

ISC Class 12 Psychology Specimen Paper 2

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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 theory which holds that intelligence consists of a set of relatively independent intelligences, among them linguistic, musical and bodily-kinaesthetic, was proposed by:
(a) Charles Spearman (b) Louis Thurstone
(c) Howard Gardner (d) Alfred Binet
- (ii) State in one sentence what is meant by the standardisation of a psychological test.
- (iii) The approach which describes personality in terms of five broad dimensions, among them extraversion and conscientiousness, is:
(a) the psychoanalytic approach (b) the five-factor approach
(c) the humanistic approach (d) the behavioural approach
- (iv) Name the inventory-based method of assessing personality in which a person answers a set of statements about himself.
- (v) A person's belief about his own capacity to carry out the actions a situation requires is described by Bandura as:
(a) self-esteem (b) self-concept
(c) self-efficacy (d) self-regulation
- (vi) Name the two kinds of appraisal that Lazarus distinguished in his account of stress.
- (vii) The relaxation of muscle groups in sequence, used to reduce the physiological signs of stress, is:
(a) progressive muscular relaxation (b) biofeedback
(c) systematic desensitisation (d) meditation
- (viii) State in one sentence what is meant by the phrase life skills as it is used in the study of coping.
- (ix) A disorder characterised by disturbance of thought and perception, including delusions and hallucinations, with a marked decline in functioning, is classified among:

- (a) the anxiety disorders (b) the dissociative disorders
 - (c) the substance use disorders (d) the psychotic disorders
- (x) Name the form of treatment in which a small number of persons with related difficulties are treated together by a therapist.
- (xi) The tendency to explain another person's conduct by his disposition while underestimating the influence of his situation is:
- (a) the halo effect (b) the fundamental attribution error
 - (c) the primacy effect (d) the false consensus effect
- (xii) Give the term for behaviour intended to benefit another person without expectation of reward.

Question 2 [8]

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

- (i) Distinguish between an achievement test and an aptitude test. [2]
- (ii) State two differences between a self-report inventory and a projective technique. [2]
- (iii) Distinguish between eustress and distress. [2]
- (iv) Distinguish between an in-group and an out-group. [2]

PART II (50 Marks)

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

Question 3 [10]

- (a) Explain the triarchic theory of intelligence. [3]
- (b) Explain what is meant by a culture-fair test and state why such tests are difficult to construct. [3]
- (c) Explain what psychologists mean by individual differences, and explain three sources of variation in psychological attributes. [4]

Question 4 [10]

- (a) Explain three methods by which personality is assessed. [3]
- (b) Explain the trait approach of Allport and of Cattell. [3]
- (c) Explain the five-factor model of personality, and explain the limitations of the interview and of the behavioural rating as methods of assessment. [4]

Question 5 [10]

- (a) Explain what is meant by the self, and distinguish personal identity from social identity. [3]
- (b) Explain what is meant by self-esteem, self-efficacy and self-regulation. [3]
- (c) Explain the Indian conception of the self as it is discussed in psychology, and explain how it differs from the conception found in Western accounts. [4]

Question 6 [10]

- (a) Explain three types of psychological conflict that give rise to stress. [3]
- (b) Explain three techniques used in the management of stress. [3]
- (c) Explain the relation between stress and the immune system, and explain the part played by lifestyle and by health-promoting behaviour in the maintenance of health. [4]

Question 7 [10]

- (a) Explain the main approaches to the classification of psychological disorder. [3]
- (b) Explain the clinical description of the dissociative disorders and of the somatic symptom disorders. [3]

- (c) Explain the clinical description of schizophrenia, and explain the main factors said to contribute to its development. [4]

Question 8 [10]

- (a) Explain what psychoanalytic therapy seeks to achieve, and describe the techniques by which it proceeds. [3]
- (b) Explain three alternative therapies used alongside conventional treatment. [3]
- (c) Explain what is meant by the rehabilitation of a person with a severe psychological disorder, and explain the arguments made about community-based as against institutional care. [4]

Question 9 [10]

- (a) Explain three ways in which attitudes are measured. [3]
- (b) Explain what is meant by attribution, and explain two errors commonly found in it. [3]
- (c) Explain the main sources of prejudice, and explain the measures psychologists have proposed for reducing it. [4]

Question 10 [10]

- (a) Explain three characteristics of a group as psychologists define it. [3]
- (b) Explain the stages through which a group is said to form. [3]
- (c) Explain the main causes of intergroup conflict, and explain the methods by which such conflict may be resolved. [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) (c) Howard Gardner. His theory of multiple intelligences treats the several intelligences as relatively autonomous domains rather than as facets of a single general ability.

Correct option 1.

- (ii) Standardisation is the process of fixing uniform procedures for administering and scoring a test and of establishing norms by administering it to a large representative sample, so that an individual's score can be interpreted in relation to the performance of that group.

Uniform procedure together with the establishment of norms on a representative sample 1.

- (iii) (b) the five-factor approach. The five dimensions commonly listed are openness to experience, conscientiousness, extraversion, agreeableness and neuroticism.

Correct option 1.

- (iv) The self-report inventory, also called a personality inventory or questionnaire, in which the person responds to a set of statements about his own characteristic feelings and conduct.

Self-report inventory named 1.

- (v) (c) self-efficacy. It is the person's judgement of what he can accomplish in a particular class of situations, and it is distinguished from his general evaluation of his own worth.

Correct option 1.

- (vi) Primary appraisal, in which the person judges whether a demand is irrelevant, benign or threatening, and secondary appraisal, in which he judges what resources he has for dealing with it.

Both appraisals correctly named 1.

- (vii) (a) progressive muscular relaxation. Groups of muscles are tensed and then released in turn so that the person learns to recognise and to reduce tension.

Correct option 1.

- (viii) Life skills are the abilities of adaptive and positive behaviour that enable a person to deal with the demands of everyday life, among them assertiveness, time management, rational thinking, the improvement of relationships, self-care and overcoming unhelpful habits.

Abilities of adaptive behaviour for dealing with everyday demands, with at least one example 1.

- (ix) (d) the psychotic disorders. The class is distinguished by a loss of contact with reality, of which disordered thought, delusions and hallucinations are the characteristic features.

Correct option 1.

- (x) Group therapy, in which several persons meet together with one or more therapists, so that the interaction among the members itself becomes a means of treatment.

Group therapy named 1.

- (xi) (b) the fundamental attribution error. It is the general tendency to overestimate dispositional and underestimate situational causes when explaining the behaviour of others.

Correct option 1.

- (xii) Prosocial behaviour, of which altruism is the form undertaken with no expectation of return and at some cost to the person who performs it.

Prosocial behaviour or altruism named 1.

Question 2 [8]

- (i) An achievement test measures what a person has already learnt in a defined field of instruction, so it looks backwards and is used to assess the result of teaching, as a school examination in history or mathematics does. An aptitude test measures the capacity to acquire, with training, a particular kind of skill or knowledge, so it looks forward and is used to predict how well a person will do if given the opportunity, as a test of mechanical or clerical aptitude is used in selection. The distinction is one of purpose rather than of content, since both must draw on what the person has had the opportunity to learn, and the same item may appear in either.

Achievement test described as measuring learning already acquired 1. Aptitude test described as predicting capacity to acquire a skill with training, with the distinction being one of purpose 1.

- (ii) First, a self-report inventory presents the person with definite statements about himself to which he responds in a fixed way, so the items are structured and the scoring is objective and may be done by a clerk or a machine, whereas a projective technique presents deliberately ambiguous material and invites a free response, which must be interpreted by a trained person and is therefore open to the interpreter's judgement. Second, they rest on different assumptions. The inventory assumes that the person knows himself and will report honestly, so it is open to deliberate misrepresentation and to the wish to appear in a favourable light, while the projective technique assumes that the person is unaware of what his responses reveal and is designed to reach dispositions he would not or could not report, at the cost of lower reliability and of greater difficulty in establishing validity.

Structured items with objective scoring against ambiguous material with interpretive scoring 1. The assumption of accurate self-report, with its vulnerability to distortion, against the attempt to reach material outside awareness, with its weaker reliability 1.

- (iii) Eustress is the term for stress that a person experiences as stimulating and within his powers, where the demand is appraised as a challenge and the arousal it produces improves attention, effort and performance, as in preparing for a contest one expects to enjoy. Distress is stress that is experienced as exceeding the person's resources, where the demand is appraised as a threat, and it is accompanied by unpleasant emotion and by impairment of performance and, if prolonged, of health. The distinction is drawn in terms of the person's appraisal and of the effect rather than of the amount of arousal, since the same level of arousal may be either, and the useful point is that stress is not harmful in itself but becomes so when it exceeds what the person can manage or continues too long.

