Analysis of Pupil Performance

Humanities & Commerce

PSYCHOLOGY

Research Development and Consultancy Division

Council for the Indian School Certificate Examinations

New Delhi

Year 2017

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This document of the Analysis of Pupils' Performance at the ISC Year 12 and ICSE Year 10 Examination is one of its kind. It has grown and evolved over the years to provide feedback to schools in terms of the strengths and weaknesses of the candidates in handling the examinations.

We commend the work of Mrs. Shilpi Gupta (Deputy Head) and the Research Development and Consultancy Division (RDCD) of the Council who have painstakingly prepared this analysis. We are grateful to the examiners who have contributed through their comments on the performance of the candidates under examination as well as for their suggestions to teachers and students for the effective transaction of the syllabus.

We hope the schools will find this document useful. We invite comments from schools on its utility and quality.

Gerry Arathoon
November 2017   **Chief Executive & Secretary**

The Council has been involved in the preparation of the ICSE and ISC Analysis of Pupil Performance documents since the year 1994. Over these years, these documents have facilitated the teaching-learning process by providing subject/ paper wise feedback to teachers regarding performance of students at the ICSE and ISC Examinations. With the aim of ensuring wider accessibility to all stakeholders, from the year 2014, the ICSE and the ISC documents have been made available on the Council's website www.cisce.org.

The document includes a detailed qualitative analysis of the performance of students in different subjects which comprises of examiners' comments on common errors made by candidates, topics found difficult or confusing, marking scheme for each answer and suggestions for teachers/ candidates.

In addition to a detailed qualitative analysis, the Analysis of Pupil Performance documents for the Examination Year 2017 have a new component of a detailed quantitative analysis. For each subject dealt with in the document, both at the ICSE and the ISC levels, a detailed statistical analysis has been done, which has been presented in a simple user-friendly manner.

It is hoped that this document will not only enable teachers to understand how their students have performed with respect to other students who appeared for the ICSE/ISC Year 2017 Examinations, how they have performed within the Region or State, their performance as compared to other Regions or States, etc., it will also help develop a better understanding of the assessment/ evaluation process. This will help them in guiding their students more effectively and comprehensively so that students prepare for the ICSE/ ISC Examinations, with a better understanding of what is required from them.

The Analysis of Pupil Performance document for ICSE for the Examination Year 2017 covers the following subjects: English (English Language, Literature in English), Hindi, History, Civics and Geography (History & Civics, Geography), Mathematics, Science (Physics, Chemistry, Biology), Commercial Studies, Economics, Computer Applications, Economics Applications, Commercial Applications.

Subjects covered in the ISC Analysis of Pupil Performance document for the Year 2017 include English (English Language and Literature in English), Hindi, Elective English, Physics (Theory and Practical), Chemistry (Theory and Practical), Biology (Theory and Practical), Mathematics, Computer Science, History, Political Science, Geography, Sociology, Psychology, Economics, Commerce, Accounts and Business Studies.

I would like to acknowledge the contribution of all the ICSE and the ISC examiners who have been an integral part of this exercise, whose valuable inputs have helped put this document together.

I would also like to thank the RDCD team of Dr. Manika Sharma, Dr. M.K. Gandhi, Ms. Mansi Guleria and Mrs. Roshni George, who have done a commendable job in preparing this document. The statistical data pertaining to the ICSE and the ISC Year 2017 Examinations has been provided by the IT section of the Council for which I would like to thank Col. R. Sreejeth (Deputy Secretary - IT), Mr. M.R. Felix, Education Officer (IT) – ICSE and Mr. Samir Kumar, Education Officer (IT) - ISC.

Shilpi Gupta
November 2017   *Deputy Head - RDCD*

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INTRODUCTION

This document aims to provide a comprehensive picture of the performance of candidates in the subject. It comprises of two sections, which provide Quantitative and Qualitative analysis results in terms of performance of candidates in the subject for the ISC Year 2017 Examination. The details of the Quantitative and the Qualitative analysis are given below.

Quantitative Analysis

This section provides a detailed statistical analysis of the following:

- Overall Performance of candidates in the subject (Statistics at a Glance)
- State wise Performance of Candidates
- Gender wise comparison of Overall Performance
- Region wise comparison of Performance
- Comparison of Region wise performance on the basis of Gender
- Comparison of performance in different Mark Ranges and comparison on the basis of Gender for the top and bottom ranges
- Comparison of performance in different Grade categories and comparison on the basis of Gender for the top and bottom grades

The data has been presented in the form of means, frequencies and bar graphs.

Understanding the tables

Each of the comparison tables shows N (Number of candidates), Mean Marks obtained, Standard Errors and t-values with the level of significance. For t-test, mean values compared with their standard errors indicate whether an observed difference is likely to be a true difference or whether it has occurred by chance. The t-test has been applied using a confidence level of 95%, which means that if a difference is marked as 'statistically significant' (with * mark, refer to t-value column of the table), the probability of the difference occurring by chance is less than 5%. In other words, we are 95% confident that the difference between the two values is true.

t-test has been used to observe significant differences in the performance of boys and girls, gender wise differences within regions (North, East, South and West), gender wise differences within marks ranges (Top and bottom ranges) and gender wise differences within grades awarded (Grade 1 and Grade 9) at the ISC Year 2017 Examination.

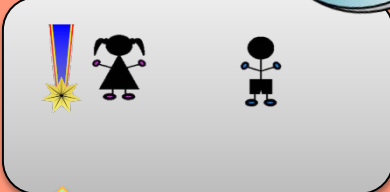The analysed data has been depicted in a simple and user-friendly manner.

Given below is an example showing the comparison tables used in this section and the manner in which they should be interpreted.

Comparison on the basis of Gender

Gender	N	Mean	SE	t-value
Girls	2,538	66.1	0.29	
Boys	1,051	60.1	0.42	

*Significant at 0.05 level

11.91*

Girls performed significantly better than boys.

The table shows comparison between the performances of boys and girls in a particular subject. The t-value of 11.91 is significant at 0.05 level (mentioned below the table) with a mean of girls as 66.1 and that of boys as 60.1. It means that there is significant difference between the performance of boys and girls in the subject. The probability of this difference occurring by chance is less than 5%. The mean value of girls is higher than that of boys. It can be interpreted that girls are performing significantly better than boys.
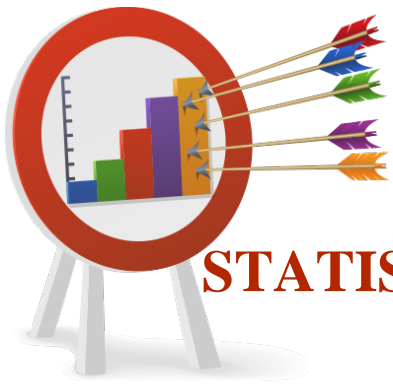
The results have also been depicted pictographically. In this case, the girls performed significantly better than the boys. This is depicted by the girl with a medal.

Qualitative Analysis

The purpose of the qualitative analysis is to provide insights into how candidates have performed in individual questions set in the question paper. This section is based on inputs provided by examiners from examination centres across the country. It comprises of question wise feedback on the performance of candidates in the form of *Comments of Examiners* on the common errors made by candidates along with *Suggestions for Teachers* to rectify/ reduce these errors. The *Marking Scheme* for each question has also been provided to help teachers understand the criteria used for marking. Topics in the question paper that were generally found to be difficult or confusing by candidates, have also been listed down, along with general suggestions for candidates on how to prepare for the examination/ perform better in the examination.

