioning, which attaches responses to new stimuli, operant conditioning, in which behaviour is shaped by its consequences, and observational learning, in which a person acquires a pattern by watching a model and seeing it rewarded. What is called a trait is on this view a habit of responding that has been reinforced in a certain class of situations, and it follows that behaviour is specific to situations rather than general, so that consistency across different settings is less than the trait theories suppose. The approach insists on the definition of terms in observable form and on the measurement of actual behaviour rather than on inference from self-report or from projective material. Later developments within it, in social learning theory, admitted cognitive processes, giving weight to expectancies, to the person's beliefs about what his own actions can achieve, and to the reciprocal influence of person and environment upon each other. The humanistic account begins from the opposite end, from the person's own experience of himself. Its central assumption is that human beings have an inherent tendency towards growth and the realisation of their capacities, which Rogers called the actualising tendency, and that behaviour is to be understood from the standpoint of the acting person, in terms of how the world appears to him rather than how it appears to an observer. Rogers gave the self-concept the central place, distinguishing the self as the person perceives it from the ideal self he would wish to be, and held that psychological difficulty arises from the incongruence between the self-concept and actual experience. This incongruence is traced to conditions of worth: where regard has been given only on condition that the person feel and behave in approved ways, he learns to disown the parts of his experience that would forfeit it. The remedy accordingly lies in unconditional positive regard, within which the person can acknowledge his experience and move towards what Rogers called the fully functioning person. Maslow's account of a hierarchy of needs, rising from the physiological to safety, belonging, esteem and finally self-actualisation, belongs to the same tradition, as does his insistence that psychology should study the healthy and the exceptional rather than only the disturbed. Each is said to explain certain things better than the psychoanalytic account. The behavioural account is more testable, because its terms are defined in observable form and its propositions can be examined by experiment, whereas psychoanalytic concepts are difficult to put to any decisive test; it explains the specificity of behaviour to situations, which the psychoanalytic emphasis on a fixed character structure does not; it accounts for the

acquisition of particular fears, habits and skills in a way that can be demonstrated; and it has yielded effective methods of treatment directly from its principles. The humanistic account is said to be better at explaining what the psychoanalytic account neglects: the person's own sense of himself and of his purposes, the capacity for choice and for responsibility, and growth, aspiration and well-being rather than pathology alone; it does not reduce conduct to the working out of childhood conflict, and it gives weight to the present and the future as well as the past. It should be added that each has its own limitations, the behavioural account being charged with neglecting the inner life, the sense of self and the biological and developmental bases of personality, and the humanistic account with resting on concepts that are difficult to define and to measure and with assuming a benign human nature that the evidence does not establish.

Behavioural account explained, with learning processes and the situational specificity of behaviour 1. Humanistic account explained, with the actualising tendency, the self-concept and conditions of worth 1. What the behavioural account explains better, with its testability and its yield for treatment 1. What the humanistic account explains better, with the limitations of each noted 1.

Question 6 [10]

- (a) First, physical and environmental stressors, which arise from conditions in the surroundings: noise, crowding, heat, pollution, inadequate housing, unsafe or unsanitary conditions, long and difficult travel, and the natural disasters and accidents that disrupt life suddenly. These act directly on the body as well as through the person's appraisal of them, and some, such as persistent noise or crowding, produce their effect by continuous low-level demand rather than by any single event. Second, psychological stressors, which arise within the person: frustration, when the pursuit of a goal is blocked; conflict, when two incompatible courses present themselves and choosing either involves loss; internal pressure, where a person sets himself standards or deadlines that strain his resources; and the apprehension of a threat that has not yet materialised, such as the fear of failure or of loss, which may be more taxing than the event itself. Third, social and interpersonal stressors, which arise from relations with others and from the person's position in a social structure: conflict in the family or at work, competition, bereavement and separation, the demands of several roles at once, the strain of a role for which a person feels unprepared, and the stress of discrimination, isolation or loss of standing. Psychologists also distinguish stressors by their course rather than their origin, separating the acute stressor of short duration from the chronic stressor that continues for months or years, and noting that the daily minor difficulties often described as hassles have an effect in the aggregate comparable to that of major events.

Physical or environmental stressors, with examples 1. Psychological stressors, including frustration and conflict 1. Social or interpersonal stressors, with examples, or the distinction between acute and chronic stressors 1.

