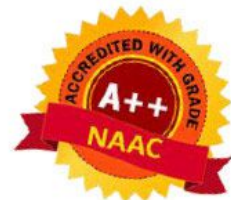


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CHHATRAPATI SHAHUJI MAHARAJ UNIVERSITY, KANPUR

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COMMUNITY AND HEALTH PSYCHOLOGY

B.A. VI SEM. -(PSYCHOLOGY)

- **Brief and Intensive Notes**
- **Very Short & Long Answers**
- **Multiple Choice Questions**

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NEP- 2020 SYLLABUS

Course Code: A090601T	Course Title: Community and Health Psychology
UNIT-I	Community Psychology: Nature, Historical Development, Fields of Community Psychology.
UNIT-II	Approaches of Community Psychology: Mental Health approach; Social Problems Approach.
UNIT-III	Community Intervention Issues: Poverty and Prolonged Deprivation; Marginalization; Migration & Immigration issues; Superstitions in Indian society.
UNIT-IV	Community Interventions: Community Mental Health; Gender, Discrimination and Power Issues related interventions; School Intervention; Rural development Intervention.
UNIT-V	Health Psychology: Nature, Development and Goals of Health Psychology; Biopsychosocial Model of Health.
UNIT-VI	Health Behavior: Health Compromising and Health Enhancing Behaviors; Theories of Health Behavior; Health Belief Model, Planned Behavior and Reasoned Action Theory.
UNIT-VII	Stress and Health: Nature and Types of Stress, Stress appraisal; Coping with Stress; Psychological Moderators of Stress (Hardiness, Social Support and Optimism).
UNIT-VIII	Chronic Illnesses: Coronary Heart Disease (CHD) and Diabetes: Major Symptoms, Diagnosis and Psychological correlate.

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Unit-I	Community Psychology: Nature, Historical Development, Fields of Community Psychology
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Community Psychology concerns the relationships of the individual to communities and society. Through collaborative research and action, community psychologists seek to understand and enhance quality of life for individuals, communities, and societies. According to Dalton, Elias & Wandersman (2001) “Community Psychology is the study of how individuals interact with their communities and the wider society, and how these relationships affect mental health, well-being, and social functioning.” Community Psychology emphasizes preventive measures, systemic change, and collective empowerment, rather than solely focusing on individual pathology. Community psychology focuses not just on individuals or communities separately, but on the connections between them. It examines the complex relationships among individuals, communities, and broader society, aiming to understand how they influence one another.

1.1 Nature of Community Psychology: Here are the key characteristics that define its nature:

- **Ecological Perspective:** Community psychology looks at the individual in context—not just their internal traits or problems, but how their environment (family, neighborhood, society) shapes their experiences. It adopts an ecological perspective and is influenced by Bronfenbrenner’s Ecological Systems Theory.
- **Emphasis on Prevention and Empowerment:** Rather than focusing on treatment after a problem occurs, community psychology emphasizes preventing social problems, mental health issues, and community disintegration. It encourages empowerment, helping individuals and communities gain control over their lives and resources.
- **Social Change and Justice:** Community psychologists often work toward creating social change, advocating for policies that address inequality and marginalization, and supporting collective empowerment to address community issues.
- **Collaboration with Communities:** Community psychology emphasizes collaboration with community members to identify problems and create solutions. It encourages people to be active participants in improving their environments.

- **Diversity and Cultural Sensitivity:** Community psychology recognizes and respects cultural, racial, and social diversity. It promotes interventions that are culturally appropriate and contextually relevant.
- **Holistic and Strength-Based Approach:** Community psychology looks at community strengths and resources, not just problems or deficits. It supports resilience, support systems, and social networks.

1.2 Historical Development of Community Psychology: Community Psychology is a relatively modern field that grew out of both psychological theory and social change movements. It developed as a response to the limitations of traditional psychology, especially in addressing broader social and community issues. The historical development of community psychology can be traced through several key periods:

1. Pre-1960s: Foundations and Influences: Before Community Psychology was formally recognized, several influences laid the groundwork:

- **Public Health and Preventive Approaches:** Emphasized disease prevention and early intervention.
- **Social Work and Sociology:** Highlighted the role of environment and society in shaping behavior.
- **Clinical Psychology:** Focused on mental illness but lacked a systemic, preventive outlook.
- **Social Movements:** The Civil Rights Movement, anti-poverty campaigns, and mental health reform called for societal change and equity.

These influences stressed the need for a psychology that goes beyond individual diagnosis to address **community-level issues**.

2. The 1960s: Birth of Community Psychology

- **Context:** This decade was marked by social unrest, inequality, and a growing dissatisfaction with institutionalized mental health care.
- **Key Event – Swampscott Conference (1965):**
 - ❖ Held in Massachusetts, it brought together psychologists and policymakers.
 - ❖ Recognized the need for a new role: the community psychologist.

- ❖ Emphasized prevention, early intervention, and systemic thinking.

The 1960s marked the official birth of Community Psychology as a distinct discipline.

3. 1970s–1980s: Establishment and Theoretical Growth: The field grew rapidly with the formation of:

- **Professional organizations** (e.g., Society for Community Research and Action – APA Division 27)
- **Academic programs and graduate training in Community Psychology.**
- **Key Concepts Introduced:**
 - ❖ Ecological systems model (influenced by Urie Bronfenbrenner)
 - ❖ Empowerment, social justice, prevention, and resilience
 - ❖ Emphasis on action research, community collaboration, and systems-level change

4. 1990s–2000s: Global Expansion and New Directions

- **International influence** grew —especially in Latin America (influenced by Paulo Freire’s ideas of liberation), South Africa, India, Australia, Canada, and others
- **Increased focus on** multiculturalism, indigenous perspectives, structural inequalities and community-based participatory research (CBPR)

Community Psychology became more interdisciplinary and global, adapting to different cultural and socio-political contexts.

5. 2010s–Present: Contemporary Applications

- Applied to pressing global challenges:
 - ❖ Climate change and environmental justice
 - ❖ Gender and LGBTQ+ rights
 - ❖ Immigration and refugee support
 - ❖ Pandemic recovery and community resilience
- Strong collaborations with:
 - ❖ Public health, urban planning, education, social justice activism

Modern Community Psychology focuses on intersectionality, collaboration, and sustainable community development.

Time Period	Key Developments
Pre-1960s	Roots in public health, social work, and reform movements
1960s	Swampscott Conference (1965), birth of the field
1970s–1980s	Core concepts developed, field formalized
1990s–2000s	Global expansion, multicultural and liberation frameworks
2010s–Present	Addressing modern global and systemic issues

1.3 Fields of Community Psychology: Community psychology is a multifaceted field that applies psychological principles to understand and address social issues at the community level. Here are some key fields within community psychology:

- **Social Justice and Equity:** This field focuses on recognizing and addressing inequalities, discrimination, and oppression in society. Community psychologists advocate for social justice and ensure that all communities have access to equal opportunities and resources. Examples: Addressing issues like racism, gender inequality, disability rights, and other forms of social discrimination.
- **Community Empowerment:** This area is centred around helping communities gain the skills and knowledge needed to address their own issues. The goal is to empower individuals and communities to take action, make decisions, and improve their own lives. Examples: community-based projects, leadership development, and participatory decision-making processes.
- **Mental Health in the Community:** Community psychologists in this field work to assess and address the mental health needs of communities. They focus on improving access to mental health services, promoting mental well-being, and reducing stigma

surrounding mental health. Examples: mental health awareness programs, community-based mental health support networks, crisis intervention.

- **Social Support Networks:** This field focuses on the creation and strengthening of support systems within communities. It aims to build relationships and networks that offer emotional, social, and practical assistance. Examples: peer support groups, neighborhood networks, family support initiatives.
- **Community-Based Health and Well-Being:** This area focuses on improving the health and well-being of individuals within a community through collective action. It aims to make healthcare services more accessible and to promote healthy lifestyles at the community level. Examples: community health clinics, public health education, nutrition and fitness programs.
- **Community Education and Awareness:** Community psychologists in this field focus on increasing awareness and providing education about social, mental, and physical health issues. It also involves promoting lifelong learning and skill-building opportunities for community members. Examples: literacy campaigns, public awareness programs, skill-building workshops.
- **Social Change and Policy Advocacy:** This field involves working to influence social policies and advocate for systemic changes that improve the quality of life for communities. It focuses on addressing structural issues and promoting policies that ensure equal opportunities for all. Examples: advocacy for policy reform, social movements, public campaigns for community rights and resources.
- **Disaster Response and Management:** This field focuses on helping communities cope with and recover from natural disasters, social crises, or traumatic events. It involves providing emotional and psychological support, as well as assisting in community rebuilding and resilience efforts. Examples: post-disaster mental health services, community recovery programs, disaster preparedness initiatives.
- **Urban and Rural Community Issues:** This area examines the unique needs, challenges, and opportunities of both urban and rural communities. It seeks to address disparities in access to services, quality of life, and social engagement across different community settings. Examples: addressing poverty in urban areas, rural healthcare access, and improving living conditions in underdeveloped regions.

- **Criminal Justice and Rehabilitation:** This field focuses on addressing crime, rehabilitation, and restorative justice within communities. It includes programs that focus on offender rehabilitation, preventing recidivism, and strengthening community safety. Examples: programs for reintegrating ex-offenders, community-based crime prevention initiatives, restorative justice efforts.
- **Environmental Issues:** This field addresses environmental challenges that affect communities, such as climate change, pollution, and resource depletion. Community psychologists work to promote sustainable practices and reduce the negative environmental impacts on vulnerable populations. Examples: environmental health projects, climate change adaptation programs, community sustainability initiatives.
- **Youth and Family Development:** This area focuses on improving the well-being of children, adolescents, and families within communities. It involves creating supportive environments for positive youth development, family dynamics, and the overall growth of future generations. Examples: after-school programs, family support services, youth leadership development.

Multiple Choice Questions

1. Which statement most accurately defines Community Psychology?
 - A. A field that emphasizes the diagnosis and treatment of mental illness in individuals.
 - B. A branch of psychology concerned with how psychological principles can be applied to marketing and consumer behavior.
 - C. A discipline that studies the relationship between individuals and their communities, focusing on social justice, empowerment, and the prevention of problems through systemic change.
 - D. A subfield of psychology that primarily deals with laboratory research on human behavior.

