

GUIDELINES FOR PRACTICALS IN PSYCHOLOGY

Psychological tools and techniques help to uncover the latent aspects of an individual's behaviour. Thus they aid in understanding, predicting, and controlling the human behaviour, which is the fundamental aim of psychology. Practicals in psychology are intended to provide students with requisite knowledge and skills in psychological tools and techniques to gain an understanding of human behaviour. They attempt to provide hands-on experience to the students with both quantitative tools of measurement, such as standardised psychological tests and qualitative tools, such as interview and observation. Practicals are based on the principle of learning by doing and thus they provide an opportunity to the students to put into practice whatever psychological principles and theories they have learnt in the classroom.

Before undertaking practical work, it is important to ensure that the students have knowledge about various methods of research in psychology and their merits and demerits, the behavioural characteristics being assessed, the nature and uses of psychological tests, and the ethical guidelines so as to avoid their misuse. Keeping in view the syllabus of psychology for Class XII, the students would undertake practicals in psychological testing which would involve using standardised psychological tests in different domains, i.e. intelligence, personality, aptitude, adjustment, attitude, self-concept, and anxiety. They would also prepare one case profile which will include developmental history of the individual (*case*), using both qualitative and quantitative approaches.

PSYCHOLOGICAL TESTING

Practical work in use of psychological tests must be carried out under the guidance and supervision of the teacher. As you have already

studied in Class XI, a psychological test is essentially an objective and standardised measure of a sample of behaviour. In Class XII, you will be learning about the concepts of intelligence and aptitude (Chapter 1), personality and self-concept (Chapter 2), adjustment and anxiety (Chapter 3), and attitude (Chapter 6). You are also required to undertake practical training in order to develop the ability to conduct, score and interpret data generated by the administration of the psychological tests in these areas. In other words, practical training would help you in assessing various dimensions of human behaviour, such as intellectual ability, overall personality profile, specific aptitudes, potential for adjustment, attitudinal profile, self-concept, and level of anxiety.

Test Administration

The accuracy of psychological testing comes from standardisation of testing conditions, materials, procedures, and norms which form an integral part of test development, its administration and interpretation. In this process, it is expected that students will develop skills to establish rapport with the test takers to make them comfortable in a relatively new and different context. **Establishing Rapport** involves the test administrator's efforts to arouse the test takers' interest in the test, elicit their cooperation, and encourage them to respond in a manner appropriate to the objectives of the test. The main objective of establishing rapport is to *motivate* the respondents to follow the instructions as fully and meticulously as they can. It may be noted that the nature of the test (e.g., individual or group, verbal or non-verbal, etc.), and the age and other characteristics of the test takers determine the use of specific techniques for the establishment of rapport. For example, while testing children from educationally disadvantaged backgrounds, the test

administrator cannot assume that they will be motivated to do well on academic tasks, therefore, in such conditions, the test administrator makes special efforts to establish rapport to motivate them.

When establishing rapport, the test administrator also informs the test takers about the confidentiality of test data. The test taker is informed about the purpose of the test, and how the test results will be used. The test taker is assured that such results would be kept strictly confidential and be made available to a third person (the other two being test administrator and test taker) only after knowledge and consent of the test taker.

The test administration, therefore, is the task of a professionally trained and skilful person under controlled conditions. The following points may be kept in mind while using a test :

- *Uniform testing conditions* : Basically, the function of psychological tests is to measure differences between individuals or between the responses of the same individual on different occasions. If the scores obtained by different individuals are to be compared, testing conditions must obviously be the same for all. Attention should be given to the selection of a suitable testing room, which should be free from undue noise and distraction. This room should provide adequate lighting, ventilation, seating facilities, etc. for test takers.
- *Standardised instructions* : In order to secure uniformity of testing conditions, the test constructor provides detailed directions for administering the test. Standardised instructions include the exact materials used, time limit (if any), oral instructions to subjects, preliminary demonstrations, ways of handling queries from subjects, and other possible details of the testing situation.
- *Training of test administrator* : The test administrator is the person who administers and scores the test. The importance of a trained test administrator is evident. For instance, if the test

administrator is not adequately qualified, incorrect or inaccurate scoring may render the test scores worthless.