- (b) The general adaptation syndrome, described by Hans Selye, is the sequence of physiological changes through which the body passes when a stressor continues over time, and Selye's point was that the sequence is much the same whatever the particular stressor may be. In the alarm reaction the body recognises the threat and mobilises. The sympathetic division of the autonomic nervous system is activated and the adrenal glands secrete their hormones, so that heart rate and blood pressure rise, respiration quickens, blood is directed to the muscles, stored energy is released and the senses sharpen, which prepares the organism for vigorous action. Resistance to the stressor is temporarily below normal at the very outset, and if the stressor is severe enough the organism may not survive this stage. In the stage of resistance the body adapts to the continuing demand. The outward signs of alarm subside and physiological functioning appears to return towards normal, but it is maintained at this level only by a continuing high output of hormones, so the organism is coping while drawing steadily on its reserves. Resistance to the particular stressor is high during this stage, and resistance to other stressors is reduced, which is why a person under prolonged strain is vulnerable to additional demands. In the stage of exhaustion, reached if the stressor persists long enough, the resources on which resistance depended are depleted. The adaptive responses begin to fail, the physiological signs of alarm reappear, and the organism becomes liable to what Selye called diseases of adaptation, among them disorders of the cardiovascular and digestive systems and a weakened resistance to infection, and in extreme cases the outcome may be fatal. The model has been criticised for giving too little weight to psychological appraisal, since Selye held the response to be essentially non-specific whereas later work has shown that how a person interprets a demand materially affects his reaction to it, and for having been

established largely from animal studies. Its central contribution, that prolonged stress exacts a measurable physiological cost, is nevertheless well established.

Alarm reaction described, with sympathetic activation and the mobilisation of the body 1. Resistance described, with apparent normality maintained at the cost of continuing hormonal output and reduced resistance to other stressors 1. Exhaustion described, with the depletion of resources and vulnerability to illness 1.

- (c) Prolonged stress affects physical health by several routes, and psychologists distinguish the direct physiological route from the indirect behavioural one. Directly, the sustained activation of the sympathetic nervous system and of the adrenal hormones keeps blood pressure and heart rate elevated and alters the metabolism of fats and sugars, and the continued presence of these hormones suppresses aspects of immune function, so that resistance to infection is reduced and the healing of wounds is slower. Disorders in which stress is recognised as a contributing factor include hypertension and coronary heart disease, disorders of the digestive system, headache of muscular origin, disturbance of sleep, and the aggravation of conditions such as asthma and of skin complaints; stress is also associated with a worsening of the course of chronic illness and with poorer recovery. Indirectly, a person under prolonged strain is more likely to sleep badly, to eat irregularly, to take less exercise, to smoke or drink more, to neglect medical advice and prescribed treatment and to postpone seeking help, so that habits which themselves injure health are adopted or intensified. Stress is in addition associated with a greater liability to accident through impaired attention, and persistent strain contributes to the condition described as burnout, marked by exhaustion, detachment from the work and a sense of reduced accomplishment. It should be said that the relation is one of increased liability and not of invariable consequence: stress is one factor among several, and the same demand produces very different effects in different persons, which is why psychologists examine the factors that moderate it. Of these, the first is the person's appraisal of the situation. Lazarus distinguished a primary appraisal, in which the person judges whether a demand is irrelevant, benign or threatening, from a secondary appraisal, in which he judges what resources he has for dealing with it, and stress on this account is the product of the two, so that a demand appraised as a challenge within one's powers has a very different effect from the same demand appraised as a threat beyond them. Related to this is the person's sense of control, since a demand over which a person believes he has some influence is found to be far less damaging than one he believes himself unable to affect, and predictability has a similar effect. The second is social support, the knowledge that there are others who value one and who will provide help, whether in the form of practical assistance, of information and advice, or of sympathy and the assurance of being accepted. Social support is one of the best established moderators, and it appears to work both by reducing the appraisal of threat and by assisting in the coping that follows; its absence, in isolation or in the loss of a close relationship, is correspondingly a risk. The third is the person's own resources and dispositions: physical health and fitness, which raise tolerance of physiological strain; the coping skills he has acquired, since a person with a repertoire of strategies can match his response to the situation; competence and knowledge relevant to the particular demand; and dispositional characteristics, among them optimism, a sense of commitment and of personal control, and the capacity to find meaning in difficulty, which have been found to be associated with better outcomes. Material resources, including money and the time it buys, are a further moderator that psychological accounts sometimes understate.

Direct physiological effects of prolonged stress, with the conditions to which it contributes 1. Indirect effects through changes in health-related behaviour 1. Appraisal and the sense of control explained as moderators 1. Social support and personal resources or dispositions explained as moderators 1.

