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PSYCHOLOGY

Name of Candidate	ANVIKSHA SHARMA	Test Code	M104
Schedule	Flexible.	Registration No.	786
Place	JAIPUR	Time	
Module			

Classroom ☐ Distance Learning ☐ Classroom & Distance Learning ☐

EVALUATION INDICATORS

1. Alignment Competence
2. Context Competence
3. Content Competence
4. Language Competence
5. Introduction Competence
6. Structure - Presentation Competence
7. Conclusion Competence

INDEX TABLE

Q.No.	Page No.	Maximum Marks	Marks Obtained
1.			
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Total Marks Obtained

Remarks:

Signature of Examiner

INSTRUCTIONS:

1. Do furnish the appropriate details in the answer sheet (viz. Name, ID Number and Test Code) The Candidate should fill the index table, especially for him/her.
2. In the left margin, she/he should write only question number and in the right margin, nothing should be written.
3. The page number should be coded by the candidate himself and the range of page number related to the answer of the question should be used to complete the index table.
4. All Parts of the questions should be written at one place.
5. No Supplementary sheet shall be provided by the management. So the candidate is advised to accommodate required information within the space provided.
6. The candidate need not write anything in his/her answer that derogates the dignity of an individual or an organization.
7. The candidate should respect the instructions, given be the invigilator.
8. The Examinee has to submit the answer sheet to the invigilator after completion of examination.
9. However, he/she is allowed the take away the question paper.

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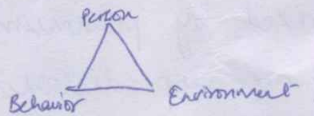
27/8/12

SECTION A

Q1 (a)

Albert Bandura in his social cognitive Theory of personality argued that social learning or observational learning as per the Behaviourists, is not passive. the cognitive processes play a role as is evidenced by his experiment on children using the Bobo doll. where vicarious reinforcement shaped their behaviour.

Bandura talks about Triadic Reciprocal Determinism in which personality is shaped by three factors: Behaviour, Environment and Person (Cognition)



Self Efficacy also plays an important role ie individuals belief that he can perform successfully

Julian Rotter also discussed the role of Expectancies and subjective Reinforcement value in predicting behaviour. He divided people into two based on their 'beliefs' about the source of their reinforcem. Internal locus of control & External locus of control.

Q1 (b)

Generalized Anxiety disorder is when there is free floating anxiety or worry not focused on any specific issue.

According to Psychoanalytics, if the defense mechanisms of the individual are not strong enough to control anxiety caused by unacceptable impulses trying to break through - that leads to GAD.

Behaviourists see it as a result of modelling and learning by observing the reactions of others.

According to cognitivists, a definite thought pattern characterized by pessimism + belief that negative events are unpredictable lead to GAD.

Biological reasons include over reactivity of neurotransmitters like GABA.

The above are the potential causes of GAD as explained by different schools of thought.
Another potential cause can be stress, coupled with a predisposition to anxiety, can lead to GAD. (Diathesis stress model)

Q1 (c) Humanistic school of thought believed in the concept of 'self' and 'free will' as determinant of human behaviour.

Roger's Self Theory : Talks about how individuals strives to become a 'fully functioning person' - ie to experience life to the fullest, live in here + now, trust own feelings.

According to Roger every individual has an ideal self - the one he/she would like to be. If the gap between reality + ideal self concept is too large, it leads to maladjustment.

Similarly Maslow in his Needs hierarchy theory, describes self actualisation as the highest need. A self actualized man accepts himself for what he is, is less inhibited + less likely to conform to others + sometimes experiences peak experiences - feelings of tremendous power + wonder.

Both 'fully functioning person' + 'self actualized' person are those who have reached their maximum potential as human beings.

Q 1 (d)

~~Mania~~ Bipolar disorders are characterized by wide swings in mood from deep depression to wild elation or mania.

Symptoms of Depression : person suffering experiences truly profound unhappiness.
There is loss of energy or fatigue, insomnia, or hypersomnia, significant weight gain or loss.
There is diminished ability to think or concentrate and the person gets recurrent thoughts of death or suicide.