Any standardised test is accompanied by a **manual** which includes the psychometric properties of the test, norms, and references. This gives a clear indication regarding the procedures of the test administration, the scoring methods, and time limits, if any, of the test. The manual also includes instructions to be given to the test takers.

A thorough understanding of the test, the test taker, and the testing conditions is essential for the proper interpretation of test scores. Some information about the test given in the manual like its reliability, validity, norms, etc. are relevant in interpreting any test score. Similarly, some background data about the individual being tested (test taker) are also essential. For example, the same score may be obtained by different individuals for different reasons. Therefore, the conclusions to be drawn from such scores may not be similar. Finally, some consideration must also be given to special factors that may have influenced a particular score, such as unusual testing conditions, temporary emotional or physical state of the subject, the extent of the test taker's previous experience with tests, etc.

The test administrator also provides test takers with appropriate and understandable explanations of test results and of any recommendations stemming from them. It may be noted here that even when a test has been accurately administered, scored, and interpreted, providing merely specific numerical scores (e.g., IQ score, aptitude score, etc.) without the opportunity to discuss it further may be harmful to the test taker.

Procedure for Test Administration

A psychological test can be administered only by a professionally qualified person. A student of psychology at +2 level would not have reached the stage of a professionally qualified person. Therefore, s/he is not fully equipped to interpret the scores of a psychological test

for any conclusive purpose, e.g. selection, prediction, diagnosis, etc. For this purpose, the test administration may be broken into small components/activities. The emphasis should be on learning skills for understanding the concepts on which the test is based, developing rapport with the participant, administration of the test including giving instructions, maintaining optimum testing conditions, taking precautions, and doing scoring of the test.

The following steps and guidelines are suggested to carry out practical work in psychological testing :

1. The teacher would introduce the test to the students along with the manual and the scoring key. The teacher would demonstrate the test to her/his class laying stress upon rapport building, imparting instructions, and the precautions that need to be taken care of. The test may then be taken by the entire class.
2. The students may be instructed not to write their names or to use fictitious names on the response/scoring sheets. The response sheets of the students may be collected by the teacher. In order to maintain confidentiality, it is desirable that the response sheets are reshuffled and/or fictitious numbers are given to each response sheet.
3. One response sheet each may then be given back by the teacher to students in the class for scoring. As per the instructions given in the manual, the students would be guided to do the scoring.
4. The response/scoring sheets should be kept with the teacher to be used later as hypothetical data for providing hands-on experience in interpretation of test scores.
5. The students will then be required to conduct the same test on the selected participants with the teacher examining their rapport building skills, instruction imparting skills, etc.

6. The teacher may use the scores of the hypothetical data and demonstrate how to use the manual to interpret the raw scores with the help of norms.
7. The students are also told how to draw conclusions based on the analysis of data.
8. Based on the above guidelines, the students will be required to prepare a report of the testing undertaken.

Suggested Format for Writing a Psychological Testing Report

1. *Problem/Title of the Study* (e.g., to study the level of adjustment/personality/apptitude of Class X students).
2. *Introduction*
 - Basic Concepts
 - Variables
3. *Method*
 - Subject
 - Name
 - Age
 - Gender
 - Class

(Note : As the data is to be kept confidential, the details of the subject may be given under a fictitious number.)

- Material
 - Brief description of the test (name of the test, author, year, psychometric properties, etc.).
 - Other materials (e.g., stop watch, screen, etc.).
 - Procedure
 - Process of test administration, such as rapport formation, instructions, precautions, actual conduct of test, etc.
 - Scoring of the test
 - Preparation of graph, psychogram, etc. (if required).
4. *Results and Conclusions*
 - Describing subject's scores in terms of norms and drawing conclusions.
 5. *References*
 - List the books, manuals and materials consulted on the topic.

GLOSSARY

Adaptation: Structural or functional change that enhances the organism's survival value.