QUANTITATIVE ANALYSIS

STATISTICS AT A GLANCE

Total Number of Candidates: 2,512

Mean Marks: 79.3

Highest Marks: 100

Lowest Marks: 33
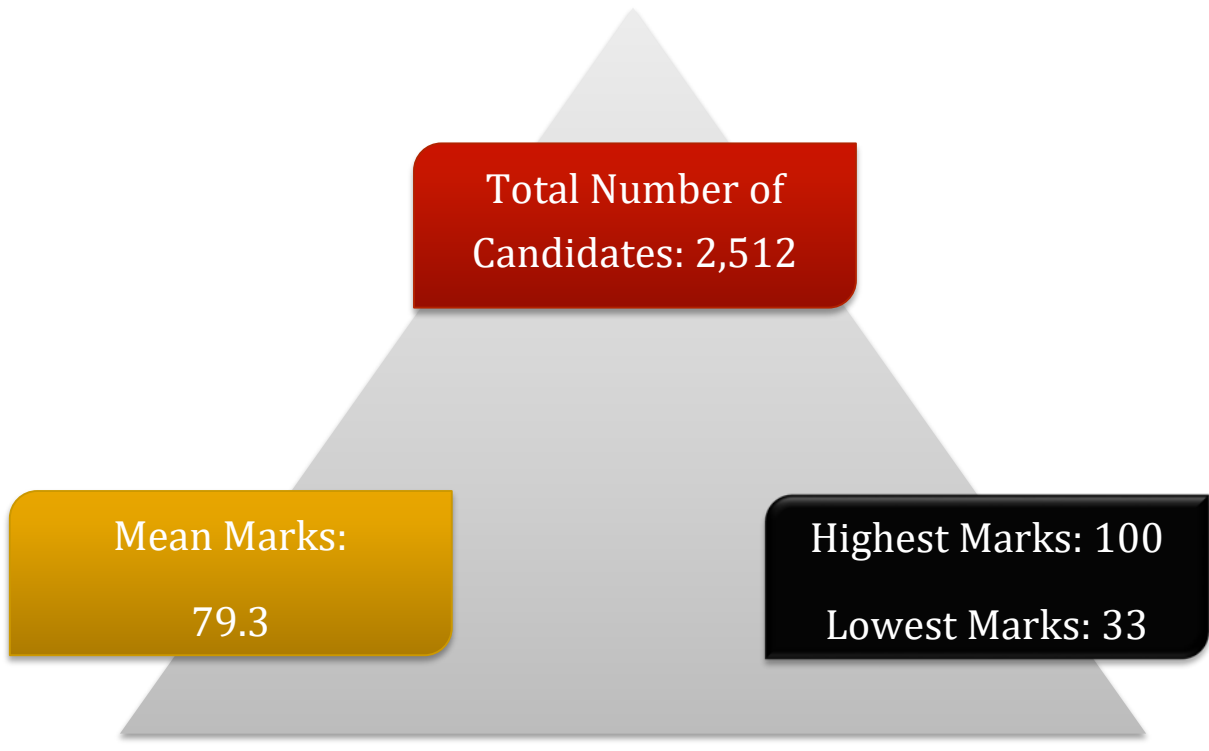
PERFORMANCE (STATE-WISE & FOREIGN)

State	Mean Marks
West Bengal	74.4
Uttarakhand	79.8
Uttar Pradesh	81.7
Tamil Nadu	83.5
Telangana	79.1
Rajasthan	88.1
Punjab	78.7
Odisha	52.1
Madhya Pradesh	87.5
Maharashtra	87.4
Kerala	83.6
Karnataka	79.3
Jharkhand	64.7
Himachal Pradesh	77.6
Haryana	85.9
Gujarat	78.2
Goa	75.3
Chandigarh	82.1
Assam	92.4
Foreign	81.7
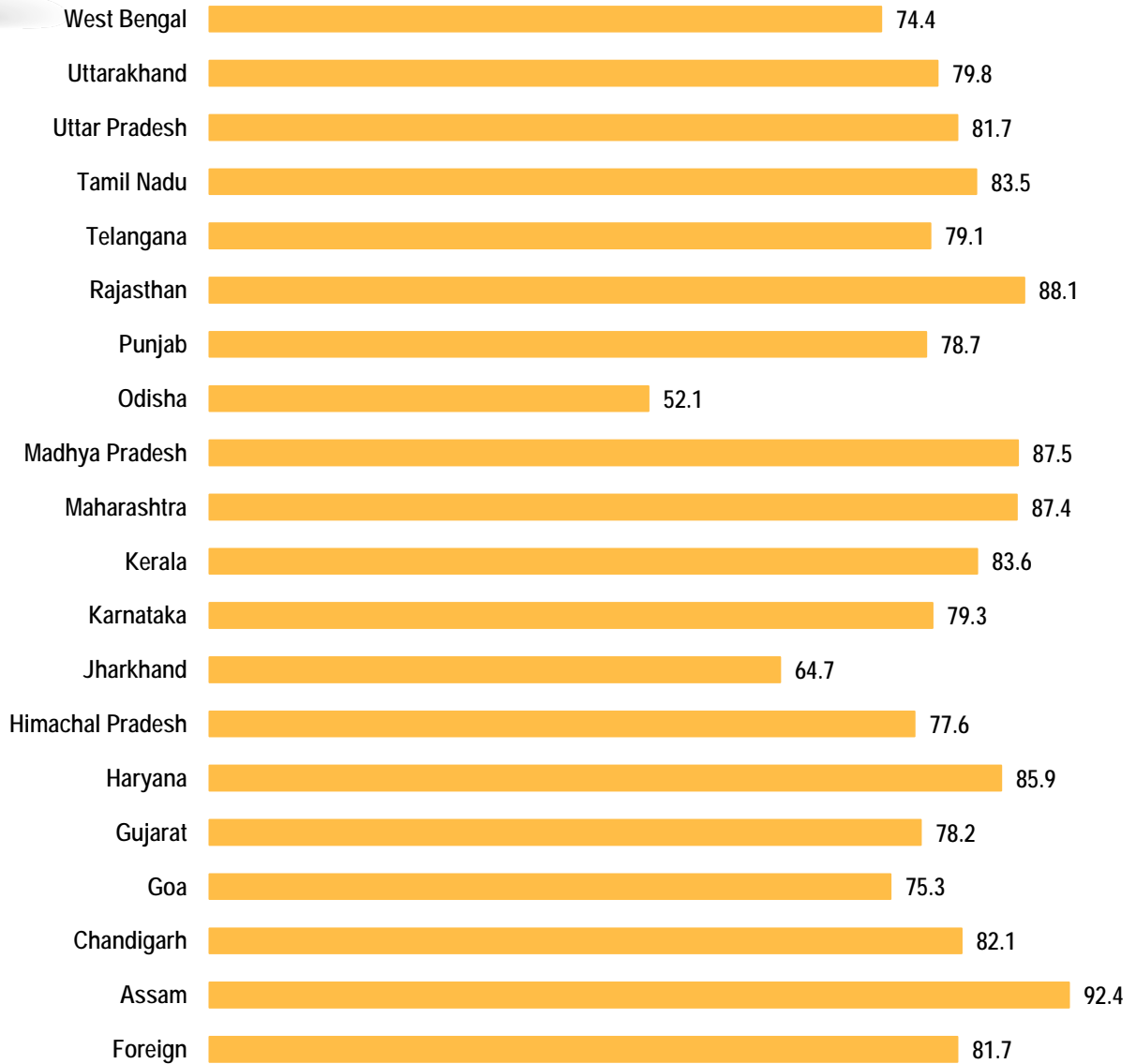
The States of Assam and Rajasthan secured highest mean marks. Mean marks secured by candidates studying in schools abroad were 81.7.

GENDER-WISE COMPARISON

GIRLS

Mean Marks: 80.5

Number of Candidates: 2,129

BOYS

Mean Marks: 72.4

Number of Candidates: 383

Comparison on the basis of Gender

Gender	N	Mean	SE	t-value
Girls	2,129	80.5	0.33	9.69*
Boys	383	72.4	0.77	

*Significant at 0.05 level

Girls performed significantly better than boys.

REGION-WISE COMPARISON

East

Mean Marks: 73.6

Number of Candidates: 894

Highest Marks: 100
Lowest Marks: 33

North

Mean Marks: 81.5

Number of Candidates: 726

Highest Marks: 100
Lowest Marks: 40

REGION

Mean Marks: 80.3

Number of Candidates: 343

Highest Marks: 100
Lowest Marks: 40

Mean Marks: 85.2

Number of Candidates: 509

Highest Marks: 100
Lowest Marks: 40

Mean Marks: 81.7

Number of Candidates: 40

Highest Marks: 98
Lowest Marks: 50

South

West
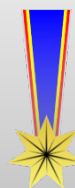
Foreign

Mean Marks obtained by Boys and Girls-Region wise

Region		North	East	South	West	Foreign
Girls		83.9	74.3	81.0	86.7	85.2
Boys		71.5	68.2	77.1	76.2	72.4
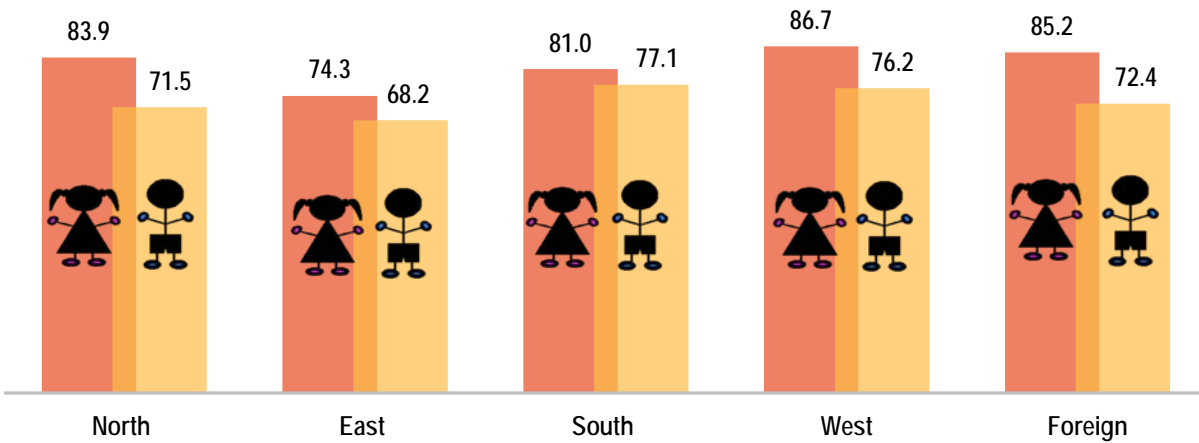
Comparison on the basis of Gender within Region

Region	Gender	N	Mean	SE	t-value
North (N)	Girls	582	83.9	0.49	9.76*
	Boys	144	71.5	1.18	
East (E)	Girls	796	74.3	0.62	3.31*
	Boys	98	68.2	1.75	
South (S)	Girls	284	81.0	0.79	2.25*
	Boys	59	77.1	1.50	
West (W)	Girls	438	86.7	0.54	5.67*
	Boys	71	76.2	1.77	
Foreign (F)	Girls	29	85.2	1.87	3.10*
	Boys	11	72.4	3.70	

*Significant at 0.05 level

The performance of girls was significantly better than that of boys in all the regions.