Symptoms of mania : person experiences excessively high euphoria, there is increased energy, activity & restlessness. The person has unrealistic belief in one's ability and power and may indulge in drug abuse, aggressive behaviour, or manic spending spree.

In Bipolar disorder, every phase (depression or mania) terminates into normalcy. Every phase extends for about more than one week and shows combination of symptoms.
Treatment includes use of tranquilizers, and antidepressants apart from psychotherapy.

81 (e)

'Big Five' is a five factor trait model of personality which describes a person on five traits. Traits are stable over time, differ among individuals & influence behaviour. Each of the five traits are bipolar and vary along a continuum:

1. Extraversion: A dimension ranging from energetic sociable, talkative at one end to sober, reserved, uncooperative at the other.
2. Agreeableness: Ranging from good natured, trusting, helpful to irritable & suspicious at other end.
3. Conscientiousness: Ranging from well organized, careful, self disciplined at one end to disorganized, impulsive, careless at other.
4. Neuroticism: poised, calm, composed at one end to nervous, anxious, high strung at other.
5. Openness to Experience: A dimension ranging from imaginative, witty, having broad interests at one end to being down to earth, simple, with narrow interests & conformity

Trait theories are criticized as there is no consensus on traits, are generally descriptive in nature, don't answer how & why traits develop in an individual.

Q1 (f)

Dependency on drugs is a form of substance abuse which can be defined as a maladaptive pattern of substance (drug) use that results in repeated, significant adverse effects and maladaptive behaviours like failure to meet obligations at work, continued & repeated use of drugs despite its negative effects on self and others.

Behaviourists describe it as a learned behaviour conditioned to environmental stimuli. Shepherd Siegel (1984) interviewed heroin drug addicts who had experienced near fatal overdoses. He found that in such cases they had injected a regular amount but in an unfamiliar situation.

Cognitive factors like types of coping strategies, peer group pressure and incapability to deal with negative thoughts lead to drug dependence. Stress is a big factor and often the individual develops 'tolerance' as more drugs is needed with time for the same effect. Stopping would lead to withdrawal symptoms and the individual keeps on taking drugs to maintain homeostasis.

Q5 (a)

Cognitive therapies are based on the principle that what we think strongly influences how we feel and what we do.

for example. Albert Ellis (1987) in his Rational Emotive Therapy helps the individual to identify "Irrational thoughts", challenge the irrational assumptions that underlie their thinking so that the individual may recognize them and not indulge in upsetting emotional reactions.

Aaron Beck (1985) gave his cognitive behaviour therapy for fighting depression. Beck describe cause of depression as stemming from 'illogical ideas' that lead to negative affect & negative thoughts & memories.

There is a cognitive triad where the individual holds unrealistically negative beliefs and assumptions about themselves, the future & the world. In contrast to Rational Emotive Therapy, Beck's therapy does not attempt to disprove the ideas of depressed people. Rather therapist & client work together to identify individual's assumptions, beliefs & expectations & formulate ways to test them.

Q5 (b)

Carl Rogers, the founder of Client centred therapy argues that problems arise mainly because client's effort to attain 'self actualisation' ie growth & development are thwarted early in life by judgements & ideas imposed by other people. Such persons may perceive wide gap between their self image & the ideal self (ie the person they want to be). This leads to maladaptive behaviour and the person may indulge in drug abuse. To counter this anxiety.

Client centred therapy offers 'unconditional positive regard' or unconditional acceptance of the client & his feelings. There is a high level of empathetic understanding between the client & the therapist.

In such an environment, the individual comes to see himself as a unique individual with many desirable characteristics. There is enhanced adjustment and the client understands that he need not depend on drugs to escape from anxiety but progress towards self fulfillment. on his own effort.

Q5 (C)

In psychodynamic therapy, Transference refers to redirection of a patient's feelings for a significant person to the therapist. It can be erotic attraction, rage, hatred, parentification etc. According to freud, The analysis of transference, as it was done on an unconscious level helped to understand the patient's problem. as it may reveal unresolved conflicts patients have with childhood figure.

Counter-transference is defined as redirection of a therapist's feelings toward a patient. and is as helpful as transference in understanding the patient. for example, if a therapist is sexually attracted to a patient, the therapist must look at how the patient might be eliciting such feelings.