Answer: C

2. Which of the following is the primary focus of community psychology?
 - A. To study individual behavior in isolation
 - B. To understand individuals within their social and environmental contexts
 - C. To focus only on clinical treatment

D. To analyze only individual mental health disorders

Answer: B

3. What is the goal of community empowerment in community psychology?

- A. To teach individuals to follow societal norms
- B. To increase personal wealth and success
- C. To help communities gain control over their own issues and decisions
- D. To promote individual mental health treatment

Answer: C

4. Which field of community psychology focuses on improving mental health access and promoting well-being at the community level?

- A. Social Support Networks
- B. Mental Health in the Community
- C. Criminal Justice and Rehabilitation
- D. Disaster Response and Management

Answer: B

5. Which of the following is NOT a goal of Community Psychology?

- A. Exploring and gaining a deeper understanding of complex individual-environment interactions
- B. Promoting social change, especially for those with limited resources and opportunities
- C. Studying how individual mental processes affect individual well-being
- D. Striving for a more socially just society

Answer: C

6. Which area of community psychology is concerned with increasing awareness and education about social and mental health issues?

- A. Social Change and Policy Advocacy
- B. Community Education and Awareness
- C. Disaster Response and Management

D. Urban and Rural Community Issues

Answer: B

7. What social factors contributed to the emergence of community psychology in the 1960s?

A. The decline of public education and the rise of industrialization

B. The rise of digital technology and globalization

C. Civil rights movements, anti-war protests, and gender equality struggles

D. The collapse of traditional therapy models in private practice

Answer: C

8. What is a current trend in the field of community psychology in the 2000s–present?

A. Moving away from interdisciplinary approaches

B. Focusing exclusively on Western societies

C. Addressing global issues like climate change, migration, and global health

D. Limiting interventions to mental health clinics

Answer: C

9. In what year was the *American Journal of Community Psychology* first published, marking a key milestone in the formalization of the field?

A. 1965

B. 1973

C. 1980

D. 1959

Answer: B

10. Which of the following journals is most closely associated with the development and dissemination of community psychology research?

A. Journal of Experimental Psychology

B. American Journal of Psychiatry

C. Indian Journal of Psychology

D. American Journal of Community Psychology

Answer: D

11. What is the main concern of community psychologists working in the field of environmental issues?

- A. To promote individual environmental awareness
- B. To address environmental problems that impact communities, such as pollution and climate change
- C. To increase government control over environmental policies
- D. To focus only on local community beautification

Answer: B

12. Which area of community psychology focuses on supporting positive youth development and strengthening family dynamics?

- A. Community Education and Awareness
- B. Youth and Family Development
- C. Social Support Networks
- D. Social Change and Policy Advocacy

Answer: B

13. From a community psychology perspective, what are the characteristics of a successful community intervention?

- A. Positive outcomes for the recipients of an intervention
- B. A community is more willing to allow future intervention programs to take place in their community
- C. After an intervention, the community is left feeling more competent to bring about effective and sustainable change
- D. All of the above

Answer: D.

14. In community psychology, which of the following is considered a key element of a successful intervention program?

- A. The involvement of community members in the planning process
- B. The use of a top-down approach without community input
- C. Quick implementation with little evaluation
- D. Focus solely on individual behaviors, ignoring community dynamics

Answer: A

15. A successful community intervention should focus on:

- A. Short-term goals without concern for sustainability
- B. Long-term, sustainable change that empowers the community
- C. Increasing dependence on external support
- D. Isolated interventions without involving community stakeholders

Answer: B.

16. Which of the following is a potential outcome of a community-based intervention that integrates social justice principles?

- A. A more equitable distribution of resources and opportunities
- B. A decline in community participation in future initiatives
- C. Increased power imbalances and social inequalities
- D. Short-term benefits without addressing systemic issues

Answer: A.

17. What role do community psychologists play in the evaluation of community interventions?

- A. Conducting random evaluations with no involvement of the community
- B. Assessing the effectiveness of interventions in collaboration with the community
- C. Focusing only on quantitative data without considering qualitative feedback
- D. Ignoring community feedback and focusing only on academic measures of success

Answer: B.

18. Who was the author of the book "Indian Villages in Transition"?

- A. Duganand Sinha
- B. Vidyasagar
- C. William Bhore
- D. H. S. Asthana

Answer: A

19. When was the Community Psychology Association of India established?

- A. 1975
- B. 1987
- C. 1990
- D. 2000

Answer: B

20. When was the Indian Journal of Community Psychology Established?

- A. 2004
- B. 2005
- C. 2003
- D. 2009

Answer: A

21. What is a critical factor for ensuring the effectiveness of a community intervention program?

- A. Ensuring that the intervention is culturally relevant and tailored to the community's specific needs
- B. Implementing a one-size-fits-all solution for all communities
- C. Focusing only on individual behavior changes and ignoring systemic issues
- D. Excluding community input and only relying on outside experts

Answer: A.

22. Which of the following statements are true?

- I Psychology has traditionally focused on the individual level of analysis
- II Community psychology holds a strong belief that people cannot be understood apart

from their context

III Community psychology is the study of people in context

- A. I
- B. I & II
- C. I & II & III
- D. II & III

Answer: C

23. In which field do community psychologists focus on crime prevention, rehabilitation, and strengthening community safety?

- A. Criminal Justice and Rehabilitation
- B. Youth and Family Development
- C. Environmental Issues
- D. Community-Based Health and Well-being

Answer: A

24. _____ is the Community Psychology value that refers to the ability to value, integrate, and bridge multiple worldviews, cultures, and identities.

- A. Grounding in Research and Evaluation
- B. Collaboration
- C. Respect for Diversity
- D. Social Justice

Answer: C

25. Community psychology uses a different approach to problem solving than the medical model, focusing on prevention rather than treatment of psychological issues.

- A. True
- B. False
- C. Neither true or false
- D. None of the above

Answer: A

26. When community psychologists discuss analyzing a social problem from various levels, they are referring to examining the issue through a/an _____

- A. Empowerment model
- B. Ecological perspective
- C. Asset-based approach
- D. Clinical model

Answer: B

27. The foundation of community psychology is considered:

- A. Action Driven
- B. Theoretical
- C. Applied
- D. Both Action Driven and Applied

Answer: D

28. Community psychologists work to foster positive change in communities by focusing on which type of issues?

- A. Mental Health Issues
- B. Political Issues
- C. Socially Significant Issues
- D. None of the Above

Answer: C

29. Which of the following community psychology approaches seeks to link intra-community processes with the larger socio-political context?

- A. Behaviorist approach
- B. Accommodationist approach
- C. Critical approach
- D. None of the above

Answer: C

30. Which of the following is not a concern of community psychologists?

- A. Understanding and improving the overall quality of life for individuals, communities, and society
- B. The relationships between individuals and their environments
- C. Exclusively providing one-on-one therapy to clients
- D. Defining problems and generating solutions at many levels, not just with individuals

Answer: C

31. From a Community Psychology perspective, what makes an effective community intervention?

- A. Greater willingness within the community for future intervention programs
- B. The community feels more empowered to create effective and lasting change after the intervention
- C. Positive outcomes for those receiving the intervention
- D. All of the above

Answer: D

32. In which of the following fields do community psychologists work to address health disparities and promote healthy living?

- A. Community-Based Health and Well-being
- B. Social Justice and Equity
- C. Youth and Family Development
- D. Environmental Issues

Answer: A

33. Which research method includes statistically analyzing the data of several studies in order to quantify an average effect and discover possible causes of variability in outcome?

- A. Meta-analysis
- B. Geographic Information Systems
- C. Network models
- D. None of the above

Answer:

34. Community Psychology emerged in the:

- A. 1890s
- B. 1920s
- C. 1930s
- D. 1960s

Answer: D

35. An example of collaboration involves community psychologists working with community-based organizations that have skills and abilities not typically found in a community psychologist's expertise.

- A. False
- B. True
- C. Neither true nor false
- D. None of the above

Answer: B

36. A term used to refer to the goal of preventing problems before they occur is:

- A. Antecedent Approach
- B. Positive Reinforcement
- C. Change Agents
- D. None of the Above

Answer: A

37. Social change and policy advocacy in community psychology primarily focuses on:

- A. Preventing individual mental health crises
- B. Influencing social policies and promoting systemic change for community well-being
- C. Offering individual counseling services
- D. Building stronger community infrastructure

Answer: B

38. Which of the following is a common study method used in Community Psychology?

- A. Double-blind laboratory experiments with controlled stimuli
- B. Psychoanalytic case studies focusing on unconscious processes
- C. Community-based participatory research (CBPR) involving collaboration with community members
- D. Introspection and personal reflection journals

Answer: C

39. Which field focuses on helping communities cope with and recover from natural disasters or social crises?

- A. Community Empowerment
- B. Disaster Response and Management
- C. Criminal Justice and Rehabilitation
- D. Social Justice and Equity

Answer: B

40. Which area of community psychology addresses disparities in services, quality of life, and social engagement in different community settings?

- A. Social Justice and Equity
- B. Urban and Rural Community Issues
- C. Mental Health in the Community
- D. Environmental Issues

Answer: B

41. What is the primary objective of social support networks in community psychology?

- A. To build stronger individual career profiles
- B. To provide emotional, social, and practical assistance within communities
- C. To improve urban infrastructure
- D. To reduce the need for government intervention in communities

Answer: B

42. Assertion (A): Community Psychology emphasizes prevention and empowerment rather than just treatment.

Reason (R): It focuses on understanding individuals within their broader social and environmental contexts.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

43. Assertion (A): Community Psychology only deals with individual therapy and clinical interventions.

Reason (R): Its primary goal is to treat mental illness in isolation from social context.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. Both A and R are false.

Answer: D

44. Assertion (A): Community Psychology supports social justice and advocacy.

Reason (R): It believes that social inequalities and systemic issues contribute to mental health problems.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

45. Assertion (A): Community Psychology emerged in the 1960s as a response to the limitations of traditional clinical psychology.