REGION (N, E, S, W, F)
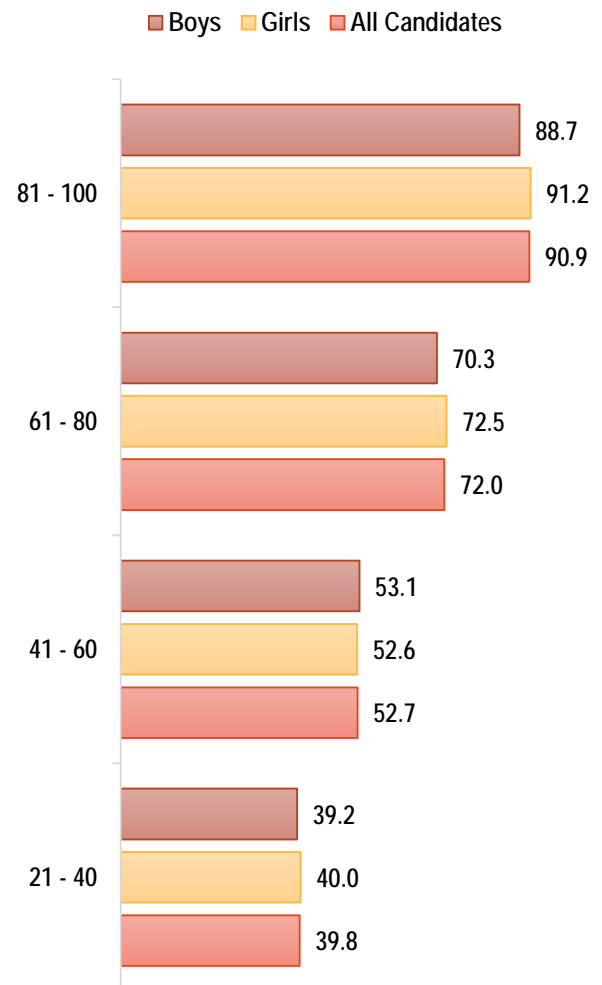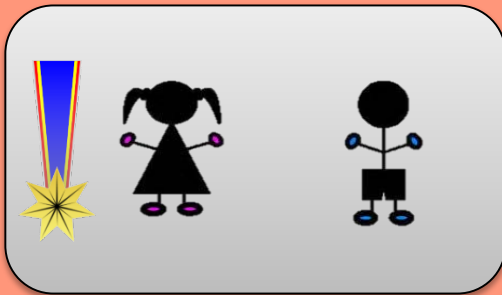
MARK RANGES : COMPARISON GENDER-WISE

Comparison on the basis of gender in top and bottom mark ranges

Marks Range	Gender	N	Mean	SE	t-value
Top Range (81-100)	Girls	1,231	91.2	0.16	4.97*
	Boys	135	88.7	0.46	
Bottom Range (0-20)	Girls	0	0	0	-
	Boys	0	0	0	

*Significant at 0.05 level

Marks Range (81-100)

Performance of girls was significantly better than the performance of boys.
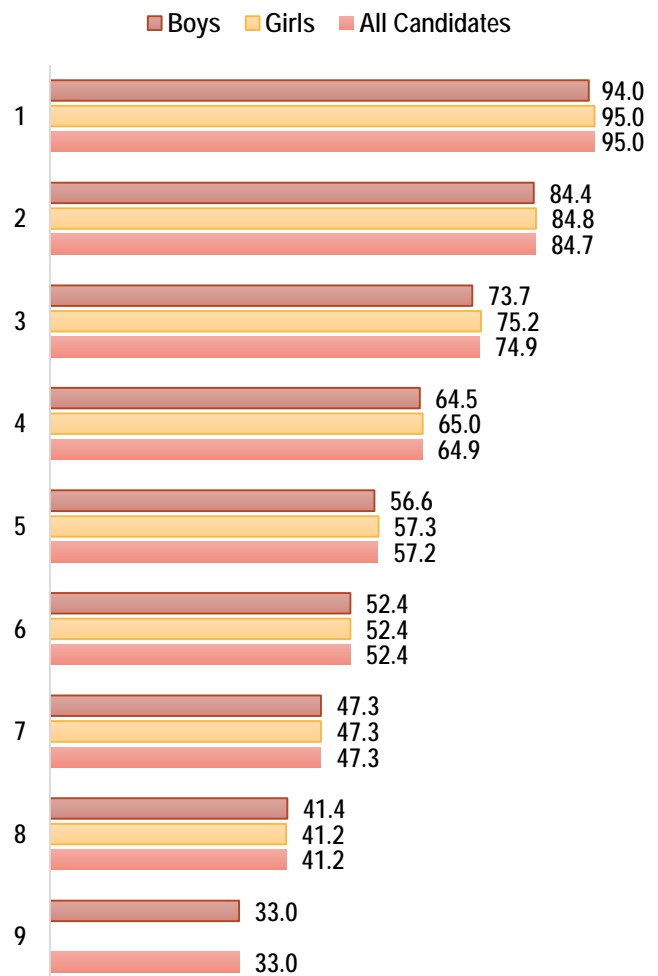
■ Boys ■ Girls ■ All Candidates

Range	Boys	Girls	All Candidates
81 - 100	88.7	91.2	90.9
61 - 80	70.3	72.5	72.0
41 - 60	53.1	52.6	52.7
21 - 40	39.2	40.0	39.8

GRADES AWARDED : COMPARISON GENDER-WISE

Comparison on the basis of gender in Grade 1 and Grade 9

Grades	Gender	N	Mean	SE	t-value
Grade 1	Girls	745	95.0	3.48	0.08
	Boys	59	94.0	12.03	
Grade 9	Girls	0	0	0	-
	Boys	1	33.0	0	

In Grade 1, no significant difference was observed between the average performance of girls and boys.

Boys   Girls   All Candidates

Grade	Boys	Girls	All Candidates
1	94.0	95.0	95.0
2	84.4	84.8	84.7
3	73.7	75.2	74.9
4	64.5	65.0	64.9
5	56.6	57.3	57.2
6	52.4	52.4	52.4
7	47.3	47.3	47.3
8	41.4	41.2	41.2
9	33.0		33.0

QUALITATIVE ANALYSIS

PART I (20 Marks)
*Answer **all** questions.*

Question 1 [20]

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

(i) Define *personality,* according to Eysenck.

(ii) State the formula for calculating the IQ of an individual.

(iii) Give the full form of SCII.

(iv) What is meant by the term *fixation,* according to Freud?

(v) Briefly explain what is meant by *gender identity*.

(vi) What is *obsessive compulsive disorder*?

(vii) Explain the term *aptitude*.

(viii) Define *depression*.

(ix) What is meant by *automatic vigilance?*

(x) Explain the term *object permanence.*

(xi) What is *burnout?*

(xii) Explain the term *free association*.

(xiii) What is meant by *matching individuals to their jobs?*

(xiv) Who put forward the Structure of *Intellect Model of intelligence?*

(xv) What is meant by *disorganised attachment?*

(xvi) Briefly explain *oral stage of psychosexual development.*

(xvii) What is meant by *group test of intelligence?*

(xviii) Who are *delinquents?*

(xix) What is meant by *secondary cognitive appraisal?*

(xx) Explain the term *development*.

Comments of Examiners

(i) Most of the candidates could not give an appropriate definition because key words like 'character', 'temperament', etc. were missed out. Some of the candidates wrote Cattell and Allport's definition instead of Eysenck's definition as required.

(ii) Majority of the candidates answered this question correctly. A few candidates wrote 'physical age/biological age' for 'chronological age' in the formula for calculating IQ. Some candidates forgot to write '100' with the multiplication sign.

(iii) Some candidates made mistakes in writing the full form of SCII. A few candidates wrongly wrote 'Intelligence Inventory' instead of 'Interest Inventory'.

(iv) The term 'fixation' was incorrectly explained by some candidates.

(v) Majority of the candidates answered this question quite well. However, some missed out keywords like 'male/female' or 'the understanding of one's gender'.