Once both transference & counter transference are identified, the therapist must explore the underlying unconscious reasons for them.

A contradictory approach is adopted by the classical Adlerian Therapists who view counter transference as an obstacle in psychotherapy and urge the therapist to take training to be able to avoid it.

Q5 (d) In the earlier decades institutionalization was considered the only way for those suffering with mental disorders. The worst implication of this was the social stigma attached with mentally ill. The environment of these 'mental hospitals' was also very restrictive in nature and many used chains to bind patients or beatings to calm them.

Moreover, it was found that often the patients would get worse after institutionising them and those that were released after 'treatment' became homeless wanderers and caused harm to themselves & to others.

Gradually it was realised that people suffering from mental disorders also had 'rights' and deserved humane acceptance into the society. Thus began the movement towards deinstitutionalisation. It has been seen that community therapy, interpersonal therapy & supportive environment can help patients to adapt & grow. Many people suffering from mild retardation, or schizophrenia which were considered incurable are now adapted into society.

Question No.
(प्रश्न संख्या)

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Q5 (e) Mindfulness based cognitive Therapy (MBCT) utilizes the traditional cognitive Behaviour Therapy methods (developed by Beck & Ellis) and adds in newer psychological strategies like mindfulness and mindfulness meditation.

MBCT is based on Barnard and Teasdale's (1991) multilevel theory of mind called Interacting cognitive subsystems. It explains that mind works on multiple modes - the two main modes are 'doing' (goal oriented, to change things) and 'being' mode (accepting and allowing what is).

MBCT helps patients to be in the 'being mode' by bringing about metacognitive awareness and decentering to perceive thoughts as impermanent & objective occurrences in the mind.

MBCT program includes guided meditations and attempts to cultivate mindfulness in the daily lives of the patient. It has been found to be effective in the treatment of depression and helps check relapse of illness after treatment.

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Q5 (f)

Primary prevention programmes involve reducing the possibility of disorders and fostering positive health. This may involve epidemiological studies to study risk factors that contribute to disorders and protective factors that foster well being among people.

Secondary prevention programmes involve early detection and prompt treatment of disorders. for eg. victims of violence if do not receive immediate treatment may develop Post Traumatic Stress Disorder.

Tertiary prevention programmes involve reducing long term impact of a disorder. There are two major modes of providing the same - first is providing therapeutic climate to patients in mental hospitals and second involves sound and complete aftercare.

Thus the role of psychologist is important at all stages of prevention as well as treatment of mental disorders.

Q6
(a)

Client centred therapy introduced by Carl Rogers. is based on unconditional positive regard and empathetic + genuine relationship shared by the patient and the therapist. The therapist doesn't follow any structure, give answers or interprets. He simply listens attentively + acceptingly and helps client to clarify his feelings & ideas.

This environment of trust is very important and the process of 'rapport formation' is one of the essential steps to be followed by the psychologist in any psychological intervention be it experiment, interview or therapy.

However, pure client centred therapy is rarely used these days. The approach is more according to the needs of the situation and the disorder of the patient.

For example, in case of phobic treatments, it's been shown that behavioural therapy of desensitization and modelling helps the client much more than other psychotherapies.

For disorders like schizophrenia, medical intervention may be required as the patient may not be in the state to engage in meaningful conversation

with the therapist.

A second problem with client centred therapy is over-reliance on the factor of 'trust' and 'positive regard'. It does not show how and in what way would 'trust' help the patient. Sometimes the root of the problem as argued by psychoanalysts, is in the unconscious and are repressed from conscious experience for years. Unless the psycho-therapist is trained to understand this, e.g. in 'slips of tongue' or 'dream interpretation' or 'transference', the problem will not be effectively solved.

Thirdly, focus on the relationship shared by patient and therapist may affect the treatment itself. The patient may become dependent on the therapist for support, or distort information to be seen in favourable light by the therapist (as in Demand characteristics or experimenter effect). If 'Transference' or 'Counter transference' take place, the nature of treatment may be altered.

fourthly, lack of structure in the client centred therapy leads to vagueness and ambiguity in treatment. As there is no definite procedure to be followed, the success of the treatment depends on the individual potential of the therapist to treat effectively and the willingness of the patient to be treated.