Aggression: An overt behaviour intended to hurt someone, either physically or verbally.

Alarm reaction: The first stage of the general adaptation syndrome characterised by an emergency reaction involving the mobilisation of energy through adrenal and sympathetic activity.

Alienation: The feeling of not being part of society or a group.

Anal stage: The second of Freud's psychosexual stages, which occurs during the child's second year. Pleasure is focused on the anus and on retention and expulsion of faeces.

Anorexia nervosa: Disorder involving severe loss of body weight, accompanied by an intense fear of gaining weight or becoming "fat".

Antisocial personality: A behavioural disorder characterised by truancy, delinquency, promiscuity, theft, vandalism, fighting, violation of common social rules, poor work record, impulsiveness, irrationality, aggressiveness, reckless behaviour, and inability to plan ahead. The particular pattern of behaviour varies from individual to individual.

Anxiety: A state of psychic distress characterised by fear, apprehension, and physiological arousal.

Anxiety disorders: Disorders in which anxiety is a central symptom. The disorder is characterised by feelings of vulnerability, apprehension, or fear.

Applied psychology : The practical application of what is known about the mind, brain, and behaviour as a result of theoretical and experimental psychology.

Aptitude: A combination of characteristics indicative of individual's potential to acquire some specific skills with training.

Aptitude tests: Tests meant to measure individual's potential to predict future performance.

Archetypes: Jung's term for the contents of the collective unconscious; images or symbols expressing the inherited patterns for the organisation of experience.

Arousal: The tension experienced at the thought of others being present, and/or performance being evaluated.

Attitudes: States of the mind, thoughts or ideas regarding a topic, containing a cognitive, affective and behavioural component.

Attitude object: The target of an attitude.

Autism spectrum disorder: Neurodevelopmental disorder beginning in infancy and involving a wide range of abnormalities, including deficits in language, perceptual, and motor development, defective reality testing, and social withdrawal.

Balance: The state of an attitude system in which the attitudes between a person (P) and another individual (O), the person (P) and the attitude object (X), and between the other individual (O) and the attitude object (X) are in the same direction, or logically consistent with each other.

Behaviour therapy: Therapy based on the principles of behaviouristic learning theories in order to change the maladaptive behaviour.

Beliefs: The cognitive component of the thoughts or ideas regarding a topic.

Bipolar and related disorders: These include periods of mania and depression both alternately present sometimes interrupted by normal mood.

Cardinal trait: According to Allport, a single trait that dominates an individual's entire personality.

Case study: An intensive study of an individual or a situation to develop general principles about behaviour.

Central traits: The major trait considered in forming an impression of others.