Question 7 [10]

- (a) Psychologists do not rely on any single criterion, and each of those in use has limitations, so in practice several are considered together. The statistical criterion treats as abnormal what is rare, that is, what departs markedly from the average in a population. Its difficulty is that rarity is not by itself undesirable, since exceptional ability is as statistically unusual as its opposite, and the criterion gives no guidance on where the line should be drawn. The criterion of deviation from social norms treats as abnormal what departs from the standards of conduct a society expects. Its difficulty is that such standards differ between cultures and change over time, so a behaviour counted abnormal in one setting is unremarkable in another, and the criterion can be used to describe mere non-conformity as disorder. The criterion of maladaptiveness asks whether the

behaviour interferes with the person's ability to meet the ordinary demands of life, to work, to maintain relationships and to care for himself, or whether it is harmful to him or to others; this is the criterion most widely relied upon. The criterion of personal distress takes the person's own suffering as the test, which is important because much disorder is marked by distress, though it is insufficient alone, since some conditions involve little distress to the person while causing great difficulty, and distress may be entirely appropriate to a person's circumstances. Clinical accounts therefore describe disorder in terms of a pattern that is persistent rather than momentary, that is accompanied by distress or by impairment of functioning, that is not merely an expected response to the person's situation or a practice sanctioned by his culture, and that departs from the person's own previous level of functioning. It is important to add that these are criteria for describing a pattern of behaviour and not for labelling a person, that the assessment is made by a qualified professional on the basis of a full history and examination, and that a judgement of this kind cannot properly be made from a list of features.

Two criteria explained with their limitations, such as the statistical criterion and deviation from social norms 1. Maladaptiveness or impairment of functioning explained as the criterion most relied upon 1. Personal distress, with the point that the criteria are applied together by a qualified professional rather than singly 1.

- (b)** The anxiety disorders are the class of disorders whose central feature is anxiety or fear that is excessive in degree, persistent in duration and out of proportion to any actual danger, and that interferes with the person's functioning. Anxiety itself is a normal and useful response to threat, so the clinical description rests on its persistence, its intensity and its interference with ordinary life rather than on its presence. The manifestations are described under three heads. Physiologically there is the activation associated with the fear response: a rapid or pounding heart, quickened and shallow breathing, sweating, trembling, dryness of the mouth, muscular tension, disturbance of digestion and of sleep, and a sense of restlessness and fatigue. Cognitively there is apprehensive expectation, difficulty in concentrating and in putting the worry aside, an attention biased towards signs of danger and a tendency to interpret ambiguous information as threatening. Behaviourally there is avoidance of the situations associated with the anxiety, and the seeking of reassurance; avoidance is of particular clinical importance, because although it reduces distress in the short term it prevents the person from learning that the feared outcome does not occur, so it maintains the anxiety and tends to spread to further situations. Clinical accounts distinguish several forms within the class. Generalised anxiety is described as diffuse and persistent apprehension not attached to any particular object, in which the worry ranges over many ordinary matters. Phobic disorder is described as marked and persistent fear of a specific object or situation, with avoidance of it, the fear being recognised by the person as out of proportion; the specific phobias concern particular objects or situations, social anxiety disorder concerns situations in which the person may be observed or judged by others, and agoraphobia concerns situations from which escape might be difficult. Panic disorder is described by the occurrence of discrete episodes of intense fear with pronounced bodily symptoms, which reach their height quickly, together with apprehension about their recurrence. Obsessive-compulsive disorder, grouped separately in current classifications but historically described with the anxiety disorders, is characterised by intrusive and unwanted thoughts that the person finds distressing and by repetitive acts performed to reduce that distress. Post-traumatic stress disorder, likewise now grouped separately, follows exposure to an event of an extremely threatening kind and is described by the persistent re-experiencing of it, by avoidance of reminders and by a heightened state of arousal. The explanations advanced draw on several levels: a genetic and temperamental predisposition towards anxious responding; learning, through conditioning and through the modelling of fear, and the maintenance of fear by avoidance; cognitive factors, in the overestimation of danger and the underestimation of one's capacity to cope; and precipitating stressors in the person's circumstances.

The class correctly defined, with the criteria of excess, persistence and impairment 1. The physiological, cognitive and behavioural manifestations described, with the part of avoidance in maintaining the anxiety 1. Two or more specific forms within the class correctly described, or the explanations advanced 1.