Eustress described as stress appraised as challenge, with beneficial effect 1. Distress described as stress exceeding the person's resources, with the distinction resting on appraisal rather than on the amount of arousal 1.

- (iv) An in-group is the group with which a person identifies and of which he regards himself as a member, referred to in the first person plural, and members commonly evaluate it favourably, attribute its successes to its own qualities and perceive variety among its members. An out-group is any group to which the person does not belong and which he regards as other, referred to in the third person; members tend to evaluate it less favourably and to perceive its members as more alike than they are, a tendency described as out-group homogeneity. The distinction matters because the mere division of people into such categories, even on an arbitrary basis, has been found to produce favouritism towards one's own group, which is one of the foundations of prejudice.

In-group defined with identification and favourable evaluation 1. Out-group defined, with out-group homogeneity or the production of in-group favouritism by mere categorisation 1.

Question 3 [10]

- (a) The triarchic theory, proposed by Robert Sternberg, holds that intelligence consists of the ability to adapt to, to shape and to select environments, and that it comprises three relatively distinct aspects. Componential or analytical intelligence is the capacity to analyse, to compare, to evaluate and to reason, and it is what conventional intelligence tests and academic examinations measure: the person strong in it does well at problems that are clearly defined and have a single correct answer, and he is good at planning his approach, monitoring his progress and judging his result. Experiential or creative intelligence is the capacity to use experience in new ways, to deal with novelty by going beyond what has been given and to make routine operations automatic so that attention is freed for what is unfamiliar; the person strong in it generates new

ideas and sees connections that are not obvious, and he may do less well at the conventional test because the test rewards the expected answer. Contextual or practical intelligence is the capacity to deal effectively with the demands of the everyday environment, which includes adapting oneself to a situation, altering the situation to suit oneself, and where neither is possible selecting a different environment altogether; this is what is loosely called common sense or street sense, it draws largely on knowledge that is acquired without being explicitly taught, which Sternberg called tacit knowledge, and it is largely unmeasured by conventional tests. Sternberg's argument was that a person may be strong in one aspect and weak in another, that the three together account for effective functioning far better than the academic aspect alone, and that an education which attends only to the analytical aspect neglects most of what intelligence consists of. The theory has been valued for drawing attention to practical and creative ability and criticised on the ground that the three aspects are difficult to measure separately and that the evidence for their independence is not strong.

Componential or analytical intelligence explained 1. Experiential or creative intelligence explained 1. Contextual or practical intelligence explained, with tacit knowledge or the point that a person may be strong in one aspect and weak in another 1.

- (b) A culture-fair test, sometimes called a culture-free or culture-reduced test, is a test designed so that performance on it is as little affected as possible by the particular culture in which the person tested has been brought up, so that people from different cultures, languages and levels of schooling may be compared on an equal footing. The usual devices are to dispense with language altogether in the items, using figures, patterns, matrices and series in which the person must identify a relation or complete a sequence; to use materials and tasks that are not peculiar to any one society, such as abstract shapes rather than pictures of objects; to minimise the part played by reading and writing, by schooling and by speed; and to give the instructions by demonstration rather than in words. Tests of progressive matrices are the best known of the type. Such tests are difficult to construct for several reasons. The first is that the form of the test itself is a cultural product. The conventions that one works alone, in silence, as quickly as one can, on problems set by a stranger who does not say why, and that one guesses rather than says nothing when uncertain, are familiar to people who have been through a certain kind of schooling and strange to those who have not, and they affect the score independently of the ability being measured. The second is that the content, however abstract, is not neutral. Familiarity with paper and pencil, with two-dimensional representation, with geometric figures and with the idea of a series that continues according to a rule is itself acquired, chiefly in school, so a figural item is easier for a person accustomed to such material than for one who is not. The third is that the kind of reasoning rewarded, classification by abstract property rather than by use or by context, is characteristic of formal schooling, and research has repeatedly found that people who sort objects by function rather than by category are not failing to reason but reasoning on a different principle. The fourth is that reducing cultural content tends to reduce the test's usefulness, since the abilities that predict performance in school and in work are developed within a culture, so a test purged of cultural content may measure something of little practical relevance. For these reasons most psychologists hold that no test is wholly free of cultural influence and prefer to speak of culture-reduced tests, to restandardise tests on the population in which they are to be used, and to interpret any score with explicit regard to the background of the person tested.

Culture-fair test defined, with the devices used, such as non-verbal items and demonstrated instructions 1. Two reasons for the difficulty, such as the cultural character of the testing situation and of figural material 1. A further reason, such as the culture-specific nature of the reasoning rewarded or the loss of predictive usefulness, with the conclusion that no test is wholly culture-free 1.

- (c) By individual differences psychologists mean the stable variation between people in psychological attributes, in abilities, aptitudes, interests, values, temperament and personality, which is the subject matter of the branch of the discipline called differential psychology. Two points are commonly made about such differences. First, they are differences of degree on continuous dimensions rather than differences of kind: most attributes are distributed in a population so that the great majority of people are near the middle and the numbers fall away towards the extremes, which is why a score is interpreted in relation to a distribution and not against a fixed standard. Second, a difference measured on a test is a difference in performance under particular conditions, and the attributes themselves are inferred from such performance rather than observed directly, which is why the inference must be made cautiously and why variation within a person from one occasion to another has also to be reckoned with. Of the sources of variation, the first is heredity. The genetic endowment a person

receives sets a range of potential for the development of his abilities and contributes to temperament, and studies of twins, of families and of adopted children show that relatives resemble each other in measured ability and in some personality dimensions more closely than unrelated people, the resemblance being greater the closer the relationship. What is inherited, however, is a potential and not an outcome, and no attribute is determined by inheritance alone. The second is environment, which operates at several levels. The physical environment, including nutrition, health, exposure to toxic substances and the conditions of the mother's pregnancy, affects development from before birth. The immediate social environment of the family supplies language, stimulation, the example of adults, the expectations held of the child and the opportunities afforded him. The wider environment of school, peer group, community and culture supplies instruction, the skills a society values and rewards, and the norms that define what is worth becoming, so that two children of similar endowment reared in very different circumstances may differ greatly in measured attributes. Severe deprivation restricts development of any potential, and enrichment within limits enhances it. The third is the interaction between the two, which psychologists now regard as more important than either considered alone. Inheritance and environment do not act as separate contributions to be added up, because what is inherited influences the environment a person receives and seeks: a child of a particular temperament elicits different treatment from adults, chooses different companions and activities, and attends to different features of the same surroundings, so he constructs an environment partly in accordance with his disposition, and the effect of a given environment depends on the disposition that meets it. A fourth source frequently distinguished is the person's own activity and learning, that is the cumulative effect of the particular experiences, practice and effort of an individual life, including chance events that no general account can predict. For these reasons psychologists hold that the question how much of a difference is due to inheritance and how much to environment is badly framed for any individual, and that heritability estimates apply to the variation within a particular population under particular conditions.

Individual differences defined, with the point that they are differences of degree on continuous dimensions 1.

Heredity explained as a source, with the evidence and the limitation that what is inherited is a potential 1.

Environment explained at the physical, familial and wider social levels 1. The interaction of heredity and environment explained, or the person's own activity and learning, with the conclusion about heritability 1.

Question 4 [10]

- (a) First, self-report measures. The person responds to a set of prepared statements about his own characteristic feelings, thoughts and conduct, usually on a fixed scale, and the responses are scored against keys established during standardisation to yield scores on the dimensions the inventory measures. The method is economical, can be administered to many people at once, and is objective in scoring, which gives it high reliability; its weaknesses are that it depends on the person's willingness and ability to report accurately, so it is open to deliberate misrepresentation, to the wish to present oneself favourably, to the habit of agreeing with whatever is put and to limited self-knowledge, and inventories accordingly include devices intended to detect such response sets. Second, projective techniques. The person is presented with deliberately ambiguous material, an inkblot, an indistinct picture, an incomplete sentence or a blank sheet on which he is asked to draw, and is invited to say what he sees or to complete what is given; the assumption is that in imposing structure on unstructured material he projects his own needs, conflicts and dispositions, including those of which he is unaware. The responses are interpreted according to prescribed systems by a trained person. The method can reach material a person would not report directly, but its reliability is lower, its interpretation depends on the skill and the assumptions of the interpreter, and its validity has been difficult to establish. Third, behavioural methods, which rest on what the person does rather than on what he says about himself. Observation records conduct in natural settings or in situations arranged for the purpose, so that the frequency and the circumstances of a behaviour are noted directly; rating scales have persons who know the subject well, a teacher, a supervisor, a parent, rate him on defined characteristics; nomination has the members of a group name those among them who best fit a description; and situational tests place the person in a contrived situation, such as a group discussion or a task requiring cooperation, and record how he behaves in it. These methods avoid dependence on self-report but are laborious, may be affected by the presence of the observer, and are open to the biases of the rater, among them the tendency to let a general impression colour every rating and the reluctance to use the extremes of a scale. The interview, in which the person is questioned by a

trained interviewer either to a set schedule or more freely, is a fourth method and is in practice used alongside all the others.