- Centrality of attitude:** The extent to which a specific attitude affects the entire attitude system.
- Client-centred (Rogerian) therapy:** The therapeutic approach developed by Carl Rogers in which therapist helps clients to clarify their true feelings and come to value who they are.
- Cognition:** The process of knowing. The mental activities associated with thought, decision-making, language, and other higher mental processes.
- Cognitive assessment system:** A battery of tests designed to measure the four basic PASS (Planning-Attention-Simultaneous-Successive) processes.
- Cognitive consistency:** A state in which thoughts or ideas are logically in line with each other.
- Cognitive dissonance:** The state of an attitude system in which two cognitive elements are logically contradictory, or inconsistent.
- Cognitive therapies:** Forms of therapy focused on changing distorted and maladaptive patterns of thought.
- Cohesiveness:** All forces (factors) that cause group members to remain in the group.
- Collective unconscious:** Inherited portion of the unconscious, as postulated by Carl Jung. The unconscious shared by all human beings.
- Componential intelligence:** In Sternberg's triarchic theory, it refers to ability to think critically and analytically.
- Conflict:** A state of disturbance or tension resulting from opposing motives, drives, needs or goals.
- Congruent attitude change:** Attitude change in the same direction as that of the existing attitude.
- Contextual intelligence:** In Sternberg's triarchic theory, it is the practical intelligence used in solving everyday problems.
- Coping:** The process of trying to manage demands that are appraised as taxing or exceeding one's resources.
- Creativity:** The ability to produce ideas, objects, and problem solutions that are novel and appropriate.
- Culture-fair test:** A test that does not discriminate examinees on the basis of their cultural experiences.
- Defence mechanisms:** According to Freud, ways in which the ego unconsciously tries to cope with unacceptable id impulses, as in repression, projection, reaction formation, sublimation, rationalisation, etc.
- Deinstitutionalisation:** The transfer of former mental patients from institutions into the community.
- Delusions:** Irrational beliefs that are held despite overwhelming evidence to the contrary.
- Depersonalisation/derealisation disorder:** Dissociative disorder in which there is a loss of the sense of self.
- Depressive disorders:** These disorders include a period of depressed mood and/or loss of interest or pleasure in most activities with other changes in appetite, sleep and fatigue.
- Diathesis-stress model:** A view that the interaction of factors such as biological predisposition combined with life stress may cause a specific disorder.
- Diffusion of responsibility:** The thought that when others are present, one person alone will not be held responsible for doing, or not doing, something; other members are also responsible and will therefore do the task.
- Discrimination:** Behaviour that shows a distinction being made between two or more persons, often on the basis of the person's (or persons') membership of a particular group.
- Displacement:** Redirecting an impulse towards a less threatening or safer target; a key concept in psychoanalytic theory; a defence mechanism.
- Dissociation:** A split in consciousness whereby certain thoughts, feelings, and behaviour operate independently from others.
- Ego:** The part of the personality that provides a buffer between the id and the outside world.
- Emotional intelligence:** A cluster of traits or abilities relating to the emotional side of life — abilities such as recognising and managing one's own emotions, being able to motivate oneself and restrain one's

impulses, recognising and managing others' emotions, and handling interpersonal relationships in an effective manner. It is expressed in the form of an emotional quotient (EQ) score.

Empathy: Reacting to another's feelings with an emotional response that is similar to the other's feelings.

Environment: Totality, or any aspect of physical and social set-up that surround and affect an individual organism.

Exhaustion: State in which energy resources have been used up and responsiveness is reduced to a minimum.

Exorcism: Religiously inspired treatment procedure designed to drive out evil spirits or forces from a "possessed" person.

Experiential intelligence: In Sternberg's triarchic theory, it is the ability to use past experiences creatively to solve novel problems.

Extraversion: One of the dimensions of personality in which interests are directed outwards to nature and other people rather than inwards to the thoughts and feelings of self (introvert).

Extremeness of attitude: Refers to how far an attitude is from the neutral point.

Factor analysis: Mathematical procedure, involving correlations, for sorting trait terms or test responses into clusters or factors; used in the development of tests designed to discover basic personality traits. It identifies items that are homogeneous or internally consistent and independent of others.

Fluid intelligence: Ability to perceive complex relationships, reason abstractly, and solve problems.

General adaptation syndrome (GAS): It consists of three phases : an alarm phase which promotes sympathetic nervous system activity, a resistance phase during which the organism makes efforts to cope with the threat, and an exhaustion phase which occurs if the organism fails to overcome the threat and depletes its physiological resources.

Genetics: The study of how the qualities of living things are passed on in their genes.

Gestalt therapy: An approach to therapy that attempts to integrate a client's thoughts, feelings, and behaviour into a unified whole.

g-factor: General intelligence factor referring to a basic intellectual capacity underlying all manifestations of intelligence.

Group: Two or more persons who interact with one another, have shared goals, are interdependent, and consider themselves as members of group.

Group test: A test designed to be administered to more than one individual at the same time, in contrast to individual test.

Groupthink: A mode of thinking in which the desire to reach unanimous agreement overrides the wish to adopt proper, rational, decision-making procedures; an example of group polarisation.

Hallucination: A false perception which has a compulsive sense of the reality of objects although relevant and adequate stimuli for such perception is lacking. It is an abnormal phenomenon.

Halo effect: The tendency to link positive qualities with other positive qualities about which information is not available.