- (c)** Depressive disorder is clinically described by a persistently lowered mood, or a marked loss of interest and of the capacity to take pleasure in activities formerly enjoyed, continuing over a period of weeks and representing a change from the person's usual condition, together with a group of associated features. These are described under several heads: in mood, sadness, emptiness or irritability and a loss of pleasure; in thought, pessimism

about oneself, one's circumstances and the future, excessive self-reproach and a sense of worthlessness, indecisiveness and difficulty in concentrating, with slowed thinking; in bodily functioning, disturbance of sleep, change of appetite and of weight, fatigue and loss of energy, and reduced interest in activity; and in behaviour, withdrawal from company, slowing of movement and speech or in some cases agitation, and a decline in the performance of work and of ordinary tasks. The condition is distinguished in clinical accounts from the ordinary sadness that follows loss or disappointment by its duration, by its pervasiveness, by the degree of impairment it produces and by its occurrence without a proportionate cause, and the clinical description includes the risk that thoughts of death or of self-harm may be present, which is one of the reasons the condition requires professional attention rather than self-management. The explanations advanced include a genetic predisposition, disturbance in the neurotransmitter systems concerned with the regulation of mood, cognitive factors, in particular the pattern of negative views of the self, the world and the future described by Beck and the attribution of adversity to stable and global causes within oneself, learning accounts that emphasise a reduction in the reinforcement a person obtains from his environment, and precipitating circumstances such as bereavement, loss of employment and prolonged difficulty. Bipolar disorder is described by the occurrence, in the same person, of episodes of elevated mood as well as of depression. The elevated or manic episode is described by an abnormally elevated, expansive or irritable mood together with a marked increase in energy and activity, continuing for a defined period: in thought, an inflated estimate of one's own importance and abilities, racing thoughts and rapid, pressured speech, distractibility and a flow of plans beyond what can be carried out; in behaviour, greatly reduced need for sleep without apparent fatigue, increased talkativeness and sociability, and involvement in activities undertaken without regard to consequence; and a corresponding impairment of judgement and of functioning. A less severe form of elevation is described as hypomania. Clinical accounts distinguish the bipolar from the depressive disorders because the course, the family history and the treatment indicated differ, and the hereditary component is generally found to be larger in the bipolar form. The diathesis-stress model is the framework within which the origin of psychological disorder is most commonly explained. It holds that a disorder arises from the interaction of two elements. The first is the diathesis, a predisposition or vulnerability that the person carries, which may be genetic, may lie in the biochemistry or the structure of the nervous system, or may be psychological, in the beliefs, the habits of appraisal and the patterns of relating acquired in early experience. This predisposition is not itself the disorder and may never produce one. The second is stress, the demands and adverse circumstances the person meets, whether a single severe event or a long accumulation of difficulty. The model's proposition is that the disorder appears when the stress a person encounters exceeds what his particular vulnerability allows him to withstand, so that a person with a high degree of vulnerability may be overcome by a comparatively small stress while a person with little vulnerability may withstand a great deal. Its value is that it accommodates what either element alone fails to explain: it accounts for the finding that a predisposition identified in families is not always followed by disorder, and for the finding that people exposed to the same adversity differ greatly in outcome, and it makes room for protective factors, since social support, coping skills and favourable circumstances raise the level of stress a person can bear. It also has practical implications, in that prevention may act on either element, by reducing exposure to stress or by strengthening the resources with which it is met.

Depressive disorder clinically described, with lowered mood or loss of interest and the associated features, and its distinction from ordinary sadness 1. Bipolar disorder described, with the features of the elevated episode and the reason for distinguishing it from depressive disorder 1. The diathesis-stress model explained, with both the predisposition and the stress 1. The interaction of the two explained, with what the model accounts for that neither element alone explains 1.

Question 8 [10]

- (a) First, every form of psychotherapy rests on a relationship between a trained therapist and the person seeking help, within which the person is able to speak of matters he would not ordinarily disclose. The qualities of that relationship, the therapist's attention, acceptance and absence of judgement, and the confidence the person comes to place in him, are described as the therapeutic alliance, and research on outcome indicates that the quality of this alliance is associated with benefit across approaches that differ widely in their technique. Second, every form proceeds systematically from an account of what is wrong. The therapist assesses the

person's difficulty, formulates it in terms of whatever theory the approach rests upon, and applies a definite set of procedures directed at it, so the treatment is not advice or conversation but a planned sequence with a rationale, and the person is given an explanation of his difficulty which itself relieves distress by making the trouble intelligible. Third, every form works through psychological means alone, by talk, by the relationship and by planned experience, and every form expects the person to take part actively rather than to receive something done to him; all are conducted under conditions of confidentiality, with the person's informed consent, and with the aim of enabling him to manage without the therapist in due course. It may be added that all forms provide the person with hope of improvement and with an opportunity to face what he has avoided, and that these common elements are thought to account for a considerable part of the benefit obtained from psychotherapy of any kind.