Self-report inventories described, with their advantages and their vulnerability to response sets 1. Projective techniques described, with the assumption on which they rest and their limitations 1. Behavioural methods described, such as observation, rating or situational tests, or the interview 1.

- (b) Allport held that the trait is the fundamental unit of personality and that a trait is a real neuropsychic structure within the person, not merely a name for a class of behaviour, which renders many stimuli functionally equivalent and initiates consistent forms of adaptive and expressive behaviour. He classified traits in two ways. In the first, he distinguished common traits, on which members of a culture may be compared with one another, from personal dispositions, which are unique to the individual and in terms of which alone, he held, a particular person can be properly described; he therefore insisted that psychology should study the individual case as well as seek general laws. In the second, applying to personal dispositions, he distinguished cardinal traits, a single disposition so dominant that it governs almost the whole of a person's conduct and is found in comparatively few people, from central traits, the five to ten characteristics that would be mentioned in describing a person and that are the main organising dispositions, and from secondary traits, which are narrower, less consistent and appear only in particular circumstances. He also held that the motives of an adult become independent of their origins in childhood, a principle he called the functional autonomy of motives, and he gave the organising centre of the personality the name *proprium*. Cattell approached the problem statistically. He began from the very large number of words in the language that describe personality, reduced them to a manageable set, and collected data of three kinds, records of a person's life history, self-ratings and objective tests, to which he applied the method of factor analysis in order to find the smaller number of underlying dimensions that would account for the observed correlations. He distinguished surface traits, clusters of behaviour that are observed to go together, from source traits, the underlying factors that give rise to them and that he regarded as the real structural elements of personality, and he identified a set of sixteen such source traits, each described as a dimension between two poles, which became the basis of the inventory he constructed to measure them. He further distinguished ability traits, concerned with how effectively a person pursues a goal, temperament traits, concerned with the style and speed of his response, and dynamic traits, concerned with his motivation. The two represent contrasting strategies within the same approach: Allport proceeding from the individual and insisting on what is unique in him, Cattell proceeding from measurement across many people and seeking the common dimensions on which all may be placed.

Allport's conception of the trait as a real structure, with common traits and personal dispositions 1. Allport's cardinal, central and secondary traits, or the functional autonomy of motives 1. Cattell's use of factor analysis, with surface and source traits and the set of sixteen dimensions 1.

- (c) The five-factor model is the outcome of a long line of factor-analytic work and represents the position on which a considerable measure of agreement has been reached, namely that the variation in personality can be summarised by five broad dimensions, each a continuum on which any person may be placed. Openness to experience covers imagination, curiosity, aesthetic sensitivity, a liking for variety and willingness to entertain unfamiliar ideas, as against a preference for the familiar and the practical. Conscientiousness covers organisation, dependability, self-discipline, care and the pursuit of goals, as against carelessness and impulsiveness. Extraversion covers sociability, talkativeness, assertiveness and the seeking of stimulation and of company, as against reserve and a preference for solitude. Agreeableness covers trust, cooperativeness, good nature and consideration for others, as against suspicion and antagonism. Neuroticism, sometimes stated in its opposite form as emotional stability, covers the liability to anxiety, irritability and low mood and the tendency to respond strongly to stress, as against calmness and resilience. The model is valued because the same five dimensions have emerged from studies using different instruments, different raters and different languages, which argues that they are not an artefact of one procedure; because scores on them are moderately stable in adults over long periods; and because they predict outcomes of practical interest, conscientiousness in particular being associated with performance in work and in study. The criticisms made are that the five are descriptive rather than explanatory, since they name dimensions without accounting for their origin or for the processes by which they operate; that five broad factors are too coarse for many purposes, so narrower facets must be measured within them; that the model says little about the organisation

of a personality as a whole or about the individual case; and that the dimensions were derived from the vocabulary of personality description, so they may reflect how people talk about one another as much as how people differ. On the limitations of the interview, the method is flexible, allows matters to be followed up and permits the observation of manner as well as the recording of content, but its weaknesses are considerable. Its reliability is low where it is unstructured, since two interviewers may conduct it differently and reach different conclusions, and the same interviewer may vary from one occasion to the next. It is affected by the characteristics of the interviewer and by the relationship established, so that the person's answers are shaped by whom he is talking to; by the interviewer's expectations, since a view formed early tends to direct the later questioning and the interpretation of the replies, which is the primacy effect; and by a general impression allowed to colour the assessment of every particular, which is the halo effect. The person interviewed may present himself favourably, may conceal what is discreditable and may lack accurate knowledge of himself. A short interview provides a very small sample of behaviour in a situation that is not typical of ordinary life, and research has repeatedly found the unstructured interview to be a poor predictor of later performance, which is why structured interviews with a fixed schedule, defined scoring and more than one interviewer are preferred where a decision of consequence is to be taken. On the limitations of the behavioural rating, the method depends entirely on the rater. His opportunity to observe the person may have been limited to particular situations, so he rates characteristics he has not seen; he is subject to the halo effect, to leniency or severity in the use of the scale, to the error of central tendency, by which raters avoid the extremes, and to the influence of the person's recent conduct over his conduct as a whole. Ratings are affected by the rater's liking for the person, by stereotypes attaching to the person's group, and by the consequences the rating is known to carry, which produces inflation where promotion or a reference depends on it. The traits to be rated are frequently defined too vaguely for two raters to mean the same thing by them, and raters differ in the standard they apply, so figures from different raters are not comparable. The usual remedies are the careful definition of each characteristic with behavioural anchors, the training of raters, the use of several independent raters whose ratings are combined, and the restriction of the rating to characteristics the rater has in fact had the opportunity to observe.

The five factors correctly named and described 1. The grounds on which the model is valued, with one criticism of it 1. Limitations of the interview, including low reliability, interviewer effects and the small sample of behaviour 1. Limitations of the behavioural rating, including the halo effect, leniency or central tendency, and the remedies 1.

Question 5 [10]

- (a) The self, as the term is used in psychology, is the totality of a person's awareness of his own existence, the organised set of perceptions, beliefs and evaluations a person holds about himself, together with the sense of being a continuing subject who thinks, feels and acts. It is not given at birth but develops: the infant first distinguishes his own body from the surroundings, the child acquires a self through language and through seeing himself as others see him, and the content of the self is built up from the responses of others, from comparison with others and from the person's own observation of what he does. Psychologists commonly distinguish the self as subject, the I that is aware and acts, from the self as object, the me that is known and described, and they distinguish further the self as the person perceives it from the ideal self he would wish to be, the discrepancy between the two being of consequence for his contentment. Personal identity is the aspect of the self that consists of the attributes a person regards as his own and as distinguishing him from others: his name, his body, his abilities, his beliefs, his history, his characteristic ways of feeling and acting, and his sense of being the same person over time. It answers the question who am I in terms of what is particular to the individual. Social identity is the aspect of the self that derives from the person's membership of groups and from the categories to which he belongs: his family, caste, religion, language, region, nationality, occupation and the associations he joins. It answers the same question in terms of what the person shares with others, and it carries with it the values, the norms and the standing of those groups, so that a person's estimate of himself is bound up with the estimate in which his groups are held. The two are aspects of one self rather than separate entities, and their relative prominence varies between situations and between cultures, the social aspect being more salient in societies that emphasise the group and the personal aspect in those that emphasise the individual.

The self defined, with its development through language and the responses of others 1. Personal identity defined by individually distinguishing attributes and continuity over time 1. Social identity defined by group membership, with the point that the two are aspects of one self whose prominence varies 1.