Hardiness: It is a set of beliefs about oneself, the world, and how they interact. It has three characteristics, i.e. commitment, control, and challenge.

Homeostasis: A state of physiological balance within the body.

Humanistic approach: The theory that people are basically good and tend to grow to higher levels of functioning.

Humanistic therapy: A therapy in which the underlying assumption is that people have control over their behaviour, can make choices about their lives, and are essentially responsible for solving their own problems.

Id: According to Freud, the impulsive and unconscious part of the psyche that operates through the pleasure principle toward the gratification of instinctual drives. The id is conceived as the true unconscious, or the deepest part of the psyche.

Ideal self: The kind of person we would like to be. Also called ego-ideal/idealised self-image.

Identification: The process of feeling one with another person, usually resulting from liking or extreme regard for the other person.

Identity: The distinguishing character of the individual: who each of us is, what our roles are, and what we are capable of.

Incongruent attitude change: Attitude change in a direction opposite to that of the existing attitude.

Individual differences: Distinctiveness and unique variations among people's characteristics and behaviour patterns.

Individual test: A test that must be given to a single individual at a time, typically by a specially trained person. The Binet and Wechsler intelligence tests are examples of individual tests.

Industrial/organisational psychology: A sub-field of psychology that focuses on relationship between people and work. In the contemporary context, the emphasis has shifted from industrial psychology to organisational psychology, which includes industrial and all other organisations.

Inferiority complex: According to Adler, a complex developed by adults who have not been able to overcome the feelings of inferiority they developed as children, when they were small and limited in their knowledge about the world.

Ingroup: The social group to which an individual perceives herself or himself as belonging ("us"). The group with which one identifies. The other groups are outgroups.

Intellectual disability: Sub-average intellectual functioning combined with varying degrees of deficits in adaptive behaviour.

Intellectual giftedness: Exceptional general intellectual efficiency shown in superior performance in a wide range of tasks.

Intelligence: The capacity to understand the world, to think rationally, and to use resources effectively when faced with challenges.

Intelligence quotient (IQ): An index derived from standardised intelligence tests indicating a ratio of mental age to chronological age.

Intelligence tests: Tests designed to measure person's level of intelligence.

Interest: An individual's preference for one or more specific activities.

Interview: Verbal interaction between a respondent and a researcher to gather information about the respondent.

Introversion: One of the dimensions of personality in which interests are directed inwards rather than outwards (extravert).

Kernel of truth: The small element of truth that may be perceived in overgeneralised clusters of beliefs about groups (stereotypes).

Latency period: In Freud's theory of psychosexual stages, the period between the phallic stage and the mature genital stage (period from age 4 or 5 to about 12) during which interest in sex is sublimated.

Libido: Freud introduced this term. In Freud's treatment, libido was quite simply a direct or indirect sexual expression.

Life skills: Abilities for adaptive and positive behaviour that enable individuals to deal effectively with the environment.

Lifestyle: In the context of health psychology, the overall pattern of decisions and behaviours that determine health and quality of life.

Meditation: A technique of turning one's concentration inward and achieving an altered state of consciousness.

Mental age (MA): A measure of intellectual functioning expressed in terms of age.

Metaneeds: In the hierarchy of needs, those at the top, such as self-actualisation, self-esteem, aesthetic needs, and the like, which can only be satisfied when lower order needs are satisfied.

Modelling: A process of learning in which an individual acquires responses by observing and imitating others.

Neurodevelopmental disorders: These disorders are characterized by symptoms appearing in the early stage of development. They affect the personal, social, academic and occupational functioning of the individual.

Neurotransmitter: Chemicals that carry messages across the synapse to the dendrite (and sometimes the cell body) of a receiver neuron.

Normal probability curve: A symmetrical, bell-shaped frequency distribution. Most scores are found near the middle, and fewer and fewer occur towards the extremes. Many psychological characteristics are distributed in this manner.

Norms: Standards of test performance that permit the comparison of one person's score on the test to the scores of others who have taken the same test.

Observational method: A method in which researcher observes a phenomenon that occurs naturally without being able to manipulate any of the factors.