The therapeutic relationship and alliance, with its established association with outcome 1. A systematic rationale, assessment and planned procedure, with the value of an intelligible explanation 1. The use of psychological means with the person's active participation, under confidentiality and consent, or the provision of hope 1.

- (b)** Behaviour therapy proceeds from the assumption that maladaptive behaviour has been learnt, by the same processes by which other behaviour is learnt, and can therefore be unlearned and replaced. Its aims follow from this. It is directed at the present behaviour rather than at its remote origins, it defines the target in specific and observable terms, such as the avoidance of a particular situation or the absence of a particular skill, it sets out agreed goals, and it measures progress against them, so that the treatment is relatively brief and its effect can be assessed. It does not seek insight into unconscious conflict, holding that a change in behaviour is the object and not a by-product. The principal techniques follow from the learning principles on which it rests. Systematic desensitisation, used for phobic anxiety, teaches the person a response incompatible with anxiety, usually deep muscular relaxation, and then has him confront the feared situation in imagination or in reality through a graded hierarchy from the least to the most disturbing, remaining at each step until the anxiety subsides, so that the feared stimulus comes to be associated with relaxation instead of fear. Exposure, used in the same class of conditions, has the person remain in contact with the feared situation, with the support of the therapist and without recourse to his usual avoidance, long enough for the anxiety to diminish of itself, which breaks the cycle by which avoidance had maintained the fear; where the exposure begins at the most disturbing level rather than at the least it is described as flooding. Techniques based on operant principles alter the consequences of behaviour: desired behaviour is reinforced, which may be arranged formally, as in the token economy used in institutional settings, where tokens earned for specified behaviour are exchangeable for privileges; a complex behaviour is built up by shaping, in which successive approximations to it are reinforced; and undesired behaviour is reduced by withholding the reinforcement that had maintained it, which is extinction, or by the removal of a privilege. Modelling teaches new behaviour by having the person observe another performing it successfully and then rehearse it himself, and it is combined with rehearsal and feedback in the training of social skills and in assertiveness training. Aversive techniques, which associate an unwanted behaviour with an unpleasant stimulus, are used sparingly and are subject to particular ethical restriction. Relaxation training, biofeedback and self-monitoring are used both in their own right and as components of the methods above. Behaviour therapy has been found particularly effective with the anxiety and phobic disorders, with difficulties of habit and with the teaching of skills; the criticism made of it is that it addresses the symptom rather than any underlying cause, to which its practitioners reply that the symptom is the disorder and that the gains obtained do not in general lead to the appearance of fresh symptoms.

The aims of behaviour therapy, with its assumption that maladaptive behaviour is learnt and its focus on observable and measurable targets 1. Systematic desensitisation or exposure accurately described 1. A technique based on operant principles, or modelling with rehearsal, accurately described 1.

- (c)** Cognitive therapy proceeds from the proposition that emotional disturbance arises not from events themselves but from the way a person interprets them, so the aim is to identify the beliefs, assumptions and habitual patterns of thought that produce the distress and to help the person examine and revise them. In Beck's formulation the therapist draws out the automatic thoughts that occur in distressing situations, together with the underlying assumptions and the core beliefs about the self, the world and the future from which they spring, and identifies the characteristic distortions in them, among them the drawing of sweeping conclusions from a single instance, attending only to what is unfavourable, thinking in all-or-nothing terms and taking