- (b) Self-esteem is the evaluative aspect of the self, the person's judgement of his own worth, expressed as the degree to which he approves of and values himself. It is distinguished from the self-concept, which is the description a person gives of himself, because esteem concerns the value placed on that description. Psychologists find that it develops from the regard shown by others, particularly in childhood, from the person's record of success and failure and from comparison with those around him, that by about the middle years of childhood it has differentiated into separate areas, academic, social, physical and so on, which may be high in one and low in another, and that a person's overall esteem depends most on the areas he himself regards as important. Low self-esteem is associated with greater vulnerability to distress and with avoidance of situations in which one might fail, and high self-esteem with persistence and with willingness to attempt difficult tasks, though the direction of causation in these associations is not simple. Self-efficacy, a concept introduced by Albert Bandura, is the person's belief about his own capacity to organise and carry out the courses of action required to deal with a particular class of situations. It is specific rather than global: a person may have high efficacy beliefs about his studies and low ones about physical activity, so it is distinguished from self-esteem, which is an overall evaluation of worth. Bandura identified four sources of such beliefs: the person's own past performance, which is the most influential; the observation of others similar to himself succeeding or failing; persuasion and encouragement by others; and the person's reading of his own physiological state, since signs of agitation may be taken as evidence of incapacity. Efficacy beliefs matter because they determine what a person attempts, how much effort he puts in and how long he persists when he meets difficulty, so they influence what he achieves and thereby the evidence from which he forms the next belief. Self-regulation is the capacity to direct and to modify one's own behaviour in the service of a goal, in the absence of external control. It covers the setting of goals and standards for oneself, the monitoring of one's own conduct against them, the evaluation of the result and the administration to oneself of satisfaction or dissatisfaction accordingly; it includes the capacity to resist an immediate gratification for the sake of a more valuable later one, which is described as delay of gratification, to control an impulse, to persist at an unrewarding task and to organise one's time and effort. Techniques used to improve it include observation and recording of one's own behaviour, the setting of specific and attainable goals, the arrangement of one's environment so that temptation is removed, and the deliberate reward of one's own progress. The three concepts are connected in practice, since efficacy beliefs supply the confidence to set and pursue goals, successful self-regulation produces the attainments from which efficacy beliefs and self-esteem are built, and the whole is sustained or undermined by the responses of others.

Self-esteem defined as the evaluation of one's own worth, with its sources 1. Self-efficacy defined as belief in one's capacity in a particular domain, with Bandura's sources or its effect on effort and persistence 1.

Self-regulation defined, with goal setting, monitoring and the delay of gratification, and the connection between the three concepts 1.

- (c) The Indian conception of the self, as it is discussed in psychology, is drawn from the classical philosophical traditions and from the manner in which the self is understood in ordinary Indian social life, and it differs in several respects from the conception that underlies most Western psychology. Four features are commonly set out. First, the self is conceived as having a transcendental as well as an empirical aspect. The philosophical traditions distinguish the self that is identified with body, mind, roles and possessions from a deeper self regarded as the real one, and the realisation of that deeper self is treated as the highest aim, so the self is not exhausted by what psychology can measure and its development is a matter of spiritual as well as psychological growth. Second, the self is not sharply bounded off from others. The boundary between self and other is treated as permeable and shifting rather than fixed: a person is understood through his relationships, as the son of one person, the brother of another, a member of this family and this community, and these are not attributes added to a self that exists independently of them but are constitutive of who he is. The family and the group are accordingly experienced as part of the self, so that the achievement or the disgrace of a relative is felt as one's own. Third, the self is understood as continuous with the natural and the cosmic order rather than as set over against it, so the division between the person and his surroundings, and between the human and the rest of nature, is less marked. Fourth, the regulation of desire rather than its

satisfaction is given the central place, with detachment, duty appropriate to one's station and stage of life, and the control of the senses treated as marks of a developed self. The Western conception, by contrast, as it has shaped modern psychology, takes the individual as the unit. The self is conceived as bounded, distinct from others and from the environment, and as the seat of its own purposes; autonomy and independence are treated as the goals of development, so that maturity consists in separating from one's family and standing on one's own judgement; self-expression and the realisation of one's own potential are valued, and the assertion of one's rights and preferences is regarded as healthy; and the self is treated as the subject of psychological science rather than of spiritual realisation, so that the categories used are traits, abilities, motives and self-concept. Psychologists have expressed the contrast in various terms, as between an interdependent or collectivist and an independent or individualist construal of the self, and the point commonly drawn from it is methodological: concepts and instruments developed within one tradition cannot be applied to the other without examination, since a measure of self-esteem framed in terms of independence and self-assertion may register as deficiency what another culture regards as maturity. Two cautions are usually added. The contrast is one of emphasis and not of absolute difference, since both conceptions are found in both settings; and neither should be treated as uniform, since India contains very diverse traditions and Western thought contains relational conceptions of the self as well as individualist ones.

The transcendental aspect of the self in the Indian conception, distinguished from the empirical 1. The permeable boundary between self and others, with the self constituted through relationships 1. The Western conception of a bounded, autonomous self with independence as the goal of development 1. The methodological consequence that instruments are not transferable without examination, with the caution that the contrast is one of emphasis 1.

Question 6 [10]

- (a) Conflict arises when two or more incompatible motives are active at the same time, so that satisfying one means frustrating another, and psychologists distinguish the types by the valence of the alternatives, that is, by whether each is attractive or aversive. In approach-approach conflict the person must choose between two attractive alternatives which he cannot both have, as when a student is offered admission to two courses he would equally like to take. This is the least stressful type, because whichever is chosen yields a satisfaction, but it is not without difficulty, since the choice involves the loss of the other and the person commonly experiences regret afterwards, which is one of the situations in which dissonance is reduced by revaluing the chosen alternative upwards. In avoidance-avoidance conflict the person must choose between two unattractive alternatives and cannot avoid both, as when a person must either undergo an unpleasant procedure or continue in pain. This type is markedly stressful: the person tends to vacillate, approaching each alternative and retreating from it as he nears it, and to attempt to escape the situation altogether, delay being the commonest form of escape although it frequently makes matters worse. In approach-avoidance conflict a single alternative is both attractive and unattractive, so the person is drawn to it and repelled by it at once, as where a desired course of study requires leaving home. This type is the most difficult of the three, because the conflict cannot be resolved by choosing a different object: the person oscillates, advancing while the attraction predominates and withdrawing as the aversive element grows stronger near the goal, and he may remain at the point of balance for a long time in a state of considerable tension. A fourth type is often added, the multiple approach-avoidance conflict, in which each of several alternatives has both attractive and unattractive aspects, which is the form most decisions of consequence actually take, since a choice of career, of marriage or of place of residence presents mixed alternatives rather than pure ones.

Approach-approach conflict explained with an example, and its comparatively low stress 1. Avoidance-avoidance conflict explained with an example, and the tendency to vacillate or to escape 1. Approach-avoidance conflict explained with an example, with the oscillation it produces, or the multiple form 1.

- (b) First, relaxation and other methods directed at the physiological component. Progressive muscular relaxation teaches the person to tense and release muscle groups in sequence so that he learns to recognise tension and to reduce it at will; controlled breathing slows and deepens respiration, which lowers arousal; meditation, in which attention is held on a chosen object, and the practices of yoga, which combine posture, breathing and attention, are used for the same purpose and have been found to reduce blood pressure and the subjective experience of tension; and biofeedback provides the person with continuous information about a bodily

function such as muscle tension, skin temperature or heart rate, by means of an instrument, so that he can learn to bring it under some voluntary control. Regular physical exercise belongs with these, since it reduces the physiological effects of accumulated stress, improves sleep and raises tolerance of strain. Second, cognitive methods directed at the appraisal of the situation. Cognitive restructuring identifies the thoughts and beliefs by which the person makes a demand more threatening than it need be, the overestimation of the danger, the underestimation of his own resources, the expectation of catastrophe, and examines them against evidence so that a more accurate appraisal can replace them. Stress inoculation training, as described by Meichenbaum, proceeds in three phases: the person is first helped to understand the nature of his stress reaction, then taught and rehearses a set of coping statements and skills, and finally applies them to situations of graded difficulty so that he has practised before he meets the real demand. Attention is also given to realistic goal setting, since standards set beyond what is attainable generate continuous strain. Third, methods directed at behaviour and at the person's circumstances. Time management teaches the person to list and rank what must be done, to allot time accordingly, to break large tasks into parts and to decline what he cannot undertake, which reduces the pressure produced by disorganisation rather than by the amount of work. Training in life skills, in assertiveness, in communication and in the handling of conflict equips the person to deal with the interpersonal demands that are among the commonest sources of stress. The building and use of social support is of particular importance, since the knowledge that help and acceptance are available is among the best established moderators of stress, and the person may need to be helped to seek it. Attention to sleep, to regular meals and to the avoidance of tobacco, alcohol and other substances taken for relief belongs here, since these habits aggravate the condition they appear to relieve. And where the stressor is in the circumstances and can be altered, by a change of work, of arrangement or of place, problem-focused action on the circumstances themselves is appropriate. Where stress is severe or prolonged, professional help should be sought rather than relied upon from these measures alone.