Obsessive-compulsive disorder: A disorder characterised by obsessions or compulsions.

Oedipus complex: The Freudian concept in which the young child develops an intense desire to replace the parent of the same sex and enjoy that affection of the opposite sex parent.

Optimism: The tendency to seek out, remember, and expect pleasurable experiences.

Outgroup: Any group of which an individual is not a member.

Performance test: A test in which the role of language is minimised, the task requiring overt motor responses other than verbal.

Personal identity: Awareness of oneself as a separate, distinct being.

Persuasibility: The degree to which people can be made to change their attitudes.

Phallic stage: Third of Freud's psychosexual stages (at about age five) when pleasure is focused on the genitals and both males and females experience the "Oedipus complex".

Phobia: A strong, persistent, and irrational fear of some specific object or situation that presents little or no actual danger to a person.

Planning: In Das's PASS model of intelligence, it involves goal setting, strategy selection, and monitoring of goal-orientation.

Positive health: It includes a healthy body, good interpersonal relationships, a sense of purpose in life, and resilience to stress, trauma and change.

Post-traumatic stress disorder: Patterns of symptoms involving anxiety reactions, tensions, nightmares, and depression following a disaster such as an earthquake or a flood.

Prejudice: A prejudgment, usually a negative attitude that is unverified, and is often towards a group.

Primary group: Group in which each member is personally known to each of the other member, and in which the members, at least on occasion, meet face-to-face.

Problem solving behaviour: The activity and mental processes involved in overcoming the obstacles, physical or conceptual, which lie between an animal and its goal.

Projection: A defence mechanism; the process of unwittingly attributing one's own traits, attitudes, or subjective processes to others.

Projective techniques: The utilisation of vague, ambiguous, unstructured stimulus objects or situations in order to elicit the individual's characteristic modes of perceiving her/his world or of behaving in it.

Proximity: The principle of Gestalt psychology that stimuli close together tend to be perceived as a group.

Psychodynamic approach: Approach that strives for explanation of behaviour in terms of motives, or drives.

Psychodynamic therapy: First suggested by Freud; therapy based on the premise that the primary sources of abnormal behaviour are unresolved past conflicts and the possibility that unacceptable unconscious impulses will enter consciousness.

Psychological test: An objective and standardised instrument for measuring an individual's mental and behavioural traits; used by psychologists to help people make decisions about their lives and understand more about themselves.

Psychoneuroimmunology: Interactions among behavioural, neuroendocrine, and immunological processes of adaptation.

Psychotherapy: The use of any psychological technique in the treatment of mental/psychological disorder or maladjustment.

Rational emotive therapy (RET): A therapeutic system developed by Albert Ellis. It seeks to replace irrational, problem-provoking outlooks with more realistic ones.

Rationalisation: A defence mechanism that occurs when one attempts to explain failure or short-comings by attributing them to more acceptable causes.

Reaction formation: A defence mechanism in which a person denies a disapproved motive through giving strong expression to its opposite.

Regression: A defence mechanism that involves a return to behaviours characteristic of an earlier stage in life. The term is also used in statistics, in which with the help of correlation prediction is made.

Rehabilitation: Restoring an individual to normal, or as satisfactory a state as possible, following an illness, criminal episode, etc.

Relaxation training: A procedure in which clients are taught to release all the tension in their bodies.

Repression: A defence mechanism by which people push unacceptable, anxiety-provoking thoughts and impulses into the unconscious to avoid confronting them directly.

Resilience: The maintenance of positive adjustment under challenging life conditions.

Resistance: In psychoanalysis, attempts by the patient to block treatment.

Roles: An important concept in social psychology which refers to the behaviour expected of an individual in accordance with the position s/he holds in a particular society.

Scapegoating: Placing the blame on a group for something that has gone wrong, because the blamed group cannot defend itself.

Schizophrenia: A group of psychotic reactions characterised by the breakdown of integrated personality functioning, withdrawal from reality, emotional blunting and distortion, and disturbances in thought and behaviour.