Reason (R): Traditional psychology focused primarily on individual pathology and often ignored the role of societal factors in mental health.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

46. Assertion (A): The Swampscott Conference of 1965 is considered a key event in the birth of Community Psychology.

Reason (R): This conference brought together mental health professionals to discuss community-based alternatives to institutional treatment.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

47. Assertion (A): Community Psychology developed independently of any social or political movements.

Reason (R): It was purely an academic evolution of psychological theory and practice.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. Both A and R are false.

Answer: D

48. Assertion (A): Community Psychology aligns closely with movements for civil rights and social justice.

Reason (R): It emphasizes collective well-being, empowerment, and systemic change.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

49. Assertion (A): Community Psychology focuses on prevention rather than just cure.
Reason (R): It believes that addressing problems at their root causes in the community reduces the likelihood of individual mental health issues.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

50. Assertion (A): Community Psychology ignores individual mental health issues.
Reason (R): It focuses only on social structures and community systems.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. Both A and R are false.

Answer: D



UNIT – II	Approaches of Community Psychology: Mental Health Approach; Social Problems Approach
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2.1 Mental Health Approach: The mental health approach in community psychology focuses on promoting mental well-being, preventing mental health problems, and supporting individuals in dealing with mental health issues within their community context. It emphasizes a holistic view of mental health that goes beyond individual treatment to consider the broader community environment. The mental health approach primarily focuses on:

- **Prevention:** Efforts are made to prevent mental health issues from arising by promoting healthy environments, building resilience, and reducing risk factors.
- **Access to Services:** This approach emphasizes increasing access to mental health services, particularly for underserved or marginalized groups. It seeks to integrate mental health services within the community, making them more accessible and less stigmatized.
- **Social Support:** The community is seen as a critical factor in mental health. Social support networks, peer support, and community involvement are encouraged as means of maintaining or improving mental well-being.
- **Community-Based Care:** Rather than relying solely on institutional settings, this approach advocates for community-based care models where individuals can receive help and support in their own communities.

Example: Creating peer counseling programs in schools or workplaces, promoting mental wellness through community events, and fostering safe spaces where individuals can discuss their mental health without fear of stigma.

2.2 Social Problems Approach: The social problems approach focuses on addressing broader social issues that impact communities, such as poverty, inequality, discrimination, crime, and violence. Community psychologists who use this approach work to identify the underlying social causes of these problems and develop solutions to address them, often through social change. The social problems approach basically focuses on:

- **Focus on Structural Factors:** This approach examines how social structures, institutions, and policies contribute to community problems. It looks at how power, resources, and opportunities are distributed and advocates for systemic change.
- **Addressing Inequality:** A central aspect of the social problems approach is identifying and addressing inequalities that may be present within the community, such as racial, economic, or gender-based disparities.
- **Community Empowerment:** It emphasizes empowering community members to become active participants in solving their own problems, recognizing that they are often the best experts on the challenges they face.
- **Advocacy and Social Change:** Advocating for social policies and practices that will reduce harmful conditions and promote the well-being of all community members, especially the most vulnerable.

Example: Organizing community advocacy groups to fight for better housing conditions for low-income residents, supporting campaigns for criminal justice reform, or creating initiatives to reduce violence and discrimination in marginalized communities.

2.3 Comparison of Mental Health Approach and Social Problems Approach

Aspect	Mental Health Approach	Social Problems Approach
Focus	Individual mental health and well-being within the community.	Broader social issues and structural inequalities.
Goal	Prevent mental health issues, promote psychological well-being, and reduce stigma.	Address and resolve social issues that affect community well-being.
Primary Concern	Mental illness, resilience, access to mental health services, and social support.	Social inequality, poverty, discrimination, and other community-wide problems.
Method	Community-based mental health programs, prevention, and social support.	Advocacy, policy change, community mobilization, and empowerment.
Key Strategies	Promote access to mental health care, reduce stigma, and build supportive environments.	Tackle structural causes of social problems, build community power, and foster social justice.

Both approaches can intersect, as mental health issues often arise from or are exacerbated by social problems. For example, the stress caused by poverty can lead to mental health issues, while improving mental health can help individuals' better cope with social challenges.

Multiple Choice Questions

1. Which of the following is a key focus of the mental health approach in community psychology?

- A. Addressing poverty and inequality in society
- B. Empowering communities to address crime
- C. Promoting mental well-being and preventing mental health issues
- D. Advocating for legal reforms in the criminal justice system

Answer: C

2. In the context of the mental health approach which of the following is a common strategy to improve mental health?

- A. Increasing access to education
- B. Increasing access to mental health services within the community
- C. Advocating for changes in tax laws
- D. Organizing community-based protests for political change

Answer: B

3. Which of the following best defines community-based care in the mental health approach?

- A. Providing mental health services exclusively in hospitals
- B. Helping individuals manage mental health issues within their communities
- C. Increasing governmental spending on mental health research
- D. Offering mental health services in private settings only

Answer: B

4. A major goal of the mental health approach is to:

- A. Eliminate all criminal behavior
- B. Address the broader structural causes of poverty

- C. Prevent mental health problems and promote mental well-being
- D. Create global health policies

Answer: C

5: Which of the following is a central focus of the social problems approach in community psychology?

- A. Reducing mental health stigma
- B. Addressing social inequalities and structural issues
- C. Enhancing individual coping mechanisms
- D. Increasing the availability of therapeutic programs

Answer: B

6: In the social problems approach community psychologists often advocate for:

- A. Better mental health resources for individuals
- B. Systemic changes to reduce social inequalities
- C. Higher healthcare funding for private practitioners
- D. Stronger military interventions in underdeveloped communities

Answer: B

7: Which of the following is an example of community empowerment within the social problems approach?

- A. Teaching individuals about mental health disorders
- B. Advocating for more parks and recreational spaces
- C. Empowering residents to address housing issues through collective action
- D. Reducing stigma about mental health through public awareness campaigns

Answer: C

8: The social problems approach focuses primarily on:

- A. Individual well-being
- B. Prevention of mental health issues
- C. Addressing the root causes of social issues like poverty, inequality, and discrimination

D. Providing therapy and counseling services

Answer: C

9: Which of the following best exemplifies a community intervention based on the social problems approach?

- A. Launching a community wellness program to support mental health
- B. Organizing a protest to advocate for affordable housing policies
- C. Training individuals to be mental health counselors
- D. Offering stress-relief workshops in the community

Answer: B

10: In the social problems approach, the focus is on:

- A. Treating individuals in isolation
- B. Changing laws to benefit specific individuals
- C. Challenging and changing social structures that creates inequality
- D. Promoting individual responsibility in dealing with life challenges

Answer: C

11. The Social Problems Approach in community psychology emphasizes:

- A. Improving individual mental health through therapy
- B. Analyzing and addressing societal issues affecting groups
- C. Focusing solely on the prevention of mental health disorders
- D. Strengthening family relationships

Answer: B

12. The Mental Health Approach in community psychology primarily looks at:

- A. Societal inequalities
- B. Individuals' emotional and psychological well-being
- C. Social movements
- D. Community-based advocacy

Answer: B

13. Which of the following best describes the difference between the Mental Health Approach and the Social Problems Approach?

- A. The Mental Health Approach focuses on individual interventions, while the Social Problems Approach targets systemic societal changes.
- B. The Mental Health Approach focuses on group therapy, while the Social Problems Approach focuses on individual therapy.
- C. Both approaches deal with mental disorders equally.
- D. The Mental Health Approach focuses on physical health, while the Social Problems Approach addresses social work.

Answer: A

14. Which of the following is a key characteristic of the Social Problems Approach in community psychology?

- A. Focusing solely on individual clinical treatment
- B. Understanding mental health issues as products of social inequality and systemic issues
- C. Focusing on the biological roots of mental health disorders
- D. Offering one-on-one therapy for individuals

Answer: B

15. The Mental Health Approach in community psychology typically includes which of the following strategies?

- A. Organizing protests for systemic social change
- B. Providing counseling and therapy for individuals
- C. Analyzing and addressing poverty in communities
- D. Encouraging collective action

Answer: B

16. Which community psychology approach is most likely to engage with policy advocacy aimed at creating systemic societal changes?

- A. Mental Health Approach

- B. Social Problems Approach
- C. Both approaches equally
- D. Neither approach

Answer: B

17. In the Social Problems Approach, mental health issues are often viewed as:

- A. Isolated problems that only affect individuals
- B. The result of individual biological factors
- C. A consequence of social inequalities and structural issues
- D. Non-existent in communities

Answer: C

18. Which of the following is a common strategy in both the Mental Health and Social Problems Approaches?

- A. Prevention programs targeting community-wide issues
- B. Focus on individual therapy as the main treatment
- C. Collaboration with government and non-profit organizations
- D. Both focus on reducing social inequalities

Answer: C

19. What is the primary goal of community empowerment?

- A. To promote individual success
- B. To strengthen the control of the community over its own development
- C. To decrease government involvement
- D. To provide financial aid to communities

Answer: B

20. Which of the following is a key characteristic of community empowerment?

- A. Dependence on external aid
- B. Active participation of community members in decision-making
- C. Centralized leadership

D. Isolation from outside resources

Answer: B

21. Which approach is most commonly associated with community empowerment?

- A. Top-down decision-making
- B. Community-based participatory research
- C. Exclusive government control
- D. Individual-focused interventions

Answer: B

22. In community empowerment, which of the following is most important for sustainable development?

- A. External support
- B. Resource dependency
- C. Capacity building within the community
- D. One-time interventions

Answer: C

23. Which factor is essential for community empowerment in terms of social justice?

- A. Economic dominance
- B. Ensuring equal access to opportunities for all members
- C. Restricting community participation
- D. Focusing solely on physical infrastructure

Answer: B

24. What role does leadership play in community empowerment?

- A. Leadership is irrelevant as the community makes all decisions
- B. Leaders provide guidance, facilitate discussions, and help channel community resources
- C. Leaders must make all decisions without community involvement
- D. Leaders act as mediators between the community and external organizations

Answer: B

25. What does 'community capacity building' primarily focus on?

- A. Increasing financial resources
- B. Enhancing the skills and knowledge of community members
- C. Attracting foreign investments
- D. Building physical infrastructure