(vi) This question was answered satisfactorily by the candidates. Some candidates explained with examples.

(vii) A number of candidates did not specify 'aptitude' as a special ability or potential innate ability, etc.

(viii) The term 'depression' was well explained by most of the candidates. A few candidates gave only examples without any explanation of the symptoms.

(ix) A number of candidates did not explain the actual meaning of 'bias'. Some of the candidates mentioned it as an attribution error, while others stated that it is the opposite of person- positivity bias.

(x) Most of the candidates attempted this part correctly. Several candidates explained it as, 'the object is permanent'.

(xi) Majority of the candidates answered this well. However, some candidates missed out the important words like 'physical and mental exhaustion'.

(xii) Most of the candidates explained 'free association' as the first phase of projective techniques like Rorschach Inkblot Test or Word Association Test. Very few

candidates mentioned it as a part of the Freudian psychoanalytic therapy.

(xiii) Majority of the candidates answered this question quite well.

(xiv) A few candidates missed out 'J.P' while giving the name and a few others spelt 'Guilford' incorrectly.

(xv) Very few candidates answered this question properly. Most of the candidates confused 'disorganised attachment' with insecure ambivalent and avoidant styles of attachment.

(xvi) Majority of the candidates answered this question correctly.

(xvii) Most of the candidates answered this part correctly.

(xviii) A number of candidates answered this question correctly. In some cases, candidates did not mention the age factor i.e. below 18 years or legal aspect (like punishable by law).

(xix) Many candidates answered this question well. Some candidates gave vague answers and several candidates defined primary appraisal instead of secondary cognitive appraisal.

(xx) Majority of the candidates defined either 'growth' or 'maturation' instead of 'development'. Some candidates missed out on the key words like 'quantitative and qualitative' changes in an individual from conception to death.

MARKING SCHEME

Question 1

(i)	According to Eysenck, personality is the more or less stable and enduring organization of a person's character, temperament, intellect and physique, which determine his unique adjustment to the environment.
(ii)	$IQ = \frac{MA}{CA} \times 100$ MA = Mental Age. CA = Chronological Age.
(iii)	Full form of SCII: Strong Campbell Interest Inventory.
(iv)	Fixation: Excessive investment of psychic energy in a particular stage of psycho-sexual development; this results in various types of psychological disorders.
(v)	Gender identity: Understanding of the fact that one is male or female.
(vi)	Obsessive compulsive disorder: An anxiety disorder in which individuals have recurrent, disturbing thoughts (obsessions) they cannot prevent unless they engage in specific behaviours (compulsions)
(vii)	Aptitude: refers to special abilities in a particular in a person, field of activity. It is a combination of characteristics that indicates an individual's capacity (in born potential) to acquire some specific knowledge or skill after training. The sum total or potential behaviour pattern of the organism as determined by the heredity and environment; it originates and develops through the interaction of the four main sectors. These behaviour pattern, the cognitive (intelligence), the conative sector (character), the affective (temperament) and somatic sector (constitution).

(viii)	Depression: A mood disorder in which individuals experience extreme unhappiness, lack of energy and several related symptoms.
(ix)	Automatic vigilance: The strong tendency to pay attention to negative social information.
(x)	Object Permanence: The fact that objects continue to exist when they pass / hidden from view.
(xi)	Burnout: The physical exhaustion is seen in the signs of chronic fatigue weakens and low energy. The mental exhaustion appears in the form of irritability, anxiety, feelings of helplessness and hopelessness. This state of physical, emotional and psychological exhaustion is known as burnout.
(xii)	Free association: A verbal reporting by persons undergoing psychoanalysis of everything that passes through their minds, no matter how trivial it may appear to be.
(xiii)	Matching individuals to their jobs: After finalizing the components of each job, which is called job analysis, individuals who match to these components of job are selected for that job. While, through job analysis, job characteristics can be known through application of psychological tests, the characteristics of the person is traced. Then, these two are matched. If matching is 100% which is rarely observed in real field, the person is best suited for the job.
(xiv)	J.P. Guilford
(xv)	Disorganised attachment: A pattern of attachment in which infants show contradictory reactions to their caregiver after being reunited with her in the strange situation test.
(xvi)	In Freud's theory, the stage of psychosexual development during which pleasure is centered in the region of the mouth.
(xvii)	A group intelligence test can be administered to several persons simultaneously. Group tests, however, do not allow an opportunity to be familiar with the subjects, feelings. Group tests generally seek written answers, usually in a multiple-choice format.
(xviii)	They violate the law of the land and commit offences like theft, gambling, cheating, picking pockets, murder, robbery, dacoity, destructing of property, age below 18 years.
(xix)	Secondary cognitive appraisal: The individual determines the coping resources that are available and the likelihood that they can be employed successfully.
(xx)	Development: The sequence of changes over the full life span of an organism. One aspect to physical development which is strongly influenced to genetic tendencies. The other is psychological development which is much more influenced by environmental factors. Development refers to the development, both during the prenatal and postnatal. Development refers to qualitative and quantitative changes.

PART II (50 Marks)
SECTION A
Answer any **two** *questions.*

Question 2

(a)   Describe the theory of *Multiple Intelligence*.   **[6]**

(b)   Who are *gifted children?* Give *any six* characteristics of gifted children.   **[4]**

Comments of Examiners

(a) While many candidates were able to attempt this question well, some missed out on key points like the name of the psychologist and the basic concept of this theory. A few candidates did not mention all the types of intelligences.

(b) A few candidates did not write all the required points and several others confused gifted children with children with special difficulties.

> ### *Suggestions for teachers*
> – Ask students to write well organized answers.
> – Tell students to learn the name of the psychologist with correct spelling.
> – Help students differentiate between gifted children and children with special difficulties, with the help of examples.

MARKING SCHEME
Question 2

(a)   The theory of *Multiple Intelligence*:

Intelligence is the aggregate or global capacity of an individual to act purposefully, think rationally and deal effectively with the environment.

Howard Gardner gave the theory of multiple intelligence.

It is based on Charles Spearman two factor theory/different entities independent of each other

The seven kinds of intelligence: -

1.   Linguistic Intelligence –

- It is responsible for all kinds of linguistic competence abilities, talents and skills available in human beings.
- It is best broken down into components of syntax, semantics, pragmatics as well as school-oriented skills such as written or oral expression and understanding.
- Profession- Authors, Writers, Lyricists.

2.   Logical- Mathematical Intelligence –

- It is responsible for all types of abilities, talents, skills in the area of logic and mathematics.

- It is best broken down into <u>components</u> like deductive reasoning, inductive reasoning, scientific thinking – solving logical puzzles, carrying out calculations.
- <u>Profession</u> – Mathematicians, Accountants.

3. Visual- Spatial Intelligence –

- Concerned with the abilities, talents and skills <u>involving</u> the representation and manipulation of spatial configuration and relationships.
- <u>Profession</u> – Fashion designers, interior designers, painters.

4. Musical Intelligence –

- Covers abilities, talents, & skills pertaining to the field of music.
- Demonstrated through <u>one's capacity</u> for pitch discrimination, sensitivity to rhythm, texture and timbre, ability to hear and produce music.
- <u>Profession</u>- Music directors, singers, composers.

5. Bodily-Kinesthetic Intelligence –

- It is concerned with the abilities, talents and skills <u>involved</u> in using one's body parts or its various parts to perform skilful and purposeful movements.
- <u>Profession</u>- Dancers, athletes.

6. Intra-personal Intelligence –

- Consists of an individual's abilities to enable him to know himself.
- It <u>includes</u> knowledge and understanding of one's own cognitive strengths, styles, and mental functioning, as well as, range of emotions and skills to utilize one's fund of knowledge in practical situation.
- It provides an insight into one's total behaviour.
- It is therefore said to be the most private nature whose access is through self-expression.
- <u>E.g.</u> – Yogis, saints

7. Inter-personal intelligence –

- <u>Consists</u> of abilities to understand individuals other than oneself and one's relation to others.
- <u>Profession</u> – Psychotherapies, teachers, politicians.

OR

Intelligence is the aggregate or global capacity of an individual to act purposefully, think rationally and deal effectively with the environment.

<u>Howard Gardener</u> gave the theory of multiple intelligence.

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The seven kinds of intelligence: -

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2. Logical- Mathematical Intelligence –
   - It is responsible for all types of abilities, talents, skills in the area of logic and mathematics.
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7. Inter-personal intelligence –
   - <u>Consists</u> of abilities to understand individuals other than oneself and one's relation to others.
   - <u>Profession</u> – Psychotherapies, teachers, politicians.

	8. Naturalistic Intelligence –
	
	    • This was added in 1995.
	
	    • It consists of the ability to recognize flora and fauna, to make consequential distinctions in the natural world, to nurture one's natural environment.
	
	    • Professions – Botany, zoologist.
	