Self-actualisation: A state of self-fulfilment in which people realise their highest potential in their own unique way.

Self-awareness: Insight into one's own motives, potential and limitations.

Self-efficacy: Bandura's term for the individual's beliefs about her or his own effectiveness; the expectation that one can master a situation and produce positive outcomes.

Self-esteem: The individual's personal judgment of her or his own worth; one's attitude toward oneself along a positive-negative dimension.

Self-fulfilling prophecy: Behaving in a way that confirms the prediction others make.

Self-regulation: Refers to our ability to organise and monitor our own behaviour.

Sensitivity: Tendency to respond to very low levels of physical stimulation.

Simplicity or complexity (multiplexity) of attitude: Whether the whole attitude consists of a single or very few sub-attitudes (simple), or contains many sub-attitudes (multiplex).

Simultaneous processing: Cognitive processing in the PASS model that involves integrating elements of the stimulus situation into composite and meaningful patterns.

Situationism: A principle which states that situations and circumstances outside oneself have the power to influence behaviour.

Social facilitation: The tendency for people's performance to improve in the presence of others, or an audience.

Social identity: A person's definition of who she or he is; includes personal attributes (self-concept) along with membership in various groups.

Social influence: The process by which the actions of an individual or group affect the behaviour of others.

Social inhibition: Social restraint on conduct.

Social loafing: In a group, each additional individual puts in less effort, thinking that others will be putting in their effort.

Social support: Information from other people that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligation.

Somatiform disorders: Conditions involving physical complaints or disabilities occurring in the absence of any identifiable organic cause.

Status: Social rank within a group.

Stereotype: An overgeneralised and unverified prototype about a particular group.

Stress: Our response to events that disrupt or threaten to disrupt our physical and psychological functioning.

Stressors: Events or situations in our environment that cause stress.

Structure: The enduring form and composition of a complex system or phenomenon. Contrast with function, which is a process of a relatively brief duration, arising out of structure.

Substance abuse: The use of any drug or chemical to modify mood or behaviour that results in impairment.

Successive processing: Cognitive processing in the PASS model where elements of the stimulus situation are responded to sequentially.

Superego: According to Freud, the final personality structure to develop; it represents society's standards of right and wrong as handed down by person's parents, teachers, and other important figures.

Surface traits: R.B. Cattell's term for clusters of observable trait elements (responses) that seem to go together. Factor analysis of the correlations reveals source traits.

Syndrome: Group or pattern of symptoms that occur together in a disorder and represent the typical picture of the disorder.

Systematic desensitisation: A form of behavioural therapy in which phobic client learns to induce a relaxed state and then exposed to stimuli that elicit fear or phobia.

Therapeutic alliance: The special relationship between the client and the therapist; contractual nature of the relationship and limited duration of the therapy are its two major components.

Token economy: Forms of behaviour therapy based on operant conditioning in which hospitalised patients earn tokens they can exchange for valued rewards, when they behave in ways the hospital staff consider to be desirable.

Trait: A relatively persistent and consistent behaviour pattern manifested in a wide range of circumstances.

Trait approach: An approach to personality that seeks to identify the basic traits necessary to describe personality.

Typology: Ways of categorising individuals into discrete categories or types, e.g. Type-A personality.

Unconditional positive regard: An attitude of acceptance and respect on the part of an observer, no matter what the other person says or does.

Unconscious: In psychoanalytic theory, characterising any activity or mental structure which a person is not aware of.

Valence of attitude: Whether an attitude is positive or negative.

Values: Enduring beliefs about ideal modes of behaviour or end-state of existence; attitudes that have a strong evaluative and 'ought' aspect.

Verbal test: Test in which a subject's ability to understand and use words and concepts is important in making the required responses.

SUGGESTED READINGS

For developing further understanding on the topics, you may like to read the following books

- **Baron, R.A.** 2001/Indian reprint 2002. *Psychology* (5th ed.). Allyn & Bacon.
- **Bellack, A.S., & Hersen, M.** 1998. *Comprehensive Clinical Psychology*. Elsevier. London.
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