Answer: B

26. Which of the following is a potential barrier to community empowerment?

- A. Community participation
- B. Limited access to resources
- C. Strong leadership
- D. Government support

Answer: B

27. Which of the following is an example of community empowerment in action?

- A. A government program where decisions are made solely by policymakers
- B. A community organizing a local clean-up event and discussing future actions
- C. A corporation providing financial assistance without consulting the community
- D. An individual making decisions for a community without input from others

Answer: B

28. Which type of knowledge is most valued in community empowerment?

- A. Scientific knowledge from external experts
- B. Traditional and local knowledge of community members
- C. Only academic research
- D. Knowledge that is centralized in government bodies

Answer: B

29. What is social change?

- A. A shift in personal beliefs

- B. A long-term alteration in the values, norms, or structure of society
- C. A temporary change in political leadership
- D. A shift in individual behaviors without societal impact

Answer: B

30. Which of the following is an example of social change?

- A. A new technological invention
- B. A political leader's resignation
- C. A widespread movement for gender equality
- D. A change in a family's income level

Answer: C

31. Which of the following factors is commonly associated with social change?

- A. The decline of individual autonomy
- B. Technological advancements
- C. Maintenance of traditional practices without evolution
- D. The reinforcement of static cultural norms

Answer: B

32. Which of the following is an example of social change driven by cultural factors?

- A. A new economic policy
- B. A shift in societal attitudes toward LGBTQ+ rights
- C. The invention of the internet
- D. A natural disaster changing the landscape

Answer: B

33. Which term refers to the process by which society gradually adapts and integrates new technologies or cultural shifts?

- A. Social revolution
- B. Social evolution
- C. Social isolation

D. Social stability

Answer: B

34. What role does conflict play in social change?

- A. It has no impact on social change
- B. Conflict can drive change by challenging existing norms and structures
- C. Conflict leads to a return to previous social norms
- D. Conflict only results in negative outcomes for society

Answer: B

35. Which of the following is an example of a social movement aimed at social change?

- A. The civil rights movement in the United States
- B. A company introducing a new product
- C. An individual changing their lifestyle
- D. A local government implementing a new tax policy

Answer: A

36. Which of the following is a characteristic of revolutionary social change?

- A. Gradual adjustment to existing societal norms
- B. Sudden and fundamental transformation of political and social structures
- C. A return to previous social structures
- D. Minimal disruption to existing institutions

Answer: B

37. Which of the following social changes is primarily driven by globalization?

- A. The spread of environmental conservation practices
- B. Increased local agricultural practices
- C. The rise of local tribal traditions
- D. The decline in technological innovations

Answer: A

38. What is the role of education in social change?

- A. It preserves traditional knowledge without alteration
- B. It is a catalyst for challenging outdated norms and fostering new ideas
- C. It prevents new ideas from emerging
- D. It only reinforces existing societal roles

Answer: B

39. What is the primary focus of the community-based care model in mental health?

- A. To treat individuals in isolated, institutional settings
- B. To provide care to individuals within their communities and promote social integration
- C. To provide medication-based interventions only
- D. To eliminate the need for healthcare professionals in mental health care

Answer: B

40. Which of the following is a key feature of the community-based mental health care model?

- A. Exclusively hospital-based treatment
- B. Integration of mental health care into primary care services
- C. Segregation of patients with mental illnesses from society
- D. Centralized decision-making in large urban centers

Answer: B

41. What is the main advantage of community-based mental health care over institutional care?

- A. It focuses only on medication management
- B. It provides a more individualized and holistic approach, supporting social inclusion
- C. It is cheaper to operate large hospitals for care
- D. It is only concerned with long-term hospital stays

Answer: B

42. In the community-based care model, who plays a crucial role in supporting individuals with mental health issues?

- A. Only psychiatrists

- B. A multidisciplinary team, including social workers, nurses, and community leaders
- C. Only family members
- D. Only non-professionals with no formal training

Answer: B

43. Which of the following is a goal of community-based mental health care?

- A. To focus solely on reducing hospital admissions
- B. To ensure that mental health services are accessible, affordable, and integrated into community settings
- C. To isolate individuals with mental illness from the rest of society
- D. To promote only pharmacological treatments

Answer: B

44. Which of the following is a challenge of implementing the community-based mental health care model?

- A. Over-reliance on institutional care
- B. Lack of coordination between healthcare professionals and community resources
- C. Accessibility to technology
- D. Excessive funding for local programs

Answer: B

45. Which of the following best describes the role of family in community-based mental health care?

- A. Families should be excluded from care and treatment decisions
- B. Families play a crucial role in providing emotional and social support to individuals with mental health conditions
- C. Families are not involved in the treatment process
- D. Families should make all the treatment decisions for the individual

Answer: B

46. What is one of the principles of community-based care in mental health?

- A. Focus on institutional care rather than community integration
- B. Empowering individuals to take responsibility for their own mental health
- C. Reducing access to mental health services in rural areas
- D. Providing care only in hospitals

Answer: B

47. Which of the following is a common community-based mental health intervention?

- A. Long-term stays in psychiatric hospitals
- B. Support groups and counseling services within the community
- C. Exclusively inpatient care in large psychiatric institutions
- D. Sole reliance on medication without follow-up care

Answer: B

48. What is the primary goal of integrating mental health services into primary care in the community-based care model?

- A. To reduce the need for specialized mental health care
- B. To make mental health services more accessible and reduce stigma
- C. To exclude mental health professionals from primary care
- D. To focus only on the most severe mental health conditions

Answer: B

49. Which of the following is a key factor in addressing inequalities within the social problem approach?

- A. Ignoring the role of power and privilege in perpetuating social issues
- B. Ensuring that all social groups have equal access to education, healthcare, and economic opportunities
- C. Focusing solely on the outcomes of social problems without examining root causes
- D. Maintaining the status quo to prevent further disruptions in society

Answer: B

50. What is one major merit of the social problem approach in addressing societal issues?

- A. It focuses solely on individual behavior
- B. It emphasizes the structural and systemic causes of social issues
- C. It aims to maintain the status quo in society
- D. It ignores the impact of cultural norms on social issues

Answer: B





Unit-III	Community Intervention Issues: Poverty and Prolonged Deprivation; Marginalization; Migration & Immigration Issues; Superstitions in Indian Society.
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3.1 Poverty: Poverty is the biggest challenge to the growth of any economy. Poverty is a condition in which people lack the fundamental resources required for an adequate level of existence. This includes lacking access to basic necessities including food, housing, medical care, and education, as well as not having enough money. When people are unable to maintain a minimal standard of life in comparison to others in their community, they are said to be in poverty. A person in poverty loses their sense of safety and wellbeing. It snatches away an individual's basic need for survival. People cannot afford basic necessities. Poverty is a condition of both families and individuals. People are classified as either poor or rich based on their family's economic status.

Poverty causes deprivation and difficulty in daily life (McClelland, 2000). In literature, the terms "Deprivation" and "Poverty" are often used interchangeably. Deprivation is the absence of necessities, such as food, clothing, fuel, shelter, or social connections. When someone doesn't have something they need, they are generally considered "deprived."

Causes of Poverty: According to sociologists and psychologists, the most important causes of poverty are as follows:

- Economic inequality
- Rapid population growth
- Lack of productive employment
- Low productivity in agriculture
- Low natural resource potential
- Vicious circle of poverty
- Inadequate social infrastructure
- Social and economic disparities
- Colonial exploitation
- Weak governance and corruption

- Natural disasters and climate change

Poverty Alleviation and Employment Generation Programmes in India

- Integrated Rural Development Programme
- Jawahar Rozgar Yojna
- Sampoorna Grameen Rozgar Yojna
- National Urban Livelihood Mission
- Jawahar Gram Samridhi Scheme
- Development of Women and Children in Rural Area
- Janshri Bima Scheme
- Annapurna Scheme
- Mahatma Gandhi National Rural Employment Guarantee Act
- Pradhan Mantri Awas Yojna
- National Rural Livelihood Mission
- E-Shram Card Scheme

3.2 Prolonged Deprivation: Prolonged deprivation refers to the sustained lack of access to essential resources, services, or opportunities that are necessary for an individual's well-being and development. This deprivation can occur on multiple levels, including economic, social, educational or emotional, and often affects marginalized or disadvantaged groups in society. In psychology, prolonged deprivation refers to the insufficient satisfaction of basic needs over an extended period of time, which has an influence on physical and mental health and may lead to challenges with intellectual development, socialization, and interpersonal relationships.

Consequences of Prolonged Deprivation

- **Intellectual Development:** Inadequate growth of learning and intellectual abilities
- **Poor Socialization:** Having trouble making and sustaining positive social connections.
- **Social Exclusion:** People or groups may become isolated if they are denied basic necessities for an extended period of time.

- **Cycle of Poverty:** Limited access to resources, employment opportunities, and education can lead to a vicious cycle in which individuals and families are persistently disadvantaged.
- **Learned Helplessness:** When confronted with unmanageable circumstances, people may become passive and powerless.
- **Attribution Style:** People who have a pessimistic view may attribute unfavorable results to internal, stable, and global sources.

3.3 Marginalization: The term 'Marginalization' generally refers to the actions or tendencies of societies that exclude individuals they perceive as undesirable or lacking useful function. These marginalized individuals are excluded from the systems of support and inclusion, which restricts their opportunities and resources necessary for survival. Marginalization in community psychology refers to the process by which certain groups or individuals are pushed to the edges of society, often excluded from mainstream social, economic, or political opportunities. This exclusion can be based on factors such as race, socioeconomic status, gender, disability, or immigration status, leading to feelings of powerlessness, limited access to resources, and diminished participation in community life. Community psychology seeks to address these disparities by promoting social justice, empowerment, and inclusion, fostering environments where marginalized individuals and groups can access resources, have a voice, and achieve greater equality. The term 'Marginalization' has been defined in various ways:

Peter Leonard (1984) defines marginality as, *"being outside the mainstream of productive activity and/or social reproductive activity"*.