	9. Existential Intelligence – The ability to understand spiritual world. However this is being explored still.

(b)	Gifted children:
	
	According to Prem Pasricha (1964):
	
	The gifted child is the one who exhibits superiority in general intelligence or the one who is in possession of special abilities of a high order in the fields which are not necessarily associated with a high intelligence quotient.
	
	(Any other definition or explanation of giftedness highlighting superiority in general intelligence or special abilities of a higher order should be accepted)
	
	Characteristics of gifted children:
	
	1. The gifted child is essentially an exceptional child.
	
	2. In comparison to children of his own group, he is superior in some ability or group of abilities.
	
	3. In most cases, the gifted child invariably exhibits superior performance only in the area or areas of his giftedness.
	
	4. The appellation "gifted children" is applicable to not only the academically talented but also to those who show promise in other spheres such as:
	
	  (a) Music, dance. Drama, painting, sculpture, writing and other creative arts,
	
	  (b) mechanical work.
	
	  (c) c) Social leadership and human relationships
	
	  (d) Creative scientific experimentation and exploration
	
	  (e) Physical activities like games, sports and gymnastics.
	
	5. A gifted child need not necessarily possess a very high intelligence quotient.
	
	6. If he receives proper attention and opportunity for self-expression and development, the gifted child can make noteworthy contribution to the welfare of society, the nation and humanity at large.
	
	7. Performs difficult mental task.
	
	8. Is alert, keenly observant and responds quickly.
	
	(Any six of the above)

Question 3

(a) Explain the measurement of personality through *Rorschach Inkblot Test*. **[6]**

(b) Discuss the *levels of consciousness* put forward by Freud. **[4]**

Comments of Examiners

(a) Very few candidates wrote the complete answer. Some candidates missed out important points on scoring, interpretation and analysis.

(b) Majority of the candidates explained this question with the help of a diagram of the topography of mind or with examples for each layer of mind.

MARKING SCHEME
Question 3

(a) Projective techniques are methods used in the study of personality in which the subject is presented with a relatively ambiguous stimulus and asked to describe it in a meaningful way or tell a story. It helps to dig out the repressed feelings, wishes, fears by projecting them. The Rorschach Inkblot Test was developed by Harmann Rorschach.

➢ Materials Used:

- 10 cards with ink-blots.
- 5 – black & white.
- 5 – multi- coloured.
- The blots are completely unstructured.

➢ Administration:

1. The cards are presented one at a time. Instructions are given post which the subject is asked to say what he sees in it, what it looks like.
2. The subject is allowed as much time as he wants for a given card and is permitted to give as many responses as he wishes. He is allowed to turn the card around and look at it from any angle he wants.
3. Besides keeping a record of the responses of the subject, the examiner notes the time taken for each response, the position of holding the card, the emotional expression and other factors of incidental behaviour of the subject.
4. After all the cards have been presented, the second phase of inquiry which is intended to seek clarification or addition to the original response.

➤ Scoring, Analysis & Interpretation:

1. Location – Part of the blot which the subject associates each response to.
   - (W) – Seeing the card as a whole.
   - (w) – Failed to see the problem as a whole.
   - (D) – Major details.
   - (d) – Minor details involving petty issues or less important matters.
   - (s) – Subject response to the white spaces within the main outlines.

2. Content – What is seen by the subject and note the manner of its perception.
   - H – Human forms.
   - A – Animal forms.
   - Ad – Animal details.
   - Hd- Human details.
   - N – Natural object like rivers, greenfield.
   - O – Inanimate object like lampshade, pot.

3. Originality -   Column for each of the 10 cards, certain responses are scored as:
   - P – Popular (Common Occurrence).
   - O - Originality (New).

4. Determinants – Manner of perceptions.
   - (F) – Form (e.g. Butterfly).
   - (C) – Color (e.g. Blood, fire).
   - (M) – Movement (e.g. Running, dancing).
   - (K) – Shading (e.g. Smooth surface, smoke).

➤ Interpretation & Analysis:

- Number of (W)s is greater than the number of d or D – Mature, intelligent, ability to synthesize.
- Greater frequency of Color at the expense of human movement – extrovert.
- Dominance of shading responses – anxiety, depressed attitudes and feelings.
- Greater emphasis on movement – imaginative life.

Only through various kinds of relationships, observations, records, and integration of results from various parts that a final global picture about the subject is drawn.

(b)	Most of the mind lies below the surface – below the threshold of conscious experience. Above this boundary is the realm of the **conscious**. This includes our current thoughts: whatever we are thinking about or experiencing at a given moment. Beneath this conscious realm is the much larger **preconscious**. This contains memories that are not part of current thought but can readily be brought to mind if the need arises. Finally, beneath the preconscious, and forming the bulk of the human mind, is the **unconscious**: thoughts, desires, and impulses of which remain largely unaware. Although, some of this material has always been unconscious, Freud believed that much of it was once conscious but has been actively repressed – driven from consciousness because it was too anxiety-provoking. For example, Freud contended that shameful experiences or unacceptable sexual or aggressive urges are often given deep within the unconscious. The fact that we are not aware of them, however, in no way prevents them from affecting our behaviour. Indeed, Freud believed that many of the symptoms experienced by his patients were disguised and indirect reflections of repressed thoughts and desires. This is why one major goal of **Psychoanalysis** – the method of treating psychological disorders devised by Freud – is to bring repressed material back into consciousness. Presumably, once such material is made conscious and patients gain insight into the early life experience that caused them to repress it in the first place, important causes of mental illness are removed. Freud believed that one way of probing the unconscious was through the **interpretation of dreams**. In dreams, Freud believed, we can give expression to impulses and desires we find unacceptable during our waking hours. Unfortunately, there is little scientific evidence for this view.

Question 4

(a)   Describe the type theory of personality put forward by *Hyppocrates*.   **[5]**

(b)   Give an account of Thurstone's theory of *Primary Mental Abilities*.   **[5]**

Comments of Examiners

(a) Majority of the candidates answered this question quite well. A number of candidates were confused between black and yellow bile.

(b) In some cases, the name of the propagator of the theory was not written. Several candidates were confused between primary mental abilities theory and those of G.A.T.B and substituted factor with aptitude in the multiple intelligence theory.

Suggestions for teachers

–   Teach Hippocrates theory in a tabular form for better retention.
–   Tell students to memorize the names of the body fluids and personality types.
–   Stress upon on writing the name of the propagators of the theories with correct spelling.

MARKING SCHEME

Question 4

(a) Hippocrates Classification:

Human body consists of four types of humours/fluids –The predominance of one of these 4 types of fluids in one's body gives him unique temperament / characteristic leading to a particular type of personality.

DOMINANCE OF FLUID IN THE BODY	PERSONALITY TYPE	TEMERAMENTAL CHARACTERISTICS
Blood	Sanguine	Light-hearted, optimistic, happy, hopeful and accommodating.
Yellow Bile	Choleric	Irritable, angry but passionate, strong with active imagination.
Phlegm (mucus)	Phlegamatic	Cold, calm, slow or sluggish and indifferent.
Black bile	Melancholic	Bad tempered, dejected, sad and depressed, pessimistic, deplorable and self-involved.

(b) Group Factor Theory: For the factors not common to all of the intellectual abilities, but common to certain activities comprising a group, the term group factor was suggested. Prominent among the propagators of this theory is L.L. Thurstone an American psychologist. While working on a test of primary mental abilities, he came to the conclusion that certain mental operations have in common a primary factor which gives them psychological and functional unity and which differentiates them from other mental operations. These mental operations constitute a group factor. So, there are a number of groups of mental abilities each of which has its own primary factor. Thurstone and his associates have identified nine such factors.

They are:
1) Verbal factor (V): concerns comprehension of verbal relations, words and ideas.
2) Spatial factor (S) involved in any task which the subject manipulates an object imaginatively in space.
3) Numerical factor (N): ability to do numerical calculations, rapidly and accurately.
4) Memory factor (M): involving the ability to memorize quickly.
5) Word Fluency Factor (W): involved whenever the subject is asked to think of the isolated words at a rapid rate.
6) Inductive reasoning factor (RI): ability to draw inferences or conclusions on the basis of specific instances.
7) Deductive reasoning factor (RD): ability to make use of generalized results.
8) Perceptual factor (P): ability to perceive objects accurately.
9) Problem-solving ability factor (PS): ability to solve problems with independent efforts.

The weakest aspect of the group factor theory was that it discarded the concept of common factor. It did not take Thurstone very long to realise his mistake and to reveal a general factor in addition to group factors.

SECTION B

Answer any **three** *questions.*

Question 5

(a)   Describe the *concrete cognitive development* during childhood.   **[5]**

(b)   Discuss the *motor milestones of development* in infancy.   **[5]**

Comments of Examiners

(a) Major features of the concrete operational period were missing in many of the answers. Several candidates explained the characteristics of the pre-operational or formal operational periods.

(b) While majority of the candidates answered this question well, a few candidates discussed the first few months of motor milestones of development in infancy.

Suggestions for teachers

–   Clearly explain the developmental features of each period of Piaget's theory with labels and examples.