events as referring to oneself. The techniques are collaborative: the person keeps a record of situations, thoughts and feelings, so the connection between them becomes visible; the therapist and the person examine the evidence for and against a belief as one would examine any hypothesis, a procedure described as collaborative empiricism; alternative interpretations are generated and compared; and behavioural assignments are agreed by which a belief can be tested in practice, for a prediction disconfirmed by experience changes a belief more effectively than argument. Ellis's rational emotive behaviour therapy belongs to the same family but proceeds more directly, identifying the irrational beliefs, particularly the absolute demands a person makes of himself, of others and of the world, and disputing them vigorously, the sequence of activating event, belief and consequence being used to show the person that the belief and not the event produces the disturbance. Where cognitive and behavioural methods are combined, as they usually now are, the treatment is described as cognitive behaviour therapy. Client-centred therapy, developed by Carl Rogers, rests on quite different assumptions. It holds that the person himself has the capacity and the tendency to move towards growth, and that the therapist's task is not to interpret, to instruct or to prescribe but to provide the conditions in which that tendency can operate. The aim is to reduce the incongruence between the person's self-concept and his actual experience, so that he can acknowledge feelings he had disowned and come to value himself without the conditions of worth imposed from outside. Rogers specified three conditions that the therapist must provide. The first is unconditional positive regard, an acceptance of the person as he is that is not made conditional on his feeling or behaving in approved ways. The second is empathic understanding, entering into the person's frame of reference so as to perceive his experience as he perceives it, and conveying that understanding to him. The third is congruence or genuineness, the therapist being himself in the relationship rather than presenting a professional front. The characteristic techniques are therefore those of reflection and clarification of feeling rather than of interpretation or direction, and the person sets the course of the sessions, which is why the approach is also described as non-directive. The ethical obligations of a therapist are substantial and are the same whatever the approach. He must practise only within the limits of his training and competence and refer a person whose difficulty lies outside them. He must obtain informed consent, which means explaining the nature of the treatment, what it involves, its likely duration and its limits, so that the person agrees with knowledge of what he is agreeing to, and consent must be freely given and may be withdrawn. He must maintain confidentiality, disclosing nothing without permission, with the recognised exception of a serious risk of harm to the person or to another, and must keep records securely. He must avoid any relationship with the person outside the professional one that would impair his judgement or exploit the person's dependence, sexual relations with a person in his care being absolutely prohibited, and must not use the relationship for personal, financial or other advantage. He must respect the person's autonomy and the values and background from which he comes, and must not impose his own. He must use methods for which there is a reasonable basis, avoid holding a person in treatment that is producing no benefit, and bring the treatment to a proper close with appropriate arrangements. He must take particular care where the person is a child, or is in any way unable to give full consent, by involving those responsible for him while still regarding his interest as paramount. And he is obliged to maintain his own competence and to seek supervision or consultation where a case requires it.

Cognitive therapy explained, with the identification of automatic thoughts and beliefs and the examining of the evidence for them 1. Rational emotive behaviour therapy, or the combination described as cognitive behaviour therapy, correctly noted 1. Client-centred therapy explained, with unconditional positive regard, empathy and congruence 1. Three ethical obligations correctly stated, including competence, informed consent and confidentiality with its exception 1.

Question 9 [10]

- (a) An attitude is a learnt and relatively enduring disposition to respond in a consistently favourable or unfavourable way towards a person, object, group or idea, and it is described as having three components. The cognitive component consists of the beliefs, ideas and information the person holds about the attitude object, that is, what he thinks is true of it. The affective component consists of the feelings and evaluations attached to it, whether the person likes or dislikes it and the strength of that feeling, and this component is generally regarded as the core of the attitude. The behavioural, sometimes called the conative, component consists of the disposition to act towards the object in a particular way, the person's readiness to approach or

avoid, to support or oppose. Taking as an example an attitude towards the wearing of a helmet while riding a two-wheeler, the cognitive component is the belief that a helmet substantially reduces the risk of serious head injury, the affective component is the approval the person feels towards its use and his disquiet at seeing it neglected, and the behavioural component is his own practice of wearing one and his readiness to urge others to do so. The three are generally consistent with one another, which is what makes an attitude a useful thing to measure, but they need not correspond exactly. A person's expressed attitude and his actual conduct in a particular situation frequently differ, since conduct is also governed by the opinion of those present, by habit, by convenience and by the perceived difficulty of acting, and this discrepancy between attitude and behaviour is one of the long-standing problems of the field.

Cognitive component explained 1. Affective component explained, with its central place in the attitude 1.

Behavioural component explained with an illustration covering all three, and the possible discrepancy between attitude and behaviour noted 1.

- (b) First, learning through association, reinforcement and observation. An object repeatedly encountered in agreeable or disagreeable circumstances acquires the corresponding evaluation, which is learning by association; expressions of an attitude that bring approval from parents, teachers or companions are strengthened and those that bring disapproval are weakened, which is learning by reinforcement; and a child acquires attitudes by observing those held by people he admires and by imitating them, without any direct instruction being given. Second, the groups to which a person belongs and those he wishes to join. The family supplies the earliest attitudes, particularly on religion, politics and the standing of other communities, and these tend to persist; the peer group becomes influential in adolescence and may override the family; and the reference group, that is the group whose standards a person adopts as his own whether or not he belongs to it, supplies the norms by which he judges what it is proper to think, so attitudes are formed partly by the wish to belong and to be well regarded. Culture, language and the institutions of a society set the range of attitudes available in the first place. Third, information and direct experience. Exposure to information through schooling, reading and the mass media supplies the beliefs on which an attitude rests, and the media have particular influence where a person has no direct acquaintance with the object, as with attitudes towards distant countries or towards groups he has never met; attitudes formed from direct personal experience of the object, on the other hand, are generally found to be held more strongly, to be more resistant to change and to predict behaviour better than those acquired at second hand. A fourth factor sometimes given is the person's own needs and dispositions, since an attitude may serve a function for the holder, in defending his self-esteem, in expressing his values or in simplifying a complicated world.