According to the Encyclopedia of Public Health *"to be marginalized is to be placed in the margins, and thus excluded from the privilege and power found at the centre,"*

Laitin (1995) notes that *"Marginality' is so thoroughly demeaning, for economic well-being, for human dignity, as well as for physical security. Marginal peoples can always be identified by members of dominant society, and will face irrevocable discrimination."*

Thus, Marginalization is a complex as well as shifting phenomenon linked to social status.

Characteristics of Marginalization: The nature or characteristics of marginalization refer to the specific ways in which individuals or groups are excluded, devalued, or pushed to the edges of society. These characteristics can vary depending on the context, but common features include:

- **Social Exclusion:** Individuals and groups on the margins are frequently excluded from important social, economic, and political activities. This exclusion can take many forms, including being refused access to education, healthcare, or employment possibilities.
- **Economic Disadvantage:** The exclusion of particular people or groups from economic possibilities is referred to as economic marginalization. This includes having trouble finding well-paying employment, having subpar housing, or having insufficient funds, all of which contribute to poverty and unstable finances.
- **Social Stigma:** People who are marginalized frequently face social stigma, being labeled as "other" or "inferior" by mainstream culture. This stigma can result in discrimination, negative stereotyping, and social isolation.
- **Lack of Access to Resources:** Access to vital resources like healthcare, education, and legal protection is frequently limited for marginalized people. This restriction has the potential to prolong poverty and inequality cycles.
- **Powerlessness:** People or groups that are marginalized frequently lack the resources or authority to shape decisions that impact their life. This powerlessness can lead to vulnerability and diminished ability to change their circumstances.
- **Resistance to Social Change:** Marginalized individuals or groups frequently oppose their marginalized status, resulting in social movements, activism, or other forms of resistance aimed at achieving justice, inclusion, and equal rights.
- **Low Self-esteem and Feeling of Inferiority:** Internalized feelings of shame, low self-esteem, and inferiority can result from marginalization. This psychological toll may make it more difficult for a person to better their circumstances or engage fully in society.
- **Cultural Dislocation:** Marginalized groups may also face cultural dislocation, where their cultural practices, traditions, or beliefs are devalued or disregarded by the dominant culture. This can lead to a loss of identity and a sense of not belonging.

Types of Marginalization: Marginalization can occur in various forms, depending on the context and the specific groups involved. Here are some common types of marginalization:

1. Economic Marginalization

- Exclusion from economic opportunities (e.g., jobs, fair wages, resources).

2. Social Marginalization

- Exclusion from social networks, relationships, and community activities.

3. Political Marginalization

- Exclusion from political processes, such as voting or holding office.

4. Cultural Marginalization

- Devaluation or suppression of a group's cultural practices, traditions, or language.

5. Gender Marginalization

- Unequal treatment based on gender, affecting mainly women, transgender, and non-binary individuals.

6. Racial and Ethnic Marginalization

- Discrimination and exclusion based on racial or ethnic identity.

7. Disability Marginalization

- Exclusion of individuals with physical, mental, or sensory disabilities from public life.

8. Sexual Orientation and Gender Identity Marginalization

- Discrimination against individuals based on their sexual orientation or gender identity.

9. Immigrant and Refugee Marginalization

- Exclusion of immigrants and refugees due to their status, culture, or legal barriers.

10. Age-based Marginalization

- Exclusion or discrimination based on age, affecting both older adults and younger people.

11. Religious Marginalization

- Exclusion or discrimination based on religious beliefs.

12. Geographical Marginalization

- Exclusion of individuals based on their geographical location (e.g., rural or remote areas).

3.4 Migration and Immigration Issues: Migration is the movement of people from one place to another. People move in search of employment, better educational and health facilities etc. It is a natural process that frequently occurs based on the migrant population's social, demographic,

cultural, political, and environmental characteristics. Migration is not a mere shift of people from one place of residence to another. It is most fundamental to the understanding of continuously changing space content and space relationships of areas. Migration refers to the movement of individuals or groups from one place to another, often across geographical boundaries, for various reasons such as economic opportunities, political asylum, social factors, or environmental conditions. U.N.O. has also defined migration as “A form of geographical mobility between one geographical unit to another, generally involving a change of residence.” According to Heer (1996) “Migration means to shift from one’s usual place of residence.” Migration can occur within a country (internal migration) or across international borders (international migration). It may be voluntary, such as seeking better job opportunities or education, or involuntary, such as fleeing conflict, persecution, or natural disasters. Migration in Community Psychology focuses on understanding and addressing the psychological, social, and environmental challenges that migrants face, while also promoting well-being, resilience, and integration into new communities. Migration is not just a physical relocation but a process that deeply affects individuals, families, and communities in a wide range of ways. In the field of community psychology, migration is considered through both the experiences of migrants and the responses of receiving communities.

Characteristics of Migration: Here are some key characteristics of migration.

- Reason of Migration
- Problem of Adjustment
- Social Change
- Cultural Change
- Process of Population Change
- Possible to Population Adjustment
- Best use of Special Qualified Persons

Types of Migration: Important types of migration are:

1. **Internal Migration:** A move within national borders, such as between states, provinces, cities, or municipalities, is referred to as internal migration.

2. **International Migration:** Relocating across national borders is referred to as international migration. A person who relocates to another nation is known as an international migrant.
3. **Return migration:** It is a process by which populations return to their ancestral homes.
4. **Seasonal Migration:** People who relocate with the seasons, such as farmworkers after agricultural harvests or city dwellers during off-peak hours, are said to be engaging in seasonal migration.
5. **Rural-Urban Migration:** This type of migration is typically interregional, with a specified origin in the country's rural areas and a specific destination in the nation's urban areas.
6. **Emigration** is the act of leaving one nation to relocate to another.
7. **Immigration:** Relocating to a different nation.

Factors Influencing Migration: factors influencing migration are as follows:

Pull Factors: Pull factors are those factors due to which a person leaves his place of residence and settles in another attractive place. Some major pull factors are as follows:

- Better employment
- Good accommodation facilities
- Good facilities for entertainment
- Healthy environment
- Advanced civic life

Push Factors: Push factors are those factors which influence a person and force him to leave his residence. Some of the major push factors are as follows:

- Lack of employment opportunities at place of residence
- Lack of education, health, housing, training facility
- Lack of entertainment facility
- Lack of opportunities for advancement
- Social relegation
- Adverse social environment
- Terrorism
- Discrimination of political, social, and religious

Other Factors: Other factors are:

- Natural factors
- Economic factors
- Political factors
- Social factors
- Demographic factors
- Religious and cultural factors

3.5 Superstitions in Indian Society

In India, superstition is considered a widespread social problem. Superstitions in India are deeply rooted in cultural, religious, and historical contexts, and they vary across regions, communities, and belief systems. Superstition literally means believing without thinking or knowing, or believing while keeping one's eyes closed. It is also referred to as blind faith in English. Blind faith is the term used to describe actions taken under the influence of traditional conservative ideas in society, the cause of which is unclear. In other words, superstition means an illogical belief based on an imaginary explanation of supernatural effects for example: changing the way after seeing a cat.

Causes of Superstition: Superstitious beliefs arise from a variety of sources, shaped by cultural, psychological, and social factors. Several important sources of superstitious beliefs include:

1. Religious Beliefs

- Divine influence
- Sacred symbols
- Taboos and forbidden actions

2. Cultural Traditions and Folklore

- Storytelling and folklore
- Historical roots
- Rituals and customs

3. Psychological Factors

- Fear of the unknown
- Cognitive biases
- Pattern recognition

- Confirmation bias
- Illusory correlation

4. Social and Peer Influence

- Social norms
- Family and peer influence
- Media and pop culture

5. Astrology and the Influence of Stars

- Astrological beliefs
- Zodiac signs

6. Folkloric and Ancient Beliefs

- Ancient practices
- Sprits and ghosts

7. Historical and Natural Events

- Unpredictable phenomena
- Health and disease

Multiple Choice Questions

1. In community psychology, what is the primary goal of addressing poverty and prolonged deprivation?

- A. To provide direct financial aid to individuals
- B. To reduce the systemic factors contributing to poverty and deprivation
- C. To promote individual self-reliance without external support
- D. To discourage migration from rural to urban areas

Answer: B

2. In the context of migration and immigration, community psychology focuses on:

- A. Reducing immigration by strengthening border security
- B. Offering psychological support to migrant communities while promoting their integration into new environments

- C. Encouraging migrants to return to their countries of origin
- D. Preventing all forms of migration to urban areas

Answer: B

3. Which of the following is a common intervention strategy in community psychology to combat poverty and deprivation?

- A. Providing loans to individuals in poverty
- B. Fostering empowerment and capacity-building within communities
- C. Limiting access to educational resources
- D. Promoting cultural assimilation into urban areas

Answer: B

4. How does community psychology view marginalization?

- A. As an unavoidable result of economic growth
- B. As a condition that requires individual therapy
- C. As a systemic issue that requires social change and empowerment
- D. As a cultural norm that should not be challenged

Answer: C

5. Which of the following is a key concern when working with migrant populations in community psychology?

- A. Encouraging migrant workers to stay isolated in their communities
- B. Providing psychological and social support to help them adapt to new environments
- C. Limiting job opportunities to native-born individuals only
- D. Discouraging migrants from seeking government assistance

Answer: B

6. In community psychology, empowerment is often viewed as a key intervention in addressing issues like poverty, marginalization, and superstitions. Empowerment refers to:

- A. Giving individuals or communities the authority to make decisions and control their own lives
- B. Promoting economic policies that only benefit the elite

- C. Providing temporary relief without addressing root causes
- D. Encouraging people to rely solely on external aid

Answer: A

7. What is the nature of the concept of "the West"?

- A. Cultural sphere
- B. Economic sphere
- C. Political sphere
- D. All of these

Answer: D

8. What is the positive effect of migration?

- A. Employment and economic prosperity
- B. Education, knowledge technology, spread from city to rural areas
- C. Improving social life
- D. All above

Answer: D

9. What is internal migration?

- A. Marital migration
- B. Interstate migration
- C. Village city stay
- D. All of the above

Answer: D

10. What is the solution to eliminate superstition?

- A. Awareness
- B. To encourage literacy
- C. Female literacy
- D. All of the above

Answer: D

11. Which of the following best explains the persistence of superstitious beliefs in many parts of India from a psychological perspective?