–   Lay emphasis on the age range of each period in the different periods of lifespan development

–   Stress upon the milestones of motor development with their corresponding age levels.

MARKING SCHEME
Question 5

(a)	Children in the age of concrete operations can perform many tasks at a much higher level even than they could in the preoperational state. They have a better understanding of spatial concepts, of causality, of categorization, of inductive and deductive reasoning and of conservation.
	Space and Causality: Children in the stage of concrete operations can better understand spatial relationships. They have a clear idea of how far it is from one place to another and how long it will take to get there, and they can more easily remember the route and the landmarks along the way. Experience plays a role in this development; a child who walks to school becomes more familiar with the neighbourhood outside the home.
	The abilities to use maps and models and to communicate spatial information improve with age. Although, 6 year olds can search for and find hidden objects, they usually do not give clear directions for finding the same objects – perhaps, because they lack the appropriate vocabulary or do not realize what information the other person needs.
	Judgements about cause and effect also improve during middle childhood. When 5 to 12 year olds were asked to predict how levers and balance scales would perform with varying numbers and weights of objects placed at varying distances from the centre, the older children gave more correct answers than the younger children.
	Categorization: The ability to categorize helps children to think logically. Categorization includes such sophisticated abilities as seriation, transitive inference, and class inclusion. Children show that they understand seriation when they can arrange objects in a series

	according to one or more dimensions, such as weight (light to heaviest) or colour (lightest to darkest).
	Transitive inference: is the ability to recognize a relationship between two objects by knowing the relationship between each of them and a third object.
	Class inclusion: is the ability to see the relationship between a whole and its parts.
	Inductive and Deductive Reasoning: According to Piaget, children in the stage of concrete operations use inductive reasoning. Starting with observations about particular members of a class of people, animals, objects, or events, they then draw general conclusions about the class as whole. Inductive conclusions must be tentative because it is always possible to come across new information (a dog that does not bark) that does not support the conclusion.
	Deductive reasoning: which Piaget believed does not develop until adolescence starts with a general statement (premise) about a class and applies it to particular members of the class. If the premise is true of the whole class, and the reasoning is sound, then the conclusion must be true.
	Conservation: In solving various types of conservation problems, children in the stage of concrete operations can work out the answers in their heads; they do not have to measure or weigh the objects.
(b)	Infancy is the period of development between the neonatal period and the appearance of useful language; the upper limit is about 18 months. Motor Milestones: Motor milestones is marked by milestones- achievements that develop systematically. Babies first learn simple skills and then combines them into increasingly complex 'systems of actions', which permits a wider or a more precise range of movements and more effective control of the environment. ➢ HEAD CONTROL: • At Birth – most infants can turn their heads from side to side while lying on their back. While lying chest down, many can lift their heads enough to turn them. • Within the first two-three months – They lift their heads higher and higher – sometimes to the point where they lose their balance and roll over on their backs. • By 4 months – Almost all infants can keep their heads erect while being supported in a sitting position. ➢ HAND CONTROL: • Babies are born with a grasping reflex. If the palm of an infant's hand is stroked, the hand closes tightly. • At 3 ½ months – Most infants can grasp an object of moderate size , such as a rattle, but have trouble holding a small object. Next they begin to grasp objects with one hand and transfer them to the other, and then to hold small objects. • Between 7 and 11 months – their hands become coordinated enough to pick up a tiny object, such as a pea, using the pincer grasp. After that the hand control becomes increasingly precise. • By 15 months – An average baby can build a tower of two cubes. • After 3 years – An average toddler can copy a circle fairly well.

	➤ LOCOMOTION: • After 3 months – The average infant begins to roll over deliberately – first from front to back and then from back to front. • By 6 months – An average baby can sit without support, and can assume a sitting position without help about two and a half months later. • Between 6 and 10 months – Most babies begin to get around under their own power by creeping or crawling. This new achievement of self-locomotion has striking cognitive and psychological ramifications. • A little past 7 months – The average baby can stand by holding onto a helping hand or a piece of furniture. For some months before they can stand without support, babies practice 'cruising'. • 4 months later – Most babies let go and stand alone. The average baby can stand well about two weeks or so before the first birthday. • The major motor achievement of an infancy is walking. • At about 11 ½ months – Most infants take their first unaided step. Within a few weeks, soon after their first birthday, the average child is walking well and achieves the status of a toddler. • During the second year – Children begin to climb stairs one at a time, putting one foot after the another on the same step; later they will alternate feet. Walking down the stairs comes later. • In their second year – Toddlers learn to run and jump. • By 3 ½ years – Most children can balance briefly on one foot and begin to hop.

Question 6

(a)   What is meant by *positive stressor?* Explain *any two* situational causes and *any two*   **[5]**
dispositional causes of stress.

(b)   Explain the *wellness cycle of stress*.   **[5]**

Comments of Examiners

(a) This question was well answered by most of the candidates. Some candidates defined 'eustress' instead of 'positive stressor'. Several candidates did not explain dispositional stressors correctly and explained other situational causes like accidents, bad marriage, etc.

(b) This question was not satisfactorily answered by most of the candidates. Very few candidates drew a complete table with arrows which complete the cycle.

> ### *Suggestions for teachers*
> – Explain differences between stress and stressor with examples.
> – Clarify differences between situational and dispositional stressors.
> – Emphasize the importance of the proponents of different models/theories.

MARKING SCHEME

Question 6

(a) Positive *stressor:*

Happy events which cause stress like planning a wedding, a promotion, a vacation etc.

Situational Causes:

1. Stressful life events like death of a spouse, etc.

2. Daily hassles: minor annoying sources of stress that cumulatively can affect psychological wellbeing.

3. Work related stress: Role ambiguity, lack of participation in decision making, conflict with other employees. Lack of support from co-workers, etc.

4. Extreme Environment: Hot, cold, disease, poverty, inequality enhance feelings of worthlessness, etc.

5. Lack of support: lacking close endearing relationships or social support.

(Any two well explained points)

Dispositional causes:

1. Personality Factors- Type A, Type B, Type C and Type D personalities are more prone to stress.

2. Optimism versus pessimism-Problem focused coping, suppressing competing activities, seeking social support.

3. Locus of control: High internal locus of control, lesser is the stress/higher level of perceived control, lesser is the stress.

Attribution styles: Internal, stable and global styles would cause more stress.

(any two well explained points)

(b) **Wellness Cycle as an effective way of handling stress.**

Wellness

Where stress comes from	Change stressors Chemical stressors Commuting stressors Decision stressors	Disease stressors Emotional stressors Environment stressors Family stressors Pain stressors	Phobic stressors Physical stressors Social stressors Work stressors

↓

Health-Promoting Lifestyle Responses ← - - - - - ┐

↓   ↓   ↓

Techniques and skills	Adaptive Behavioral Responses (e.g. assertiveness, time management)	Adaptive Physical Responses (e.g. nutrition, exercise, relaxation)	Adaptive, cognitive and emotional responses (e.g. stress inoculation, cognitive restructuring)

↓   ↓   ↓

Long term effects	Increased self-esteem, self respect and self-confidence.	Improved physical health and resistance to disease.	Improved mental health and resistance to future stressors.

↓   ↓   ↓

Over all benefits	**Increased Productivity** **Increased Enjoyment** **Increased Intimacy**

Wellness Cycle

Question 7

(a) Explain the *five* axes of DSM IV. **[5]**

(b) Discuss the basic nature of schizophrenia and specify its *symptom*s. **[5]**

Comments of Examiners

(a) Many candidates did not write the name of the axes correctly and a few candidates did not write the full name of DSM IV.

(b) Some candidates did not write the positive and negative symptoms separately - all symptoms were jumbled up together. Many of the points were repeated and a few points were mixed up with the characteristic features of the disorders.

MARKING SCHEME

Question 7

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

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

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

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

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

	• Axis IV: Psychological and environmental problems. This group deals with the stressors that may have contributed to the current disorder, particularly those that have been present during the prior year. The diagnostician is invited to use a checklist approach for various categories of impinging life problems – family, economic, occupational, legal, etc. For example, the phrase "Problems with Primary Support Group", may be included where a family disruption is judged to have contributed to the disorder. • Axis V: Global assessment of functioning. This is where clinicians note how well the individual is coping at the present time. A 100-point rating scale, the Global Assessment of Functioning (GAF) Scale, is provided for the examiner to assign a number summarizing a patient's overall functional ability.

(b)	Schizophrenia is a complex disorder characterized by hallucinations (e.g. hearing voices), delusions (belief with no basis in reality), disturbances in speech, and several symptoms.
	
	   ➢ POSITIVE SYMPTOMS:
	1. Delusions –
	   They are <u>firmly held beliefs that have no basis in reality</u>. Delusions are misinterpretations of normal events and experiences which has little basis in reality. Delusions are of different forms:
	     • <u>Delusion of persecution</u> – This is one of the common delusions – The belief that one is being plotted against, spied on, threatened, or otherwise mistreated.
	     • <u>Delusion of grandeur</u> – Belief that one is extremely famous, important, or powerful. People suffering from this delusion claim to be a movie star, president or even god.
	     • <u>Delusion of control</u> – The belief that other people, evil forces, or even beings from other planet are controlling one's thoughts, actions, or feelings.
	