Learning through association, reinforcement and observation 1. The influence of family, peer group, reference group or culture 1. Information and the media, with the greater strength of attitudes formed from direct experience, or the functions an attitude serves for the holder 1.

- (c) The theory of cognitive dissonance, proposed by Leon Festinger, holds that a person who simultaneously holds two cognitions that are inconsistent with each other experiences an uncomfortable state of tension, which he is motivated to reduce, as he would be motivated to reduce hunger or any other unpleasant state. The cognitions may be two beliefs, or a belief and a piece of knowledge about one's own behaviour, and the dissonance is greater the more important the matter is to the person and the larger the proportion of his relevant cognitions that are inconsistent. Reduction may be achieved in several ways: by changing one of the cognitions, most often the one more easily altered, which is usually the attitude rather than the knowledge of what one has already done; by adding further cognitions that reconcile the two or reduce the importance of the inconsistency; or by avoiding information that would increase the dissonance. The theory's interest for the study of attitudes is that it predicts attitude change following behaviour, which reverses the usual expectation: a person induced to act contrary to his attitude, in circumstances where he cannot attribute the action to external pressure, tends to bring his attitude into line with what he has done, and the effect is found to be stronger where the inducement offered was small, since a large inducement supplies its own explanation for the behaviour and leaves no dissonance to resolve. Familiar illustrations are the person who, having made a difficult choice between two attractive alternatives, afterwards values the chosen one more highly and the rejected one less, and the person who, having invested great effort in entering a group, values the group more than one who entered it easily. On the conditions under which a persuasive communication is most likely to

change an attitude, research distinguishes the characteristics of the source, of the message, of the channel and of the audience. The source is more effective where it is credible, which rests on expertise in the matter and on trustworthiness, so a communicator believed to be knowledgeable and to have no interest of his own in the conclusion is more persuasive; a source perceived to be arguing against its own interest is particularly effective. Attractiveness and similarity to the audience also assist, especially where the matter is one of taste rather than of fact. The message is more effective where it is clear and comprehensible, where it is matched to the audience's existing position, since a message too far removed from what the audience holds is rejected outright; where the two sides are presented and the preferred one answered against the other, if the audience is informed or already disposed to disagree; where the conclusion is drawn explicitly for an audience unlikely to draw it itself; and where any appeal to fear is moderate and is accompanied by a definite and practicable course of action, since fear without a remedy produces avoidance rather than change. Repetition increases effect up to the point of tedium, and the order of presentation matters where two sides are heard. On the audience, persuasion is greater where the person's existing attitude is weak, was not formed from direct experience and is not bound up with his self-image or with the norms of a group he values; where he is not forewarned that an attempt at persuasion is coming, since forewarning allows him to prepare counter-arguments; and where he is not strongly committed to a public position. Research on the processes involved distinguishes change that follows from careful consideration of the content of the argument from change that follows from cues incidental to it, such as the attractiveness of the speaker or the sheer number of arguments offered, and finds that the first occurs where the audience is both motivated and able to attend to the substance, and produces attitudes that are more durable and more predictive of behaviour, while the second operates where attention or ability is low.

The theory of cognitive dissonance correctly explained, with the tension arising from inconsistent cognitions and the means of reducing it 1. The prediction of attitude change following counter-attitudinal behaviour, with the effect of the size of the inducement 1. Conditions relating to the source and to the message correctly stated 1. Conditions relating to the audience, with the distinction between change through consideration of the argument and change through incidental cues 1.

Question 10 [10]

- (a) The three terms describe different forms of social influence and are distinguished by the nature of the pressure involved. Conformity is a change in a person's judgement, opinion or behaviour so as to bring it into accord with the standard of a group, where no request or instruction has been made. The pressure is implicit and arises from the person's perception of what others think or do, as when a person who has formed one judgement of a matter alters it on finding that everyone else present has formed another. Compliance is agreement to a direct request from another person who has no authority to require it. The pressure is explicit but the person is free to refuse without penalty, and the study of compliance is largely the study of the techniques by which the likelihood of agreement is increased, such as securing agreement to a small request before making a larger one, or beginning with an unreasonable request so that the next appears modest. Obedience is compliance with a direct order from a person perceived as having authority to give it. Here the influence rests on the legitimacy of the source and on the sanctions behind it, and the person's own judgement of the matter may be set aside altogether, which is why obedience can produce behaviour that the person would not have engaged in on his own account; Milgram's experiments on obedience to an experimenter's instructions are the standard reference in this field. The three may be arranged by the explicitness and the force of the pressure, which is least in conformity, greater in compliance and greatest in obedience, and they differ correspondingly in how far the person's own judgement is engaged.