- A. Superstition is inherited genetically.
- B. Superstition is reinforced by lack of scientific awareness and prolonged social deprivation.
- C. Superstition is a result of high IQ levels.
- D. Superstition only exists in urban areas.

Answer: B

12. In the context of Indian society, which psychological factor most often contributes to the belief in superstitions?

- A. High levels of digital literacy
- B. Exposure to global cultures
- C. Fear and uncertainty about the future
- D. Access to modern healthcare

Answer: C

13. In the context of community psychology, which approach is effective for addressing migration and immigration issues?

- A. Focusing solely on the psychological needs of individual migrants
- B. Creating community-based support systems and resources to facilitate integration and adaptation
- C. Encouraging migrants to live in isolation from the host community
- D. Limiting community resources for migrants to encourage self-reliance

Answer: B

14. What is the characteristic of marginalization?

- A. Social Exclusion
- B. Discrimination and Conservatism
- C. Economic Loss
- D. All of the above

Answer: D

15. What is the type of marginalization?

- A. Disability
- B. Gender
- C. Social
- D. All of the above

Answer: D

16. What is the cause of marginalization?

- A. Conservatism
- B. Discrimination and Prejudice
- C. Economic Inequality
- D. All of the above

Answer: D

17. What is the primary cause of superstition in India?

- A. Lack of education and awareness
- B. Influence of modern technology
- C. Strong religious beliefs and practices
- D. Influence of foreign cultures

Answer: A

18. What is the solution to the elimination of superstition?

- A. Awareness
- B. Promoting literacy
- C. Women's literacy
- D. All of the above

Answer: D

19. Which superstition practice was prevalent in India?

- A. Sati System
- B. Human Sacrifice
- C. A and B
- D. None of the above

Answer: C

20. What role does community psychology play in reducing superstition in Indian society?

- A. Promoting individual behavior change
- B. Creating awareness through mass media and community programs
- C. Enforcing strict laws against superstitions
- D. Ignoring traditional beliefs

Answer: B

21. In community psychology, which approach is most effective in challenging superstitions in rural areas of India?

- A. Political intervention
- B. Promoting awareness and education through community participation
- C. Encouraging religious leaders to change beliefs
- D. Disbanding local traditions

Answer: B

22. Superstition in India is most often linked with which of the following factors in community psychology?

- A. Economic prosperity
- B. Lack of education and social influence
- C. Technological advancements
- D. Increased urbanization

Answer: B

23. Which of the following is a major psychological factor contributing to the persistence of superstition in Indian communities?

- A. High levels of education
- B. Collective fear and anxiety
- C. Reduced social influence
- D. Modernization of communities

Answer: B

24. Which method is commonly used by community psychologists to tackle superstition in Indian society?

- A. Direct punishment for superstitious behavior
- B. Sensitization through group discussions and workshops
- C. Banning religious practices
- D. Encouraging individuals to oppose their families

Answer: B

25. Which one of the following is not a part of the strategy of poverty alleviation?

- A. Integrated Rural Development Programme
- B. Family Planning Programme
- C. National Rural Employment Programme
- D. Jawahar Rojgar Yojna

Answer: B

26. Poverty andare twin problem in India.

- A. Unemployment
- B. Child labor
- C. Crime
- D. Casteism

Answer: A

27. Which of the following organization collects every data on poverty in India?

- A. MGNREGA
- B. NSSO

C. SJSRY

D. None of these

Answer: B

28. In order to maintain gender equality in the classroom, a teacher should –

A. Provide the same opportunity to both the boys and girls

B. Discourage the girls to take part in curricular activities

C. Provide analytical work to the girls

D. None of these

Answer: A

29. When was Jawahar Employment Scheme started?

A. 1989

B. 1985

C. 1960

D. 1990

Answer: B

30. When was the Integrated Rural Development Program implemented?

A. 1980

B. 1981

C. 1979

D. 1978

Answer: A

31. When was Jawahar Gram Samriddhi Yojana started...?

A. 1 April 1999

B. 2 April 2000

C. 1 April 1998

D. None of the above

Answer: A

32. What is the dimension of poverty?

- A. Health
- B. Education
- C. Life-Style
- D. All of the above

Answer: D

33. When was the National Rural Livelihood Mission started?

- A. 2011
- B. 2019
- C. 2010
- C. 2018

Answer: A

34. When did the Labor Card Scheme Start?

- A. 26 August 2021
- B. 21 January 2021
- C. 19 August 2021
- D. None of the above

Answer: A

35. When was the 'Manas' mobile app launched?

- A. 14 April 2021
- B. 16 January 2021
- C. 15 April 2021
- D. None of the above

Answer: A

36. Which community intervention would community psychology recommend to reduce the impact of superstitions in society?

- A. Discouraging individuals from participating in community activities
- B. Promoting public education campaigns focused on scientific reasoning and critical thinking
- C. Restricting access to religious practices
- D. Encouraging people to follow traditional practices without question

Answer: B

37. Community psychology recognizes that superstitions in Indian society often result from:

- A. Scientific understanding of natural phenomena
- B. Lack of access to education, critical thinking, and resources
- C. Over-reliance on governmental policies
- D. Higher literacy rates in urban areas

Answer: B

38. Which of the following is a key concern when working with migrant populations in community psychology?

- A. Encouraging migrant workers to stay isolated in their communities
- B. Providing psychological and social support to help them adapt to new environments
- C. Limiting job opportunities to native-born individuals only
- D. Discouraging migrants from seeking government assistance

Answer: B

39. Assertion (A): Community psychologists focus on addressing the root causes of poverty rather than just providing short-term relief.

Reason (R): A key principle of community psychology is the emphasis on systemic change and empowerment to address long-term issues.

- A. Both Assertion and Reason are true, and the Reason is the correct explanation of the Assertion.
- B. Both Assertion and Reason are true, but the Reason is not the correct explanation of the Assertion.
- C. Assertion is true, but Reason is false.
- D. Assertion is false, but Reason is true.

Answer: A

40. Assertion (A): Marginalized communities often face barriers in accessing health and education services.

Reason (R): Community psychologists work to empower marginalized groups through participatory programs that facilitate access to services.

- A. Both Assertion and Reason are true, and the Reason is the correct explanation of the Assertion.
- B. Both Assertion and Reason are true, but the Reason is not the correct explanation of the Assertion.
- C. Assertion is true, but Reason is false.
- D. Assertion is false, but Reason is true.

Answer: A

41. Assertion (A): Migration is seen as a solution to economic challenges faced by rural populations.

Reason (R): In community psychology, interventions aim to address the challenges that migrants face, such as isolation and exploitation, in urban settings.

- A. Both Assertion and Reason are true, and the Reason is the correct explanation of the Assertion.
- B. Both Assertion and Reason are true, but the Reason is not the correct explanation of the Assertion.
- C. Assertion is true, but Reason is false.
- D. Assertion is false, but Reason is true.

Answer: A

42. Assertion (A): Superstitions can perpetuate social inequality and hinder community development.

Reason (R): Community psychologists address superstitions by promoting critical thinking and providing educational interventions to reduce belief in harmful practices.

- A. Both Assertion and Reason are true, and the Reason is the correct explanation of the

Assertion.

B. Both Assertion and Reason are true, but the Reason is not the correct explanation of the Assertion.

C. Assertion is true, but Reason is false.

D. Assertion is false, but Reason is true.

Answer: A

43. Assertion (A): Community psychology interventions focus primarily on individuals within a community.

Reason (R): Community psychology emphasizes the role of both individuals and their social contexts, advocating for systemic changes to improve community well-being.

A. Both Assertion and Reason are true, and the Reason is the correct explanation of the Assertion.

B. Both Assertion and Reason are true, but the Reason is not the correct explanation of the Assertion.

C. Assertion is true, but Reason is false.

D. Assertion is false, but Reason is true.

Answer: D

44. Assertion (A): The critical approach in community psychology focuses on understanding and addressing power dynamics that contribute to societal issues.

Reason (R): This approach aims to create changes in the socio-political systems that impact marginalized groups, empowering them to participate in societal decisions.

A. Both Assertion and Reason are true, and the Reason is the correct explanation of the Assertion.

B. Both Assertion and Reason are true, but the Reason is not the correct explanation of the Assertion.

C. Assertion is true, but Reason is false.

D. Assertion is false, but Reason is true.

Answer: A

45. Assertion (A): Poverty is considered a critical factor in community psychology because it affects both individual well-being and collective community health.

Reason (R): Community psychology emphasizes systemic change and empowerment to address structural inequalities such as poverty.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

46. Assertion (A): Community psychology focuses more on changing individual behavior than addressing poverty.

Reason (R): Poverty is viewed in community psychology as a result of individual failure rather than systemic issues.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: D

47. Assertion (A): Prolonged deprivation can lead to learned helplessness and reduced community participation

Reason (R): Community psychology views deprivation as a temporary condition with minimal long-term psychological impact.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: C

48. Assertion (A): Prolonged deprivation in rural and marginalized communities in India often contributes to the persistence of superstitious beliefs.

Reason (R): In the absence of education and access to scientific resources, communities may rely on traditional and supernatural explanations for life events.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

49. Assertion (A): Superstitious beliefs are often stronger in communities facing high levels of fear and uncertainty.

Reason (R): Superstition provides individuals with a psychological sense of control in unpredictable situations.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

50. Assertion (A): Education and scientific awareness can reduce the influence of superstitions in Indian society.

Reason (R): Education encourages critical thinking and questioning of irrational beliefs.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A



Unit-IV	Community Interventions: Community Mental Health; Gender Discrimination and Power Issues related Interventions, School Intervention; Rural Development Intervention.
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An intervention is a deliberate course of action or strategy intended to improve a person's behavior, learning, or mental health. In psychology or education, it is typically intended to assist people in overcoming obstacles or enhancing their performance in a particular domain. Community intervention refers to a planned set of actions or strategies designed to bring about positive change within a specific community. It targets social, behavioral, health, or environmental issues that affect groups of people rather than just individuals. Community interventions are used to improve, support, and sustain community mental health

4.1 Community Mental Health: The concept of community psychology was developed with the objective that people should receive mental health services within their own communities. Community mental health aligns with this principle. The emergence of community mental health as a distinct social policy came not from theoretical research but as a practical response to societal needs (S. S. Mathur, 2020). Community mental health refers to a system of care designed to provide mental health services and support within the community, rather than in isolated or institutional settings. It emphasizes accessibility, prevention, early intervention, and integration with other community services. The following are various definitions of community mental health, shaped by the insights of prominent psychologists and recognized mental health organizations.