	Delusions are phasic- they come and go. Thus at any given time they may be present to varying degrees.
	
	2. Hallucinations –
	   They are <u>vivid sensory experiences</u> that have no basis in physical reality. About 70% of schizophrenia see and hear things that aren't really there.
	   The <u>types of hallucinations</u> are:
	     • Auditory – hearing
	     • Visual – Seeing
	     • Tactile – Feeling as if something is crawling outside the body
	     • Somatic – Feeling as if something is happening inside.
	
	3. Disorganized thoughts and speech –
	
	     • Persons with schizophrenia do not think or speak like other persons. Their words jump about in a fragmented and disorganized manner. There is a loosening of associations so that one idea does not follow logically from another. Indeed, ideas <u>are totally disconnected</u>.
	     • Schizophrenia often create words of their own – words that resemble real words but do not exist (e.g.- "littlehood" for childhood),
	     • Their sentences often begin with one thought and then shift abruptly to another. In extreme cases, their words seem to be totally jumbled into what is sometimes termed a <u>'verbal salad'</u>.

- These problems and several others seems to stem out of <u>'selective attention'</u> – Normally, we focus our attention on certain stimuli while largely ignoring others. However, schizophrenics are generally distracted. Even the sound of their own words may disrupt their train of thought and send them wandering off into a mysterious world of their own creation.

4. Behavioural Disorders –
   - The behavioural disorders shown by a schizophrenics are even more bizarre.
     For instance, they make odd movements or strange gesture, or remain immobile in an awkward position for long periods of time – a condition called <u>'catatonia'.</u>
   - They may also show disorganized behaviour that makes it impossible for them to dress themselves, prepare food, or perform other daily chores.

➢ NEGATIVE SYMPTOMS:
   1. Flat Affect –
      - Many persons with schizophrenia show no emotion.
      - Their faces are like emotionless masks, and they stare off in space with a glazed look.
      - Some schizophrenics do show emotion, but their reactions are inappropriate – they may giggle when describing a painful childhood experience, or cry after hearing a joke.
      - This is because they do experience emotional reactions, but don't show any sign of them on the outside.
   2. Avolition –
      - It is a seemingly total lack of motivation or will.
      - Persons showing this symptom may sit doing nothing hour after hour. If they do start to do something, they will often stop in the middle of the activity and wander off.
   3. Alogia –
      - It is lack of speech.
      - Schizophrenics often have little or nothing to say; they may answer direct questions but otherwise tend to remain silent, withdrawn into their own private world.

Question 8

(a) What is *conformity?* Explain Solomon Asch's study on conformity. **[5]**

(b) Explain the concept of *social learning*, *realistic competition* and *stereotyping*, as factors causing prejudice. **[5]**

Comments of Examiners

(a) Most of the candidates were not clear about Asch's study. Many candidates wrote the experiment without mentioning the findings. In most of the answers, either diagrams were missing or incomplete diagrams were drawn without proper labelling. A number of candidates did not give the main details of the experiment and some candidates did not state the conclusion of the experiment.

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

MARKING SCHEME
Question 8

(a) Conformity is a type of social influence in which individuals change their attitudes or behaviour in order to adhere to existing social norms. They are unspoken or spoken rules that indicate how we should behave.

➢ SOLOMON ASCH EXPERIMENT:
  • FIGURE

Standard line   Comparison lines
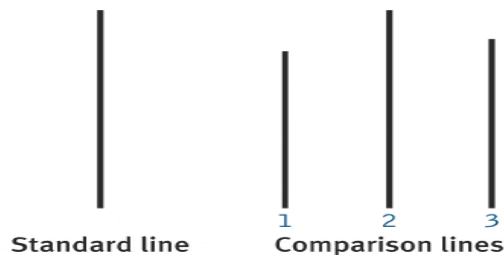
  • THE FP
    – The FPs or subjects in the experiment were asked to choose which of the comparison lines was the same length as a standard line.
    – The control subjects who were by themselves when they looked at the lines were accurate about 99 percent of the time.
    – This established a baseline against which to judge the responses of the other subjects in the experimental sessions.

  • EXPERIMENTAL SESSIONS:
    – Judgements were made in group.
    – Each session typically employed only one actual subject in a group of seven to nine other people – the agents- who had been coached to choose one of the nonmatching lines. These people were confederates, or "helpers", of the experimenter.

- The experiment was setup so that the real experimental subject heard the judgements of all but one of these confederates before choosing one of the comparison lines.
- Thus, with nine confederates, the subject would hear eight of them choose a particular comparison line that did not match the standard line.
- For instance, in the figure above, eight confederates would say that line 2 matched the standard line – a judgment at variance with what the subject must have perceived.

- FINDINGS:
  - In general, they showed tendency to conform to the group.
  - On the average, only about 67% of their judgements, compared with 99% of control subject judgements, were correct.
  - IN other words, about 33% of the judgements made by the experimental subjects in the group situation were wrong.
  - Not all subjects conformed, however; there were large individual differences in conformity, and those who conformed did not do so on every trial.
  - Subjects conformed most often when their judgements were "public" – that is, when majority could hear their answers.
  - If the majority was not unanimous, that is, if one of the confederates was instructed to disagree with the majority opinion, the amount of conformity was greatly reduced.
  - In experiments performed with fewer than seven or nine confederates, as the number of confederates in the majority group increased from one to three, conformity increased, but further increases in size of the majority did not result in greater conformity.
  - The occurrences of conformity will increase when:
    - FP is fatigued.
    - Is uninformed about the stimuli.
    - Has lower status than agents.
    - Is desirous of further interactions with the agent.

To conclude three factors in conformity are social disapproval, social comparison and the need to be liked and accepted.

(b)	The concept of social learning, realistic competition and stereotyping as factors causing prejudice:

1. Social Learning:- Negative attitudes are learned in the same way as the positive attitudes through the process of social learning. Prejudice emerges out of countless experiences in which children hear or observe their parents, friends, teachers and others expressing prejudiced views. Because children want to be like these persons, and are often rewarded for expressing the right views they quickly adopt such attitudes themselves.

While persons with whom children interact play a key role in this process, the mass media, too are important. If television, films, and other media present members of various social groups in an unflattering light, this may contribute to the development of prejudice on the part of children.

2. Realistic Competition:- Many of the things we value most- a good job, a nice home, high status –are in short supply. This fact serves as the basis for realistic conflict theory. According to this view, prejudice stems from competition between social groups over valued commodities or opportunities. As such competition persists, the members of each group involved come to view the other group in an increasingly negative ways. They label members of other groups as enemies, view their own group as superior, and draw the boundaries between themselves and their opponents even more firmly. As a result, what starts out as economic competition gradually turns into full scale prejudice.

3. Stereotypes:- Stereotypes are cognitive frameworks consisting of knowledge and beliefs about specific social groups-frameworks suggesting by and large, all members of these groups possess certain traits at least to a degree. Like other cognitive frameworks stereotypes exert strong effects on the ways in which we process social information. Information relevant to a particular stereotype is processed more quickly than information unrelated to it. Similarly stereotypes lead us to pay attention to specific types of information-usually information consistent with the stereotypes. And when information inconsistent with the stereotypes does manage to enter consciousness , it may be actively refuted or simply denied. Once an individual has acquired a stereotype about some social group, she or he tends to notice information that fits into this cognitive framework and to remember facts that are consistent with it more readily than facts inconsistent with it. As a result the stereotype strengthens with time and may ultimately become invulnerable-new information or experiences simply can't change it.

Question 9

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

(a) *Any five* ways in which Psychology helps in *school environment*.

(b) *Rehabilitation*.

(c) Role of a counsellor in dealing with *families* and with *groups*.

Comments of Examiners

(a) Majority of the candidates answered this question well. A few discussed insignificant points.

(b) Very few candidates defined 'rehabilitation' satisfactorily. In some of the cases, candidates gave methods of rehabilitation only.

(c) A large number of candidates wrote only about the psychologist dealing with families. Only a small number of candidates mentioned about the role of a counsellor in dealing with groups.

Suggestions for teachers

- Tell students to write the definition of the concept in the introduction.
- Explain to students that rehabilitation must cover the entire territory of mental patients, drug addicts and criminals.
- Ask students to read and interpret the question in totality.