A method directed at the physiological component, such as relaxation, meditation, biofeedback or exercise, accurately described 1. A cognitive method, such as cognitive restructuring or stress inoculation training, accurately described 1. A behavioural or situational method, such as time management, life skills or the use of social support, accurately described 1.

- (c) The relation between stress and the immune system is studied in the field called psychoneuroimmunology, which examines the links between psychological states, the nervous and endocrine systems and immune function. The immune system defends the body against infection and other foreign material through a number of agents, among them the white cells that attack invading organisms directly and those that produce antibodies against them. The established finding is that prolonged stress is associated with a reduction in several measures of immune activity. The mechanism is understood in outline as follows. A stressor activates the sympathetic nervous system and the pathway from the hypothalamus through the pituitary to the adrenal cortex, and the hormones released, of which cortisol is the one usually named, suppress aspects of immune function when they remain elevated over long periods; the immune system is in addition linked directly to the nervous system, so that nervous activity influences it without passing through the hormones. The observed effects include lower activity of the cells that destroy infected and abnormal cells, a weaker antibody response to vaccination, slower healing of wounds and greater susceptibility to minor infections, and these have been reported in persons under sustained strain such as those caring for a chronically ill relative, those bereaved, those undergoing examinations and those in long-term difficulty. Two qualifications matter. The effect of short-lived stress differs from that of prolonged stress, brief stress appearing in some respects to mobilise immune activity rather than to depress it; and a measurable change in an immune index is not the same as illness, since whether a person falls ill depends also on exposure, on his general health and on other factors, so the relation is one of increased liability. Stress also affects health indirectly, by altering the behaviour on which health depends, and this brings in the part played by lifestyle. By lifestyle psychologists mean the pattern of a person's habitual behaviour as it bears on health: what and how much he eats, whether he takes exercise, how he sleeps, whether he uses tobacco, alcohol or other substances, how he manages strain, and whether he takes the precautions and uses the services available to him. Its importance is that a large share of the illness and the premature death now recorded in most populations is attributable to conditions in which habitual behaviour is a major contributing factor, so behaviour has become as important to health as infection once was, and this is the ground of the field called health psychology. Health-promoting behaviour is the body

of practice that maintains health rather than treating disease. It includes a diet adequate and balanced in its composition and moderate in quantity; regular physical activity, which protects the cardiovascular system, assists in the regulation of weight and improves mood and sleep; sufficient and regular sleep; abstention from tobacco, which is the single behaviour whose avoidance yields the largest benefit, and moderation or abstention in the use of alcohol and other substances; the management of stress by the methods already described, and the maintenance of social relationships, since social support is associated with better health and with longer life; attention to safety, as in the use of a helmet or a seat belt; and the use of preventive services, including immunisation and screening, together with adherence to treatment where it has been prescribed. Psychologists observe that knowledge of what is good for health is by itself a weak predictor of whether a person does it, since the benefit is distant and uncertain while the cost is immediate, and that behaviour is more effectively changed by attending to the person's beliefs about his own vulnerability and about the efficacy of the action, to his confidence in his capacity to carry it out, to the norms of those around him and to the removal of practical obstacles, than by the provision of information alone.

The link between stress and immune function explained, with the hormonal pathway and the suppression of immune activity 1. Observed effects, with the qualification that the relation is one of increased liability rather than of certain illness 1. Lifestyle explained, with its importance for the pattern of illness now observed 1.

Health-promoting behaviour described, with the point that knowledge alone is a weak predictor of behaviour 1.

Question 7 [10]

- (a) Classification in this field means the arrangement of disorders into a system of categories, each defined by a described pattern of features, so that cases may be identified consistently. Three approaches may be distinguished. The first is the categorical or classificatory approach embodied in the two systems in general use, the classification of mental and behavioural disorders issued as part of the international classification of diseases by the World Health Organisation, and the diagnostic and statistical manual published by the American Psychiatric Association. Both group disorders into classes, among them the disorders of mood, the anxiety disorders, the psychotic disorders, the disorders of eating, of sleep and of the use of substances, the personality disorders and the disorders of development arising in childhood, and both describe each disorder by a set of features, a required duration and a requirement of distress or of impairment, so that a case either falls within the category or does not. The purposes such systems serve are the reliable identification of cases, communication among professionals in a common language, the compilation of statistics, the choice of treatment and the organisation of research. Their limitations, which their own authors acknowledge, are that the categories are descriptive and do not state causes, that the boundaries between them are not sharp and that a person frequently meets the description of more than one, that there is wide variation among the cases falling under a single heading, and that a category attaches a label to a person which may affect how he is treated by others and how he regards himself. The second approach is dimensional. It holds that disorder differs from ordinary functioning in degree rather than in kind, so that anxiety, low mood or disorganisation of thought are better described by a person's position on a continuum than by his membership of a class, and the practical advantage claimed for it is that it records severity and does not force a case into a category it only partly fits. The third is the approach by cause rather than by description, which would group disorders by the processes that produce them, whether genetic, neurochemical, learnt or social. This is the arrangement that would be most useful, since it would connect classification to treatment, but it is not at present available for most disorders because the causes are not sufficiently established, and the current systems are therefore deliberately descriptive and in large part neutral between theories of causation. It should be added that a classification is a classification of disorders and not of persons, and that a diagnosis is arrived at by a qualified professional on the basis of a full history and examination, not by matching a person against a list of features.

The categorical approach described, with the two systems in general use and the purposes they serve 1. The limitations of categorical classification, including indistinct boundaries, co-occurrence and labelling 1. The dimensional approach, or classification by cause, with the point that a classification classifies disorders and not persons 1.

- (b) The dissociative disorders are the class in which the normal integration of consciousness, memory, identity and the perception of oneself and one's surroundings is disrupted, so that part of a person's experience becomes inaccessible to him or is experienced as not belonging to him. There is no physical disease to

account for the disturbance, and clinical accounts associate the condition with severe stress or with distressing experience that the person has been unable to assimilate, the dissociation being understood as a separating off of what cannot be borne. The forms described include dissociative amnesia, in which the person is unable to recall significant personal information, most often relating to a particular period or event, the loss being greater than ordinary forgetfulness and not explained by injury or illness; the condition is sometimes accompanied by travel away from home with the loss of the usual sense of identity, which is described as a dissociative fugue. A further form is the experience of being detached from one's own mental processes or body, or of one's surroundings appearing unreal or remote, while the person retains the knowledge that this is a change in his own experience. A third is dissociative identity disorder, in which two or more distinct patterns of identity are described as alternating in the control of the person's behaviour, with gaps in memory between them; this is the rarest of the group and has been the most disputed, both as to its frequency and as to the part played in its presentation by the manner of its investigation. Clinical accounts emphasise that these conditions are to be distinguished from neurological disease, from the effects of substances and from deliberate simulation, which is why examination by a qualified professional is required. The somatic symptom disorders are the class in which bodily symptoms are prominent and are accompanied by excessive thoughts, feelings and behaviour relating to them, without a physical disease that accounts for them, or with a degree of distress and preoccupation out of proportion to any disease that is present. The distress and the disability are real: the person is not feigning, which distinguishes these conditions from deliberate simulation, and clinical accounts stress that the symptoms are genuinely experienced. The forms described include a persistent pattern of multiple bodily complaints, frequently of pain, of gastrointestinal or of neurological character, accompanied by a disproportionate amount of time and attention given to them and by repeated consultation; a preoccupation with the fear or the conviction of having a serious illness, which persists notwithstanding reassurance and normal findings on examination; and conversion disorder, in which a loss or alteration of motor or sensory function appears, such as weakness, abnormal movement, loss of voice, blindness or anaesthesia, that is not consistent with any recognised neurological condition and that was classically understood as the expression of a psychological conflict in bodily form. Clinical accounts note that the most important requirement in this class is a thorough medical examination, since physical disease must be excluded and may also be present alongside the disorder, and that a person with such a condition requires treatment of the distress and the preoccupation rather than repeated investigation.

The dissociative disorders defined, with the disruption of the integration of consciousness, memory and identity
 1. Two forms of dissociative disorder correctly described 1. The somatic symptom disorders defined, with two forms described and the requirement of medical examination 1.