According to Gerald Caplan (1961) *“Community mental health is a system of public health measures, social services, and clinical practices geared toward the prevention of mental disorders and the promotion of mental well-being in the population.”*

The American Psychological Association (2023) defines community mental health as *psychological services and interventions provided within a community setting, focusing on prevention, accessibility, and culturally appropriate care aimed at improving the mental health of populations.*

According to World Health Organization (2021) *Community mental health services are locally based mental health services that are part of a broader system aimed at ensuring continuity of care, inclusion, and recovery for individuals with mental disorder.*

The Emergence of Community Mental Health

1. Institutional Era (Pre-1950s)

- Mental illness was largely managed in asylums or psychiatric hospitals.
- These institutions were often overcrowded, underfunded, and sometimes inhumane.
- Treatment was custodial, not therapeutic, with limited reintegration into society.

2. Deinstitutionalization Movement (1950s–1970s)

- Advances in psychotropic medications made it possible for people with mental illness to live outside of hospitals.
- There was growing concern about the human rights violations in institutions.
- Governments, especially in the U.S. and parts of Europe, began closing large psychiatric hospitals and transferring patients to community-based care.

3. Rise of the Community Mental Health Movement (1960s–1980s)

- In the U.S., the Community Mental Health Centers Act (1963) under President Kennedy was a turning point.
- Emphasis shifted to outpatient care, crisis intervention, and prevention.
- Mental health care was decentralized to be more localized and holistic.

4. Integration with Public Health and Social Services (1990s–Present)

- Recognition that mental health is deeply linked with social factors: poverty, housing, education, trauma, substance use, etc.
- Rise of community-based organizations, NGOs, and peer support movements.
- Inclusion of cultural competence, recovery models, and rights-based approaches.

Goals of Community Mental Health

- Promote Mental Health and Well-being
- Prevent Mental Health Issues
- Provide Accessible and Integrated Care

- Support Recovery and Independence
- Protect Rights and Dignity
- Reduce Stigma and Discrimination
- Enhance System Coordination and Collaboration
- Policy for National Mental Health
- Empower Community

Need of Community Mental Health: There are several reasons why community mental health is important:

- Accessibility
- Early Intervention
- Holistic Care
- Customized Care
- Preventing Crisis
- Promoting Recovery
- Integration with other services

Community Mental Health: Who Works There? Experts from a wide range of disciplines are part of community mental health teams. The following individuals are employed by community mental health centres:

- Counselors
- Therapists
- Peer support experts
- Psychiatrists
- Psychologists
- Nurses
- CNAs or Certified nursing assistants
- Social workers

Community Mental Health Services by Indian Government

- District Mental Health Program (DMHP)
- National Mental Health Program (NMHP)
- Rashtriya Kishor Swasthya Karyakram (RKSK)
- Ayushman Bharat-Health and Wellness
- *24x7 Toll-Free Mental Health Rehabilitation Helpline KIRAN*

4.2 School Intervention: School interventions in community psychology aim to address mental health, behavioral, and social issues within the school setting by involving students, teachers, families, and the wider community. The approach is systemic and preventive rather than solely treatment-focused. School intervention helps teachers to identify gaps in students' knowledge and to remove obstacles in their progress. Needs are identified in each child, and school intervention helps to remove obstacles in their learning.

Goals of School Interventions: Through improving academic performance and social-emotional skills, school interventions strive to eradicate learning gaps and barriers, eventually fostering student achievement, wellbeing, and the realization of their full potential. Here are the major goals of school innovations:

1. Empower Students and Communities
2. Improve Academic Achievement
3. Prevent Behavioral Problems
4. Enhance Social Support Systems
5. Promote Positive Mental Health
6. Strengthen the Relationships Between Students and Teachers
7. Cultivate a positive school climate
8. Encourage Equity and Inclusion
9. Lend confidence in the student and a sense of environmental and social responsibility
10. Encourage students dedication towards schools
11. Prevent Violence and Substance Abuse

Why are Effective Interventions Important in Schools? The following are some of the reasons why effective intervention in schools is needed:

1. For student Success
2. Social and Emotional Development of the Students
3. Quality in Education
4. Safety and Stability
5. Against Crime and Suspicious Activities

Common Intervention Strategies:

- School-Based Mental Health Programs (e.g., counseling, mindfulness sessions)
- Peer Mentoring & Support Groups
- Anti-Bullying Campaigns & Conflict Resolution Training
- Parent and Teacher Workshops
- Culturally Responsive Curriculum and Support Services

How Does A Teacher Plan An Effective Intervention? : A teacher can plan a successful intervention by following these steps:

1. **Student Counting and Analysis:** The teacher begins by identifying students who need support—this could involve analyzing academic performance, behavior records, attendance, or emotional indicators. The goal is to understand the scope and nature of the issue.
2. **Goal Determination:** Clear, measurable, and realistic intervention goals are set based on the specific needs of the students. For example, improving classroom behavior, increasing participation, or enhancing emotional regulation.
3. **Creating Context and Dialogue:** The teacher creates a safe, inclusive environment by building trust and open communication with the student. This step may also involve talking with parents, counselors, or peers to get a fuller picture of the student's context.
4. **Planning of Activity:** Designs structured activities or strategies tailored to meet the goals—this could be social skills training, mentoring, cooperative learning, or behavior modification plans.

- 5. Operations and Investigations:** Implements the plan and monitors the student's response to intervention. Teachers collect data (e.g., observation, journals, checklists) to track progress and adjust if needed.
- 6. Use of Supporting Resources:** Utilizes additional resources such as school counselors, psychologists, educational materials, or community programs that enhance the intervention's effectiveness.
- 7. Peer Teachers and Administrative Support:** Collaborates with colleagues and administrators for feedback, resource sharing, and ensuring consistency. Teamwork increases sustainability and effectiveness of the intervention.

4.3 Rural Development Intervention: Rural development is a vital aspect of national progress, especially in developing countries like India, where the majority of the population lives in rural areas. Rural development is critical for enhancing quality of life, eliminating poverty, and ensuring balanced development in both urban and rural areas. The true meaning of rural development is to enhance the standard of living of people living below the poverty line in rural areas and to promote the overall prosperity of villages. This process includes both economic and social aspect, aiming for sustainable growth and improved quality of life. Rural development intervention focuses on improving the social, economic, and mental well-being of individuals and communities in rural areas. These interventions target the specific challenges that rural populations face, such as isolation, limited access to essential resources, and economic difficulties, while simultaneously fostering mental health and overall community well-being.

Goals of Rural Development Intervention: Enhancing the general standard of living in rural regions through poverty alleviation, economic expansion, social inclusion, and sustainable resource management are the main objectives of rural development initiatives. Some key goals are as follows:

1. Economic Development & Livelihoods

- Poverty Reduction
- Agricultural Productivity
- Diversification of Livelihoods
- Infrastructure Development

2. Social Development & Well-being

- Access to Basic Services
- Social Inclusion
- Empowerment
- Cultural Preservation

3. Sustainable Resource Management

- Environmental Protection
- Climate Change Adaptation
- Sustainable Agriculture

Strategies of Rural Development Intervention: Some key strategies to promote rural development are as follows:

1. Integrated Approach to Development

- Combines health, education, infrastructure, agriculture, employment, and social services.
- Encourages synergy across sectors for holistic growth.

2. Community Participation and Empowerment

- Involves local people in planning, decision-making, and implementation.
- Builds ownership, accountability, and sustainability of projects.
- Strengthens grassroots democracy through local governance (e.g., Panchayati Raj Institutions in India).

3. Agricultural and Livelihood Development

- Promotes sustainable agriculture, crop diversification, and agri-tech.
- Supports allied sectors like dairy, poultry, and fisheries.
- Provides access to credit, tools, training, and markets.

4. Rural Infrastructure Development

- Enhances connectivity (roads, transport), power supply, drinking water, sanitation, and housing.
- Critical for improving access to services and boosting rural economies.

5. Education and Skill Development

- Improves access to quality education (primary to higher).
- Promotes vocational training, digital literacy, and job readiness.

- Empowers rural youth and reduces urban migration.

6. Health and Nutrition Services

- Ensures rural populations have access to primary healthcare, maternal health, and child nutrition.
- Encourages health awareness campaigns and preventive care.
- Mobile health units and telemedicine are innovative outreach tools.

7. Employment Generation and Poverty Alleviation

- Implements wage employment schemes (like MGNREGA in India).
- Promotes entrepreneurship, micro-enterprises, and SHG-based models.
- Focuses on inclusive economic development for the poor and vulnerable.

8. Environmental Sustainability

- Encourages natural resource management, watershed development, afforestation.
- Promotes climate-resilient farming, renewable energy (solar, biogas).
- Supports eco-friendly livelihood models (e.g., organic farming, ecotourism).

9. Social Inclusion and Equity

- Targets development of marginalized groups (women, SC/ST, minorities).
- Ensures equity in resource allocation and access to services.
- Promotes gender equality and participation in leadership.

10. Use of Technology and Innovation

- Expands digital infrastructure (e-governance, mobile services, rural internet).
- Promotes tech-enabled agriculture, health, education, and finance.
- Encourages innovation to solve rural problems cost-effectively.

Multiple Choice Questions

1. What is the benefit of community mental health services?

- A. Provide special care in isolated settings
- B. Integrate mental health care into the community.
- C. Stigmatize mental disorders.
- D. Only treat chronic mental disorders.

Answer: B

2. What are the two most prevalent types of programmes provided in community mental health centres?

- A. Prevention and Intervention
- B. Prevention and divination
- C. Intervention and Deinstitutionalization
- D. Prevention and Deinstitutionalization

Answer: A

3. Which of the following is a fundamental principle of community mental health?

- A. Community-based care focuses on prevention, early intervention, and integration of services.
- B. Mental health care should focus primarily on institutionalization and long-term care.
- C. Treatment is provided only in hospitals or mental health institutions.
- D. Mental health services should only be provided to individuals diagnosed with severe mental illness.