MARKING SCHEME

Question 9

(a) **Educational Psychology**:- There are various ways in which psychology helps in school environment. These have been described below:-

i) Problem of discipline- It is the contribution of psychology which has made people realize that corporal punishment is inhumane. Teachers now tackle the problem of indiscipline by examining the causal factors leading to them in a more scientific way. The teacher is more cooperative now. He has changed his attitude from an autocrat to a democrat.

ii) Use of audio-visual aids- Earlier, rote memorization was the only method of learning. Use of audio-visual aids makes the difficult concepts more clear and definite and learning is more lasting. It is the contribution of educational psychology that teacher make use of various types of audio-visual aids in class in class-room teaching.

iii) Democratic administration : Formerly the system was autocratic. Now, the administration and the teachers are democratic, cooperative and sympathetic. Problems of administration are now solved by mutual discussions among the various agents of school.

iv) Time table: There was a time when arithmetic and geometry were taught from morning till evening. No consideration was given to the principles of psychology. Now subjects are included in the time table keeping in mind their difficulty level. No two difficult subjects are taught in successive periods.

v) Co-curricular activities: Earlier teachers used to give undue importance to theoretical subjects in school. Activities like debates and drama or sports were considered a waste of time. Nowadays, these activities are given their due importance for the harmonious development of personality.

vi) Use of innovative methods: Several innovative ideas like visual aids, excursions or discussions are used to improve the learning process in schools.   *(any five)*

(b) Rehabilitation means restoration of the organism to a good and stable condition, restoring his previous rights, comforts facilities and privileges which he normally enjoyed before he was ill, wayward or mentally challenge. Modern welfare states no more wish to punish or penalise or neglect the mentally disorganised person including delinquents, mentally retarded and criminals. Rather, they are interested to make them responsible citizens of the country, restore their rights and comforts, joy of life, security and self-confidence through rehabilitation. In other words, they are brought back to the national main stream through various rehabilitation programmes.

Rehabilitation usually starts after treatment. But in many cases, where the disease is not severe, it goes simultaneously along with treatment and therapy. Rehabilitation programmes works successfully in case of delinquents, mentally retarded, socially and emotionally challenged and mentally disorganised persons who are ready to attempt an adjustment in the community with families to return. The use of sheltered workshops in the community is of great value for mentally retarded, making the transition from institutional life to community life. These sheltered workshops help the neurotics, the delinquents and retardants to learn and perform simple occupational tasks under the able supervision of counsellors, experts and trained supervisors. Even the families can assist their mentally challenged relations to live a reasonably satisfying and constructive adult lives in the community.

Undoubtedly, rehabilitation is a kind of therapy where the individual is kept engaged in various small jobs, meaningful, but pleasant occupations. His time pass away in joyful work.

	Through the rehabilitation procedure, they develop increased interest, awareness and interaction with their environment.

It is seen that in all mental hospitals and psychiatric institutes patients are given various therapeutic aids such as occupational, vocational, and recreational therapy like making candles, bamboo and cane furniture, greeting cards,99 embroidery and knitting, tailoring, toy making. These jobs are simple and very interesting. These works are distributed among the inmates, keeping in view, their ability, talent, interest and past experience. While in rehabilitation, no work should be forced on them. Through rehabilitation, they are also allowed to show their inner talent like drama, sports, acting, play therapy, painting, writing, etc. Rehabilitation programmes help them to return to their own community. Besides earning some money, which gives them security and economic independence, they also make pleasant and meaningful contacts with the reality. Rehabilitation programmes also serve as an acceptable outlet for emotional expression. Through rehabilitation programmes their lost self-esteem and ego-identity is restored.

In most of the mental hospitals and psychiatric institutes of India, rehabilitation centres are going on. The main purpose of rehabilitation is to help the physically and mentally challenged individuals, delinquents and sub-normal, who have suffered a lot without any fault, who have been away from the society for a long time, to re-enter the society and community with all dignity, self-confidence, ego identity and self-esteem. Rehabilitation helps the people to be accepted by their families and society. The purpose of rehabilitation is to restore what has been lost or nearly lost. Rehabilitation helps in changing their life style and conduct disorder. Formal education, vocational and profession training, etc. are imparted to lead a normal and healthy, happy life in future. Different rehabilitation facilities should be provided to different persons depending upon the nature and condition of their disease, disability personality make up attitude and aptitude. Formal education is provided to uneducated and illiterate ones. |
| (c) | **Family Counselling**:

The function of a professional counsellor is to render help and advice to any individuals for solving of their personal problems. The counselling service may be individual or group, depending on the purpose of the case.

The main purpose of family counselling is to restore harmony at home as well as build healthy intra-familial relationships among the family members. So, it may include sessions of both individual and group counselling. The areas of family counselling may include:

- Child counselling
- Parent counselling
- Relationship counselling.

The patients will seek out the family counsellor and it is then up to the family counsellor to meet with the individuals to get the ball rolling. This initial contact is the first step in the counsellor-client relationship.

The family counsellor must also collect information from clients in order to properly diagnose and treat their disorders. This entails speaking with the clients and family members to determine what issues need to be addressed in the therapy sessions. This type of correspondence can take the form of in-person meetings, telephone conversations and mail correspondence. The family counsellor must be a sort of therapist detective in order to gather pertinent information to enable them to help their client. |

One of the more important duties which family counsellors engage in on a daily basis is counselling. The counselling sessions are where the counsellor and clients discuss their issues and try to resolve them as completely as possible. Counselling sessions usually take the form of in-person meetings however, these may also be done via the telephone from time to time.

Record keeping is another important duty of the family counsellor. The family counsellor must keep accurate and complete records for each client. These records include personal information, documentation from sessions and referrals or information received from other counsellors and officials regarding the client. It is crucial that the family counsellor keeps these records confidential and well organized so that they can be retrieved whenever they may be needed in the future.

Family counsellors must also write evaluations in their line of work. Writing succinct and accurate evaluations is an important duty of family counsellors. Counselling and referrals are two main ways in which family counsellors treat clients.

Lastly, some family counsellors will also be responsible for giving lecturers and holding seminars on various family counselling issues and topics. There are many family counsellors who are quite revered in a certain speciality of their field and will lecture on these topics so that the other family counsellors and interested parties can learn more about the specific counselling issue.

Group Counselling:

In today's world, there is an increase in the use of the process of Group counselling in all sectors of the society which include schools, colleges, community mental health clinics and other human service agencies.

Role of the Group Counsellor:

The role of group counsellor involves facilitating interaction among the members, help them learn from one another, assist them in establishing personal goals and also provide continuous empathy and support to the members and also to check if the members have carried their learning experience from the group and practiced it in the outside world.

- Informed consent: The leader has to demonstrate to all the members honesty and respect and also provide information about the group in the initial session. The information includes a clear statement regarding the purpose of the group, ground rules, the group leader's introduction, information concerning fees, issues of confidentiality, rights and responsibilities of group.
- It also involves stressing on the responsibilities of the group members which are regularity, punctuality, being willing to openly talk about oneself, providing feedback to others, maintaining confidentiality.
- While a member wants to leave a group, he should provide a valid reason to the group leader for opting out and not just leave without prior notice and explanation.
- Confidentiality is one of the key norms of behaviour in a group. It should be clearly explained in the initial session by the group leader to all the members and also the situation when confidentiality can likely be broken in certain cases.

Group counselling is really an effective from of learning experiences as members can share their experiences, learn from others, and also come to know that everyone has similar problems and they are not the only one struggling with an issue. Group counselling is basically effective in a school or college setting as students find it easier and enjoy learning with their peers provided the leader or the Counsellor is effective and maintains the ethical issues and standards efficiently and is able to use his potential to the fullest and also his personality.

GENERAL COMMENTS

Topics found difficult by candidates

- Question 1 (v): Eysenck's definition of personality
- Question 1 (v): Gender identity
- Question 1 (x): Object permanence.
- Question 1 (ix): Automatic vigilance
- Question 1 (xii): Free association
- Question 1 (xv): Disorganized attachment
- Question 1 (xix): Secondary cognitive appraisal
- Question 3(a) : Rorschach Inkblot Test
- Question 5(a): Piaget's theory of concrete cognitive development
- Question 5(b): Milestones of motor development infancy
- Question 7(a): Five axes of DSM IV
- Question 8(a): Solomon Asch's study on conformity
- Question 9(c): Role of a counsellor in dealing with families and groups

Concepts in which candidates got confused

- Eysenck's and Allport's definition of Personality.
- Free association as in psycho dynamics therapy and administration proper in projective technique.
- Disorganized and ambivalent attachment.
- Delinquents and criminals.
- Secondary and Primary appraisal
- Dispositional and situational stressors.
- Distress and wellness cycle of stress.
- Development and growth.
- Development and maturation
- Levels of consciousness and structure of personality.
- Concrete cognitive development and other stage.
- Theory of Primary mental abilities and Howard Gardner multiple intelligence.
- Burnout and overloading

Suggestions for candidates

- Read text books thoroughly. Also do reference work.
- Write answers to the point and give proper examples.
- Learn the spellings of the names of psychologist and always write their full name.
- Flow charts, tables of various topics can help in making learning easier
- Wherever possible, draw diagrams and give examples
- Any experiment must be explained in terms of materials, uses, finding and procedure. Scoring and interpretation must be written clearly.
- Avoid selective study.