Conformity defined as change towards a group standard in the absence of any request 1. Compliance defined as agreement to a direct request from one without authority 1. Obedience defined as compliance with an order from a legitimate authority, with the three distinguished by the explicitness of the pressure 1.

- (b) First, the size and the unanimity of the group. Conformity increases as the number of others expressing a view increases, though the effect of each additional person diminishes after the first few, and unanimity matters more than number: the presence of even one other person who dissents reduces conformity very sharply, because the dissenter breaks the appearance of consensus and provides social support for the person's own judgement. Second, the ambiguity or difficulty of the task and the person's confidence in his own

judgement. Where the correct answer is not obvious, where the person's own perception is uncertain, or where the matter is one of opinion or of taste rather than of fact, the judgement of others is taken as evidence about reality, which psychologists call informational influence, and conformity rises; conversely, a person who is confident of his own competence in the matter, or who possesses information the others lack, conforms less. Third, the character of the group and the person's relation to it. Conformity is greater where the group is cohesive and the person values his membership of it, where its members are of higher standing or greater expertise than he, where he must state his view publicly in their presence rather than privately and anonymously, and where the group has the means to express disapproval; the desire to be accepted and to avoid disapproval is described as normative influence, and it operates even where the person privately retains his own opinion. Individual and cultural factors also bear on it, since conformity is found to be somewhat greater in societies that lay stress on the group than in those that lay stress on the individual, and lower in persons of high self-esteem or expertise.

Size and unanimity of the group, with the strong effect of a single dissenter 1. Ambiguity of the task and the person's confidence, with informational influence 1. Cohesiveness, status of members and public rather than private response, with normative influence 1.

- (c) Social facilitation is the finding that the presence of others alters a person's performance of a task. The presence of an audience or of others performing the same task raises the person's level of arousal, and this improves performance on tasks that are simple or well learnt, where the dominant response is the correct one, while impairing performance on tasks that are complex or newly learnt, where the dominant response is not, so the effect is described as facilitation in the first case and as inhibition in the second. The increased arousal has been attributed to the mere presence of others, to the apprehension of being evaluated by them and to the distraction of attending to them as well as to the task. Social loafing is the finding that a person contributes less effort to a task when working as part of a group than when working alone and individually accountable, with the result that the output of a group is commonly less than the sum of what its members would have produced separately. The explanation offered is that the individual's contribution cannot be identified within the group total, so he is neither credited nor blamed for it, that he may believe his effort to be unnecessary where others are contributing, and that he may reduce his effort to avoid being the only one who works hard. It is reduced where each person's contribution is identifiable and evaluated, where the task is engaging or important to the person, and where the group is small or cohesive. Group polarisation is the finding that discussion within a group tends to carry the average position of its members further in the direction they already favoured, so that a group whose members were mildly inclined towards a course becomes strongly so after discussing it. The explanations are that discussion produces a preponderance of arguments on the favoured side, which strengthens the conviction of each member, and that members compare their positions with others and adjust towards what the group appears to value, sometimes competing to represent its position. Groupthink is the deterioration of judgement that may occur in a cohesive group concerned to preserve its agreement, described by Irving Janis from his study of decisions taken by small groups of policy makers. Its characteristic conditions are a highly cohesive group, insulated from outside information and criticism, led by a leader who makes his own preference known, acting under pressure of time or of crisis and without established procedures for examining alternatives. Its symptoms as described include an over-estimation of the group's power and of the rightness of its cause; closed-mindedness, in which warnings are discounted and opponents stereotyped; and above all pressure towards uniformity, which appears as the suppression of private doubts, the illusion that the group is unanimous when members have merely kept silent, direct pressure on any member who questions the emerging view, and the action of members who take it upon themselves to shield the group from discordant information. The consequences are a defective process of decision: alternatives are not surveyed, the objectives are not examined, the risks of the preferred course are not considered, information is sought and read selectively and no contingency plan is prepared. The remedies Janis proposed include the leader withholding his own preference until others have spoken, the deliberate assignment to one member of the task of criticising the emerging view, the examination of the question by independent sub-groups, the inviting of outside experts, and a final meeting at which doubts may be raised before the decision is confirmed.

Social facilitation explained, with the opposite effects on simple and on complex tasks 1. Social loafing explained, with its cause and the conditions that reduce it 1. Group polarisation explained, with the reason

discussion strengthens the prevailing inclination 1. Groupthink explained, with its conditions, its symptoms of pressure towards uniformity, and one remedy 1.