Client centred therapy is based on the Humanistic principles of psychotherapy which seek to help individuals to attain 'self fulfillment' and adjust to the differences that they perceive in their realistic self and Ideal self concept.
Though Humanistic school of Thought is touted as the fourth force in psychology and has helped bring about a positive outlook towards therapy and psychological counselling, its application in pure form is limited.

Q6 (b)

Psychosocial Rehabilitation centers on teaching patients to cope more effectively with their disorders. It is especially effective with older adults suffering serious mental illness as at their stage complete cure of disorder may not be possible.

The following essentials will be required to form an effective psychosocial rehab plan for such adults:

1. individuation : service must be custom tailored to the individual. This means that program delivery must be flexible and driven by individual choice. for eg. if an adult is interested in gardening, courses offered in the same must be provided.

2. Hope & On going support : At all stages the adults must feel that they have the potential to change & grow. On going support keeps the motivation levels high.

3. focus on skills: The core of rehabilitation is increased competencies through skill acquisition they should be given training to be as self dependent as possible for eg.

preparing meals, using public transport etc.

4. Environmentally specific: strengths & abilities must be assessed in relation to specific environment. That is skills must be taught which are culturally relevant and environmentally feasible. for eg. in an area where there are many manual labour requiring factories, ~~skill~~ ~~due~~ teaching them ~~sewing~~ art & craft skills may not be relevant.

5. Case Management: A single professional should coordinate effort to help the patient with respect to employment, housing etc. - so that they do not 'slip between the cracks'

In all such ~~problem~~ programmes, role of community is very important. Awareness must be generated about the disorders and available treatment & rehabilitation opportunities. Family & community support will ensure maximum benefit to individuals with disorders.

Q2

(a) Sublimation is a defense mechanism that allows us to act out unacceptable impulses by converting these behaviours into socially acceptable form.

Freud believed that sublimation was a sign of maturity that allows people to function normally in socially acceptable ways.

for eg. if someone has an aggressive urge, he may direct his aggression in sports eg. rugby, weightlifting, kickboxing, wrestling as it is 'allowed'.

In the same way, someone with an urge to kill might join the army as the act of killing is now justified as 'protecting their country'.

Sexual sublimation involves transforming sexual impulses or 'libido' into creative energy.

for eg. Leonardo da Vinci the great artist was also a homosexual which was morally unacceptable at those times.

More successful the sublimation, better is the conflict resolution by the individual as it happens outside conscious awareness and spares the person of anxiety.

Q2 (b)

Some people who abuse drugs may show symptom similar to those of schizophrenia for e.g. delusion & hallucination. Due to this people with schizophrenia may be mistaken as 'high on drugs'.

Most researchers do not believe that drug abuse causes schizophrenia but it has been found that people who have schizophrenia often abuse alcohol or drugs and may have particularly bad reactions to certain drugs.

It has been found LSD & Marijuana speed the onset of schizophrenia if the person is genetically predisposed to it.

Generally, the relationship is the other way round. People suffering from schizophrenia use drugs, alcohol, tobacco as self medications.

According to National Alliance on ~~Men~~ Mental Illness, USA, in USA 47 % people with schizophrenia also have a substance abuse problem.

The prevalance of smoking is three times higher than the general population in schizophrenics.

Nicotine is an addictive stimulant and may temporarily stimulate memory & cognitive performance -

areas of brain that schizophrenia negatively affects.

It has to be understood that such high prevalance of drug abuse in schizophrenics is due to unawareness of their problem as well as depends on the availability of substance (alcohol, drugs etc) to the patient.

In case a schizophrenic patient is found to be addicted to drugs or other substance, dual diagnosis & treatment is required. Nicotine has been found to block effect of schizophrenic medicines, hence higher doses maybe required.

Timely intervention and family support are essential in effective treatment.

Q2 (c) Projective test such as the Rorschach (inkblot) test claims that its can be used cross culturally as it does not require literacy, not culture bound, and can be used at all ages.