- (c) Schizophrenia is clinically described as a severe disorder in which there is disturbance of thought, perception, emotion, language and behaviour, with a marked decline from the person's previous level of functioning in work, in relationships or in self-care, the disturbance persisting for a period specified in the classification and not being attributable to a substance or to a medical condition. It is the principal disorder in the psychotic class, the term psychotic referring to a loss of contact with reality. The features are described under two heads. The positive features are those present in addition to ordinary experience. Delusions are firmly held beliefs that are not amenable to evidence and are not shared by the person's community; those commonly described include beliefs of being persecuted or watched, beliefs that events refer specially to oneself, beliefs of grandeur, and beliefs that one's thoughts or actions are being controlled from outside. Hallucinations are perceptions occurring in the absence of any corresponding stimulus and experienced as real, the auditory form, in which the person hears voices, being the most frequently described. Disorganised thinking appears in speech, which may move from one subject to another without evident connection, answer obliquely or become so disordered as to be incomprehensible. Disorganised or markedly abnormal behaviour includes conduct inappropriate to the situation and disturbance of posture and movement. The negative features are reductions in ordinary functioning: diminished emotional expression, reduced speech, loss of motivation and of the capacity to initiate purposeful activity, loss of interest in company, and reduced capacity to experience pleasure. Difficulties of attention, memory and planning are also described and are among the features most closely connected with the person's long-term functioning. Clinical accounts note that the course is variable, that onset is typically in late adolescence or early adult life and is often preceded by a period of declining

function, that the disorder is treatable and that with treatment and support a substantial proportion of those affected improve considerably, and they emphasise that the popular identification of the condition with violence or with a divided personality is mistaken. Of the factors said to contribute to its development, the first is genetic. The disorder occurs considerably more often among the biological relatives of affected persons than in the general population, and the risk rises with the closeness of the relationship, studies of twins and of adopted children indicating a substantial hereditary component; but inheritance is clearly not the whole account, since the majority of those with an affected relative do not develop the disorder. The second is biological and neurodevelopmental. Disturbance in the neurotransmitter systems of the brain, in particular in dopamine pathways, has long been implicated, the evidence including the action of the medicines that reduce the positive features; differences in brain structure and function have been reported in groups of affected persons; and complications of pregnancy and of birth, including infection during pregnancy and deprivation of oxygen at birth, are associated with a raised risk, which has suggested that the disorder may involve a disturbance of brain development long preceding the appearance of symptoms. The third is psychological and social. Stressful life events frequently precede the onset of an episode, though they are not sufficient to produce the disorder; the emotional climate of the household has been found to bear on the likelihood of relapse, a high level of criticism and over-involvement being associated with poorer outcome, which is the basis of work with families as part of treatment; and the use of certain substances, cannabis in particular, is associated with earlier onset and with greater risk in those predisposed. Social adversity, including poverty, isolation and migration, is also associated with raised rates, though the direction of causation is disputed, since the disorder itself impairs the capacity to maintain employment and relationships. The framework within which these are brought together is the diathesis-stress model: a predisposition, largely genetic and neurodevelopmental, is held to be necessary, and the disorder appears when a person so predisposed encounters stress beyond what his vulnerability permits him to withstand, which accounts both for the familial pattern and for the fact that most of those at raised risk never develop the condition.

Schizophrenia correctly described, with the positive features of delusions, hallucinations and disorganised thought 1. The negative features described, with the course of the disorder and its treatability 1. Genetic and biological or neurodevelopmental factors explained 1. Psychological and social factors explained, with the diathesis-stress framework bringing them together 1.

Question 8 [10]

- (a) Psychoanalytic therapy proceeds from the proposition that a person's present difficulty arises from conflict of which he is unaware, originating in early experience and kept out of consciousness by the defences of the ego, and that the energy expended in that exclusion produces the symptoms. Its aim is therefore to bring the repressed material into consciousness so that the conflict may be faced and worked through by the adult ego, which Freud expressed as the aim of making the unconscious conscious and of strengthening the ego so that it need no longer rely on defence. The object is insight, that is, understanding not merely intellectual but accompanied by the feeling originally attached to the material, and the treatment is accordingly long, often extending over years with frequent sessions. The principal techniques are these. Free association is the fundamental rule: the person is asked to say whatever comes into his mind, without selection, without regard to relevance, logic, propriety or embarrassment, and the therapist attends to the sequence, to the gaps and to the points at which the flow stops, since resistance shows itself in such interruptions. Dream analysis rests on the view that the dream is a disguised expression of unconscious wishes, so the therapist works from the manifest content, what the dreamer reports, towards the latent content, the underlying material, with the person's associations to each element. The analysis of resistance is central: the person's lateness, silences, changes of subject, sudden loss of interest in the treatment and intellectualising are treated not as obstacles to be removed but as evidence of what is being defended against, and are interpreted as such. The analysis of transference is the technique Freud regarded as most important: in the course of treatment the person comes to respond to the therapist with the feelings, expectations and demands that belonged to the significant figures of his early life, and because the therapist deliberately remains neutral and discloses little, these responses can be shown to arise from within the person rather than from anything the therapist has done, so the early conflict is re-enacted in the consulting room where it can be examined. Interpretation is the therapist's statement of the meaning he discerns in the material, offered at a point when the person is able to

make use of it, and working through is the repeated examination of the same material in its different manifestations until the insight is consolidated and the person's conduct changes. Later developments within the tradition, described as psychodynamic therapy, retain the emphasis on unconscious conflict, on early relationships and on the transference while working for shorter periods, with the therapist more active and more focused on a particular difficulty.

The aim correctly stated, to bring unconscious conflict into consciousness and to strengthen the ego, with insight as the object 1. Free association and dream analysis described 1. The analysis of resistance and of transference described, with interpretation and working through 1.

- (b) By alternative therapies are meant practices used alongside conventional medical and psychological treatment rather than in place of it, which act chiefly by reducing physiological arousal, improving the regulation of attention and emotion, and giving the person a measure of control over his own state. Three may be described. Yoga, as used for this purpose, combines physical postures, regulation of the breath and the direction of attention. The postures stretch and relax the musculature and improve flexibility and balance; the regulation of breathing slows and deepens respiration, which lowers arousal and is among the quickest means of reducing the physiological signs of distress; and the attentional component steadies the mind and interrupts the repetitive worry that maintains distress. Research indicates benefit in the reduction of anxiety and of blood pressure, in sleep and in general well-being, and the practice has been adopted as an adjunct in the management of stress and of several chronic conditions. Meditation is the deliberate training of attention. In the concentrative forms attention is held on a chosen object, the breath, a sound, a visual form, and returned to it whenever it wanders; in the forms described as mindfulness the person attends to whatever is present in his experience from moment to moment, observing it without evaluation or attempt to alter it. The effects reported include reduced physiological arousal, improved regulation of attention and a changed relation to one's own thoughts, in that they come to be observed as passing mental events rather than treated as facts, which is the principle on which programmes combining mindfulness with cognitive methods have been built and used as an adjunct in the prevention of relapse in depression. Biofeedback is the use of an instrument to provide a person with continuous information about a bodily process not ordinarily available to awareness, such as muscle tension, skin temperature, heart rate or electrical activity of the brain. The information is presented as a tone or a display, and the person, by observing it, learns which of his own states alters the reading and acquires a degree of voluntary control over the process. It has been used in the management of headache of muscular origin, of hypertension and of chronic pain, and its particular value is that it makes the effect of relaxation visible to the person, which sustains his effort. Other practices commonly described in this connection are relaxation training, the use of music, creative and expressive activities, and the therapeutic use of physical exercise. Two cautions belong with any account of these methods. They are adjuncts and not substitutes: a person with a severe disorder requires proper assessment and treatment, and the postponement of it in favour of such practices is itself a hazard. And they should be learnt under competent instruction, since some physical practices are unsuitable for persons with particular conditions.

Yoga described, with the postures, the regulation of breathing and the attentional component 1. Meditation described, with the concentrative and the mindfulness forms and their reported effects 1. Biofeedback described, with the instrument providing information that permits learnt control, and the caution that these are adjuncts and not substitutes 1.