However how culture-free is it is debated. First is the problem of ethnocentricism. Researcher from other ~~cou~~ cultures maybe looked upon with suspicion. and the researchers themselves may judge another culture solely on values & standard of own culture.

Secondly, culture determines how a particular stimuli would be interpreted by the observer. For eg. there is a popular 'bat-card' in the Rorschach test. But for someone ~~who~~ like the Eskimo, who has never seen a bat may not interpret that inkblot as a 'bat'.

Thirdly, language can be a problem. Both in terms of explaining & interpreting cross cultural differences n similarities. Even if the researcher is trained in a language, such problems are not absent even if reduced - for eg. there is no direct translation for many Hindi words which are culture specific.

fourthly. The interpretation of a lot of Projective Test are normed with western subjects. Therefore responses are deemed 'normal' or 'abnormal' depending on how they match with average western response.

The above problem should be kept into consideration while using Projective tests. As most of the projective tests are developed in the Western World, the best technique to counter these would be to develop culture specific norms and trained researches to effectively use these.

Question No.
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Q7
1(a)

Psycho analytical therapy stresses on the role of 'insight' in treating disorders. 'Insight' means to identify unconscious troubling material & cope with it using conscious rational process. Such insight according to Freud can be gained through free association, dream analysis and interpretation of client therapist relationship

The successful treatment of the paralysis of Fraulein Elizabeth by Freud showed that when Fraulein gained 'insight' about her repressed sexual desires towards her brother-in-law, she could be cured.

However, many schools of thought have challenged this assumption that once insight is acquired, mental health will automatically follow. for eg. a child may have developed fear of heights because he once fell from a tree. As an adult he may know that this fall caused his fear but it may not help him get rid of the phobia. A behaviouristic therapy with desensitization & role modelling may be more effective.

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Another limitation of 'insight' is that it greatly depends on ~~edu~~ how educated and well read a person is. A patient who is illiterate and ~~has~~ does not ~~good~~ have good vocabulary may not be able to articulate his thoughts well. and with ease. In such case 'insight' may be difficult to achieve.

Psychoanalytical therapy is also criticized because it follows a closed logical system. The 'insight' that the therapist may have interpreted if not accepted by the patient is often termed as 'resistance' to avoid anxiety as ~~the~~ it may involve repressed sexual or aggressive urges.

~~Finally~~, Another factor that limits the effectiveness of insight is that it is unscientific in nature and purely subjective. In reality, a patient may never know the real reason ~~for~~ or the underlying cause of a problem as it all is 'unconscious'.

Finally, the whole process is costly and time consuming. As a lot of it depends on free association, dream analysis & relationship between patient & therapist, 'insight' may be an elusive concept to capture.

Psychologists today use a variety of techniques to help patients in psychotherapy. Greater role of cognitive & behavioural techniques coupled with neurological understanding has helped researchers develop more scientific & structured forms of therapy.

Q7 (b)

Behaviouristic techniques can be effective in ~~the~~ rehabilitation of criminals.

Firstly, clear identification of undesirable or maladaptive behaviours must be made.

Secondly, identification of event that reinforce and maintain such responses.

Thirdly, efforts should be made to change the environment so that the 'cues' and 'reinforcers' for the maladaptive behaviours are no longer present.

~~The~~ Use of Token Economies is often found to be effective. Criminals can be given various rewards for eg. TV watching, sweets, trips to the market etc for various adaptive behaviours eg. being cooperative, participative etc.

~~These reinforcers should be such that the criminals~~

Modelling is also used for such rehabilitation programmes. ~~The~~ Individuals who were criminals in the past but now have successfully overcome their problems and

lead normal life can come and interact with the criminals. Positive examples can also be shown through films and story telling – and vicarious reinforcement in terms of ~~ato~~ social acceptance & integration will provide hope and strengthen adaptive behaviour.

Modelling can also be used for 'assertive training' in which participants may learn to express their feelings & desires more clearly & effectively. This will help them in controlling aggression and engaging in meaningful interpersonal relationships.

Finally, rehabilitation should aim at ~~mako~~ developing skills in the clients that help them integrate into the society & lead a 'normal' life. The society itself should provide positive reinforcement for those who support truth, peace & harmony and timely punish the criminals and wrong doers.