- (c) Rehabilitation, in this context, is the body of work undertaken after the acute symptoms of a severe disorder have been brought under control, directed not at the removal of symptoms but at restoring to the person the capacity to live, to work and to maintain relationships as independently as his condition allows. It is needed because a severe and prolonged disorder, and the period of withdrawal that accompanies it, leaves deficits beyond the symptoms: skills of self-care, of conversation and of work may have been lost or never acquired, confidence and motivation are reduced, employment and friendships have lapsed, the family may be exhausted or estranged, and the person faces the additional obstacle of the stigma attached to his condition. The components usually described are these. Training in social and living skills, conducted by instruction, demonstration, rehearsal and feedback, covers self-care, the handling of money and of time, use of transport, conversation and the management of ordinary social situations. Occupational rehabilitation covers the assessment of what work the person can do, training in a vocation, graded placement beginning with sheltered or supported work, and assistance in obtaining and keeping employment, work being valued both for

the income and for the structure, the company and the sense of worth it provides. Cognitive remediation addresses the difficulties of attention, memory and planning that are among the features most limiting long-term functioning. Work with the family is an essential part, since relatives are in most Indian settings the principal carers: they are given information about the disorder and its treatment, help in reducing criticism and over-involvement, which are associated with relapse, instruction in recognising early signs of recurrence, and support for themselves. Continuity of treatment is arranged, including supervision of medication and regular review, and the person is helped to obtain the benefits and services to which he is entitled. On community-based as against institutional care, those who favour care in the community argue that a person recovers the capacity to live in ordinary society only by living in it, since skills learnt in an institution do not transfer, and that a long stay produces its own disabilities, the loss of initiative and of ordinary competence that has been described as institutionalisation. They argue that the large mental hospital has frequently been a place of neglect, of overcrowding and of abuse, remote from the person's home and family, and that the practice of detaining people for long periods on grounds of illness has been open to serious objection on grounds of liberty and of dignity; that keeping the person near his family preserves the relationships that are the main resource for his recovery and the main source of care in a country where professional services are scarce; that community provision reaches far more people for a given expenditure than hospital beds can; and that it reduces stigma by keeping the person within ordinary society rather than removing him from it. Those who are cautious about it argue that community care has frequently been a slogan for the closure of institutions without the creation of anything to replace them, so that people have been discharged to families unable to cope, to lodgings or to the street, and that the burden has in effect been transferred to relatives, overwhelmingly to women, without training, relief or payment. They point out that a proportion of people need a protected residential setting at some period, whether because of severe and continuing symptoms, because they are at risk to themselves or because no family is available, so beds must exist; that community services require trained staff, supervision of treatment, crisis provision and housing, which are expensive and scarce, and that where they are absent care in the community means no care at all; and that in the absence of structured provision a person may be left without treatment, which is itself the worst outcome. The position generally taken now is that the question is not which setting but what balance: that long-stay custodial institutions should give way to a range of provision which includes short-stay inpatient facilities for acute episodes and for those who need them, supported residential places, day centres, outpatient and outreach services, support for families and attention to housing and employment, and that the choice for an individual should depend on his condition and his circumstances at the time. A candidate should present it in these terms rather than declaring one model correct.

Rehabilitation defined, with its object of restoring functioning and the deficits it addresses 1. Three components described, such as social and living skills, occupational rehabilitation and work with the family 1. The case for community-based care, stated fairly 1. The cautions about it, including the transfer of burden to families and the need for residential provision, with a balanced conclusion and no verdict 1.

Question 9 [10]

- (a) First, attitude scales, which are the standard instrument. In the method of summated ratings associated with Likert, a set of statements expressing favourable and unfavourable positions towards the object is prepared, the person indicates on a fixed scale how far he agrees with each, the unfavourable items are scored in reverse, and the sum of his responses gives his position; the method is simple to construct and to administer and yields a score of reasonable reliability. In the method of equal-appearing intervals associated with Thurstone, statements are first sorted by a panel of judges according to how favourable each is, scale values are assigned from the judges' placements, the person endorses the statements he agrees with and his score is the average value of those he endorses. The semantic differential, devised by Osgood, has the person rate the object on a series of seven-point scales anchored at each end by opposed adjectives, such as good and bad or strong and weak, and yields a profile rather than a single figure. Second, direct questioning and interview. The person is asked in words what he thinks of the object, either in a questionnaire with open or closed questions or in an interview, and the method is used in opinion polling and in survey research. It is flexible and can be adapted to the person, and the single question of this kind is the commonest means of measuring attitudes in practice; its weakness is that it is particularly open to the influence of how the question

is worded, to the order in which questions are put and to the wish to give the answer the person believes to be acceptable. Third, indirect and behavioural measures, used because of the very weakness just named. Observation of actual behaviour towards the object, of what a person does rather than what he says, provides evidence that is not subject to the same distortion, though behaviour is also governed by circumstance, by habit and by the presence of others, so it is an imperfect index of attitude. Projective methods present ambiguous material and interpret the person's response, on the assumption that he will not recognise what he is revealing. Measures of reaction time, in which the speed with which a person associates a group or object with favourable or unfavourable words is recorded, are used to assess attitudes a person may be unwilling or unable to report, and unobtrusive measures take evidence from traces of behaviour collected without the person's knowledge. The general point is that each method has its own weakness, that attitudes cannot be observed directly but only inferred from some response, and that the use of more than one method is the usual safeguard.

Attitude scales described, with at least one method such as the Likert or the Thurstone procedure, or the semantic differential 1. Direct questioning or interview described, with its vulnerability to wording and to social desirability 1. Indirect or behavioural measures described, with the point that attitudes are inferred rather than observed 1.

- (b)** Attribution is the process by which a person explains the causes of behaviour and of events, his own as well as those of others. Because the causes are not given in what is observed, the perceiver infers them, and the inference he makes determines how he responds: whether he blames or excuses, whether he expects the same conduct again, whether he feels anger or sympathy. The principal distinction drawn in the field is between an internal or dispositional attribution, which locates the cause in the actor, in his character, ability, effort or intention, and an external or situational attribution, which locates it in the circumstances, in the task, in the conduct of others or in chance. Accounts of how the perceiver chooses between them point to the information he uses, among it whether the actor behaves in the same way towards other objects, whether others behave in the same way towards this object and whether the actor has behaved so on previous occasions; where the behaviour is peculiar to this actor and this occasion a situational explanation is more readily accepted, and where the actor behaves so generally while others do not, a dispositional one. Attributions are also made along the dimensions of stability, whether the cause is lasting or temporary, and controllability, whether it was within the actor's power, and these bear on the emotions that follow. Of the errors commonly found, the first is the fundamental attribution error, the general tendency to overestimate the part of disposition and to underestimate the part of situation in explaining the behaviour of other people. A person seen to behave abruptly is judged to be an abrupt person rather than one under pressure, and the error persists even where the observer knows that the actor had little choice. It is explained partly by the perceptual prominence of the actor, who is the figure in the observer's field while the circumstances acting on him are not visible, and partly by the economy of a single stable explanation. The second is the actor-observer difference, which is the same tendency viewed from the other side: a person explains his own behaviour by his circumstances, because he is aware of the pressures upon him and of how differently he behaves in other settings, while explaining the same behaviour in another by that other's character. A third, closely related, is the self-serving bias, by which a person attributes his successes to his own ability and effort and his failures to circumstances, bad luck or the conduct of others, which protects his self-esteem; the bias is reversed in some conditions, for example in persons who are depressed, who are found to attribute failure to stable causes within themselves. A fourth is the tendency to attribute to the members of another group a disposition where the same conduct in one's own group is explained by circumstance, which is one of the ways in which prejudice is maintained.

Attribution defined, with the distinction between internal and external causes 1. The fundamental attribution error explained, with the reason for it 1. A second error, such as the actor-observer difference or the self-serving bias, explained 1.

- (c)** Prejudice is an attitude, usually unfavourable, held towards the members of a group simply because they belong to it, and it is distinguished from the stereotype, which is the set of beliefs forming its cognitive component, and from discrimination, which is unfavourable conduct towards the group and is its behavioural expression. Its sources are several and operate together. The first is learning. Children acquire the prejudices of their family and their community by the same processes by which they acquire other attitudes, by hearing

the evaluations of adults they admire, by reinforcement of the expressions that meet approval and by observation, and such attitudes are commonly formed before the child has any acquaintance with the group concerned, so they rest on no experience that could correct them. Second, cognitive processes that operate independently of hostility. People categorise other people as they categorise everything else, because it economises effort, and categorisation itself produces the perception of greater similarity within a group and greater difference between groups than exists; attention and memory then favour the information that fits the category, so the stereotype is confirmed by a selective reading of evidence, and a case that does not fit is treated as an exception rather than as a refutation. A further mechanism is the attribution of the conduct of a member of another group to disposition while the same conduct in one's own group is attributed to circumstance. Third, group membership itself. Mere division into groups, even on a trivial basis, has been found to produce favouritism towards one's own group, and the explanation offered is that a person's self-esteem is partly derived from the standing of the groups to which he belongs, so that raising his own group relative to others serves his own estimate of himself. Fourth, competition and real conflict of interest. Where groups compete for land, employment, admission to institutions or political power, hostility rises, each group coming to see the other as the obstacle to what it needs, and prejudice supplies the justification; the classic field studies of competing groups of boys demonstrated how rapidly competition produces hostile stereotypes. Fifth, individual and motivational factors: the displacement of frustration onto a group too weak to retaliate, the use of a group as an object onto which the person's own unacceptable impulses are projected, and a disposition in certain persons to submit to authority and to despise those below them. Sixth, the social and institutional order, since where the groups occupy unequal positions the inequality itself supplies apparent evidence for the stereotype, and the arrangements of segregation in residence, in schooling and in marriage prevent the contact that might correct it. Of the measures psychologists have proposed for reducing prejudice, the first and most studied is contact between the groups, but the research is clear that contact alone is insufficient and may even increase hostility, and that it reduces prejudice when it meets certain conditions: the parties must meet on a footing of equal status in the situation, the contact must be sustained and close enough for them to know each other as individuals rather than brief and superficial, they must be engaged in a common task requiring cooperation, and the contact must have the support of the authorities, the law and the norms of the setting. The second, closely connected, is the creation of superordinate goals, that is objectives that neither group can achieve without the other, which was shown in the field studies to reverse hostility that competition had created, since cooperation towards a shared end redefines the boundary between the groups. The third is education and the correction of information, including instruction about the group concerned, the examination of stereotypes and of how they are maintained, and teaching people to recognise the operation of these processes in their own thinking, which has some effect though it is weaker than is commonly supposed, since prejudice is not merely a mistake of fact. The fourth is the reduction of inequality and the alteration of institutions, since prejudice is sustained by the arrangements that keep the groups unequal and apart; law against discrimination, the opening of institutions, and provision to correct historical disadvantage attack the conditions in which prejudice is reproduced, and changing what people do has been found to change what they think more reliably than the reverse. The fifth is the use of norms and of influential example: when those whose opinion carries weight make prejudice publicly unacceptable, expression of it declines, and the private attitude tends in time to follow the altered public standard. The sixth is intergroup socialisation from an early age, including schooling that is not segregated, and attention to the content of textbooks and of what is presented in the media. Psychologists add that the prejudices a person acquired young and holds without having examined them are the hardest to alter, and that the most effective interventions combine several of these measures rather than relying on any one.

Two sources of prejudice, including learning and cognitive categorisation 1. Two further sources, including group membership with in-group favouritism, and competition or real conflict of interest 1. Contact under its necessary conditions, and superordinate goals, explained as measures of reduction 1. Two further measures, such as education, the reduction of inequality and change of institutions, or the use of norms and example 1.

Question 10 [10]

- (a) A group in the psychological sense is not any collection of people in one place, since a crowd at a railway station is an aggregate rather than a group. Three characteristics are commonly given. First, interaction and

interdependence: the members influence one another, communicate directly or indirectly, and are dependent on one another in some degree for the attainment of what they seek, so that what one does has consequences for the others. Second, a shared purpose or common goal, together with a sense of belonging: the members are aware of one another as members, identify themselves with the group and distinguish it from those outside, so there is a boundary and a membership that each recognises. Third, structure: positions and roles become differentiated within the group, so that some lead and others follow and particular functions attach to particular members, and norms develop, that is shared expectations about how members ought to behave, which are enforced by approval and disapproval and which constrain the conduct of each member. A fourth characteristic frequently added is relative stability over time, since a group persists beyond any single occasion on which its members meet, and a fifth is that the members are relatively few in number, since interaction of the kind described requires that each be able to attend to the others. Groups are then distinguished by kind, the primary group being small, intimate and valued for its own sake, the secondary group larger and organised for a purpose, and the reference group being the group whose standards a person adopts whether or not he belongs to it.

Interaction and interdependence among the members 1. A common goal with a sense of belonging and a recognised boundary 1. Structure in the form of roles and norms, or relative stability over time 1.

- (b)** Groups are described as forming through a sequence of stages, the account most commonly given distinguishing five. In the first, forming, the members come together and orient themselves. There is uncertainty about the purpose of the group, about who the others are and about what will be expected, behaviour is tentative and polite, members look for guidance to whoever appears to be in charge, and the work of this stage is largely the gathering of information and the testing of the ground. In the second, storming, conflict appears. As members begin to express their own views and to pursue their own interests, disagreement arises about the group's purpose and about how it should proceed, resistance is offered to the demands of the task and to the emerging leadership, and there is competition for position and for influence; the stage is uncomfortable but necessary, since differences that are not brought out at this point obstruct the group later. In the third, norming, the conflict is resolved into agreement. Shared standards of conduct and of work develop, roles are allotted and accepted, a leadership is settled, cohesiveness grows, and the members come to identify with the group and to value their membership of it; the risk at this stage is that the pressure towards agreement may suppress useful dissent. In the fourth, performing, the group turns its energy to its task. The structure is settled and no longer requires attention, the members cooperate, roles are flexible and are adjusted as the work requires, and the group functions as a unit; not every group reaches this stage. A fifth stage, adjourning, was added later, and describes the dissolution of a group whose task is complete, in which the members disengage, the group's work is reviewed and some sense of loss is commonly felt. Two qualifications belong with the account. The sequence is not invariable, and groups may move back and forth between stages, returning to conflict when a new member joins or the task changes. And the stages describe what commonly happens rather than what must happen, so the model is useful as a framework for understanding where a group's difficulties lie rather than as a law.

Forming and storming correctly described 1. Norming correctly described 1. Performing, with adjourning or the qualification that the sequence is not invariable 1.

- (c)** Intergroup conflict is opposition between groups, expressed in hostile attitudes and in behaviour directed against the other group, and psychologists trace it to several causes. The first is real competition for scarce resources. Where two groups seek the same land, water, employment, places in institutions or political power, and what one obtains the other cannot, the structure of the situation produces hostility independently of the character of the members; the field studies of competing groups of boys showed that the introduction of competition for prizes was sufficient to produce hostile stereotypes, name-calling and aggression between groups that had been formed arbitrarily. The second is social identity and the need for positive distinctiveness. Because a person's estimate of himself is partly derived from the standing of his groups, he is disposed to evaluate his own group favourably against others, and mere categorisation into groups has been found to produce such favouritism without any competition at all, so some degree of intergroup bias arises from the very fact of group membership. The third is the operation of stereotypes and of biased perception, which sustain the conflict once it has begun: each group attends to the information that confirms its view of the other,

attributes the other's hostile acts to its character and its conciliatory acts to necessity, remembers its own grievances and forgets the other's, and comes to hold a mirror image in which it is itself peaceful and the other aggressive. The fourth is perceived injustice and relative deprivation, that is, the sense of a group that it receives less than it deserves by comparison with another, which is a better predictor of discontent than absolute condition. The fifth is the history of relations between the groups, since past injury is remembered and transmitted, and the sixth is the conduct of leaders, who may find in conflict with another group a means of consolidating their own following, and of communication that circulates rumour and inflames feeling at times of tension. Of the methods by which such conflict may be resolved, the first is the establishment of superordinate goals, objectives that neither group can achieve by itself and that require them to act together. This was the method by which the field studies reversed the hostility they had created, and its effect is to redraw the boundary so that the two groups come to see themselves as parts of a larger whole. The second is contact between the members under the conditions that make contact effective: equality of status in the situation, sustained acquaintance close enough for individuals to be known as individuals, cooperation on a common task, and the support of authority and of the prevailing norms; contact that lacks these conditions may harden hostility rather than reduce it. The third is negotiation, in which representatives of the parties seek an agreement directly, and mediation, in which an impartial third party assists them, which is of particular value where the parties cannot meet without antagonism, where there is no channel of communication between them or where each needs to be able to make a concession without appearing to yield; arbitration, in which a third party decides, is a further step and is used where negotiation has failed. The fourth is the building of trust by means of small reciprocal steps: one party announces and carries out a limited conciliatory act and invites reciprocity, and if it is reciprocated the process is repeated, which allows trust to be built gradually without either side risking much at the outset. The fifth is the correction of perception and of information, through contact, through the examination of stereotypes, and through the reduction of rumour by reliable communication, and the sixth is the alteration of the conditions that generate the conflict, by removing the inequality or the competition for resources on which it rests, since a conflict grounded in real opposition of interest cannot be resolved by improving attitudes alone. Psychologists add that the methods are most effective in combination, and that resolution requires attention both to the attitudes of the parties and to the structure of the situation that produced them.

Two causes, including real competition for resources and social identity with in-group favouritism 1. Two further causes, such as biased perception and stereotypes, relative deprivation, or the conduct of leaders 1. Superordinate goals and contact under its necessary conditions explained as methods of resolution 1. Negotiation or mediation, the gradual building of trust, or the alteration of the underlying conditions, with the point that structure as well as attitude must be addressed 1.