Answer: A

4. What impact does early intervention have on mental health?

- A. Wait until severe mental health issues arise.
- B. Identify and address mental health issues early on for better outcomes.
- C. Focus solely on medication management.
- D. Stigmatize mental health disorders

Answer: B

5. Which of the following is NOT a core component of community mental health services?

- A. Access to mental health care in a community setting
- B. Focus on long-term hospitalization for individuals with severe mental illness
- C. Prevention and early intervention strategies
- D. Integrated care with other health and social services

Answer: B

6. When was the District Mental Health Program started?

- A. 1996
- B. 1997
- C. 1998
- D. None of the above

Answer: A

7. When was the National Mental Health Program started?

- A. 1982
- B. 1983
- C. 1984
- D. 1980

Answer: A

8. When did the Community Mental Health Center Law Applied?

- A. 1963
- B. 1964
- C. 1965
- D. 1966

Answer: A

9. Which of the following events have the strongest connection to the emergence of community mental health services?

- A. The Introduction of the Mental Health Parity Act
- B. The deinstitutionalization movement of the 1960s
- C. The emergence of private psychiatric facilities in the 1970s
- D. The establishment of the National Institute of Mental Health

Answer: B

10. Which of the following best describes the term "Deinstitutionalization" in the context of mental health?

- A. The process of expanding psychiatric hospitals in rural areas
- B. Shifting mental health care from inpatient facilities to community-based care
- C. The complete elimination of psychiatric hospitals
- D. The establishment of private mental health practices

Answer: B

11. Which of the following is a characteristic of people below the poverty line?

- A. Gender inequality
- B. Poor health
- C. Debt trap
- D. All of the above

Answer: D

12. Which of the following is a primary objective of rural development interventions?

- A. To promote urbanization in rural areas
- B. To improve the living standards and socio-economic conditions of rural communities
- C. To focus only on agricultural productivity
- D. To reduce the population in rural areas

Answer: B

13. Which government program focuses on providing rural employment and infrastructure development in India?

- A. National Rural Employment Guarantee Act (NREGA)
- B. Pradhan Mantri Jan Dhan Yojana
- C. Swachh Bharat Abhiyan
- D. Make in India

Answer: A

14. Which of the following best defines *rural development intervention* in community psychology?

- A. A set of policies aimed at increasing industrial growth in urban centers.
- B. Efforts to apply psychological principles to improve agricultural productivity only.
- C. Strategic, community-based actions designed to enhance the well-being and self-reliance of rural population.
- D. Development-imposed laws that restrict rural migration to cities.

Answer: C

15. Which of the following is a critical factor in the success of rural development interventions?

- A. High urban migration
- B. Adequate community involvement and local leadership
- C. Focus solely on large-scale infrastructure projects
- D. Strict reliance on foreign aid

Answer: B

16. The concept of "Sustainable Rural Development" emphasizes which of the following?

- A. Short-term economic growth at the cost of environmental and social factors
- B. Economic growth while maintaining the ecological balance and social equity
- C. Focusing solely on agricultural output
- D. Increasing rural migration to urban centers

Answer: B

17. Which of the following would be an example of a rural development program that promotes gender equality?

- A. Providing women in rural areas with access to education and microcredit
- B. Building large infrastructure projects with male workers only
- C. Restricting women's involvement in agricultural production
- D. Offering microloans exclusively to male farmers

Answer: A

18. Which of the following is a key strategy in rural development intervention?

- A. Urban-centric policy planning
- B. Community participation and empowerment
- C. Outsourcing rural jobs to urban workers
- D. Focus on large-scale manufacturing units

Answer: B

19. Capacity building in rural development primarily focuses on:

- A. Building roads and bridges
- B. Strengthening the skills and knowledge of rural people
- C. Outsourcing rural labor
- D. Creating shopping malls in rural areas

Answer: B

20. Public-Private Partnership (PPP) in rural development is used to:

- A. Transfer all responsibilities to the private sector
- B. Eliminate community involvement
- C. Combine public resources and private efficiency for rural progress
- D. Create profit-oriented development schemes only

Answer: C

21. A major strategy to reduce rural poverty includes:

- A. Cutting welfare schemes
- B. Urban job creation
- C. Promoting income-generating activities and access to credit in rural areas
- D. Increasing imports

Answer: C

22. Which of the following is considered a strategic intervention in promoting rural education?

- A. Reducing school budget
- B. Mid-day meal schemes and free education

- C. Limiting school access
- D. Urban student relocation programs

Answer: B

23. Which of the following is a sustainable strategy for rural development?

- A. Overuse of chemical fertilizers
- B. Encouraging deforestation for farmland
- C. Promotion of organic farming and water conservation
- D. Industrial waste disposal in rural areas

Answer: C

24. Who coined the term "Gender Identity"?

- A. Robert Stoller
- B. Frank
- C. Rossen
- D. None of the above

Answer: A

25. Who published the book "Men and Women"?

- A. Eliss
- B. Rossen
- C. Frank
- D. None of the above

Answer: A

26. When did the Mahatma Gandhi National Employment Guarantee Scheme start?

- A. 2006
- B. 2004
- C. 2005
- D. None of the above

Answer: A

27. When did the Samagra Shiksha Abhiyan start?

- A. 4 August, 2021
- B. 5 August, 2022
- C. 3 August, 2020
- D. None of the above

Answer: A

28. Urbanization is the result of _____

- A. Educational development
- B. Agricultural development
- C. Rural development
- D. Migration of population from villages to cities

Answer: D

29. Preference of prejudice towards one gender over the other is termed:

- A. Gender role
- B. Gender awareness
- C. Gender bias
- D. Gender parity

Answer: C

30. Community psychologists might be found:

- A. Identifying social problems
- B. Resolving social problems
- C. Using context to understand problems
- D. All of the above

Answer: D

31. Why is effective intervention important in schools?

- A. For the success of the students

- B. Cleanliness and stability
- C. Quality of education
- D. All of the above

Answer: D

32. What type of development of a child is influenced by school and teacher?

- A. Mental
- B. Social
- C. Emotional
- D. All of the above

Answer: D

33. From a community psychology perspective, what are the characteristics of a successful community intervention?

- A. Positive outcomes for the recipients of an intervention
- B. After an intervention, the community is left feeling more competent to bring about effective and sustainable change
- C. A community is more willing to allow future intervention programs to take place in their community
- D. All of the above

Answer: D

34. Which of the following is a significant challenge for rural development interventions?

- A. Excessive government regulation
- B. Inadequate access to technology and financial resources
- C. Overpopulation in rural areas
- D. Lack of political interest in rural issues

Answer: B

35. Schools, workplaces and religious congregations are examples of which level of analysis?

- A. Microsystems

- B. Macrosystems
- C. Organizations
- D. Localities

Answer: C

36. In community psychology, contexts include which of the following?

- A. Neighborhoods and workplaces
- B. Cultural and Economic forces
- C. Personality traits or characteristics
- D. Both A and B

Answer: D

37. Which principle is most important in designing rural development interventions in community psychology?

- A. Centralized decision making
- B. Community participation and empowerment
- C. Focus on individual therapy
- D. Profit maximization

Answer: B

38. Common risk factors associated mental health problems were reported by UNICEF. Which of the following is one of these factors?

- I. School and neighborhood violence
- II. Social exclusion
- III. Poverty

- A. I and II
- B. I, II and III
- C. Only II
- D. I and III

Answer: B

39. Which of the following is an example of a rural development intervention aligned with community psychology principles?

- A. Launching a high-end shopping mall in a rural area
- B. Providing microcredit and training to women for small-scale entrepreneurship
- C. Broadcasting urban television content in rural villages
- D. Banning traditional festivals to promote modernization

Answer: B

40. Which of the following is NOT an objective of rural development?

- A. To improve wages for the urban population
- B. To work on removing unemployment in rural areas
- C. To enhance the living standards of rural people
- D. To improve wages for the rural population

Answer: A

41. In community psychology, “Power” refers to:

- A. Political influence only
- B. The ability to dominate others in group settings
- C. The capacity of individuals and groups to influence decisions and access resources
- D. Control over physical spaces

Answer: C

42. Which of the following is an example of an empowerment-based intervention?

- A. Providing temporary shelter without legal support
- B. Offering self-defense classes and legal rights workshops for women
- C. Mandating silence about gender issues to avoid conflict
- D. Prioritizing male perspectives in community discussions

Answer: B

43. Which intervention strategy is most aligned with feminist approaches in community psychology?

- A. Promoting male-dominated leadership in community programs
- B. Supporting grassroots, participatory methods for change
- C. Offering short-term economic aid without systemic change
- D. Encouraging women to adapt to patriarchal norms

Answer: B

44. In community settings, who is primarily responsible for providing mental health services?

- A. Only psychiatrists
- B. A team of professionals including social workers, counselors, and psychologists
- C. Law enforcement officers
- D. Primary care physicians exclusively

Answer: B

45. Which of the following options is *incorrectly matched* with its category related to strategies for improving student health?

- A. Providing clean water – healthy school environment
- B. Immunization program – School health services
- C. Promoting mental health – health education
- D. Reducing exposure to hazardous substances – action education

Answer: D

46. Assertion (A): Rural development interventions are ineffective unless they are tech-based.

Reason (R): Rural communities lack the capacity to engage with traditional developmental models.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is false, but R is true.
- D. Both A and R are false.

Answer: D

47. Assertion (A): Community mental health interventions focus not only on individual treatment but also on prevention and systemic change.

Reason (R): Mental health issues are often rooted in social, economic, and cultural contexts.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

48. Assertion (A): Sector-specific interventions are more sustainable when designed with cross-sector collaboration.

Reason (R): Holistic approaches that combine health, education, and livelihood sectors address root causes of community issues.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A

49. Assertion (A): School interventions are designed to promote mental well-being and prevent behavioral issues early in life.

Reason (R): Schools serve as accessible and stable environments where early signs of distress can be identified.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

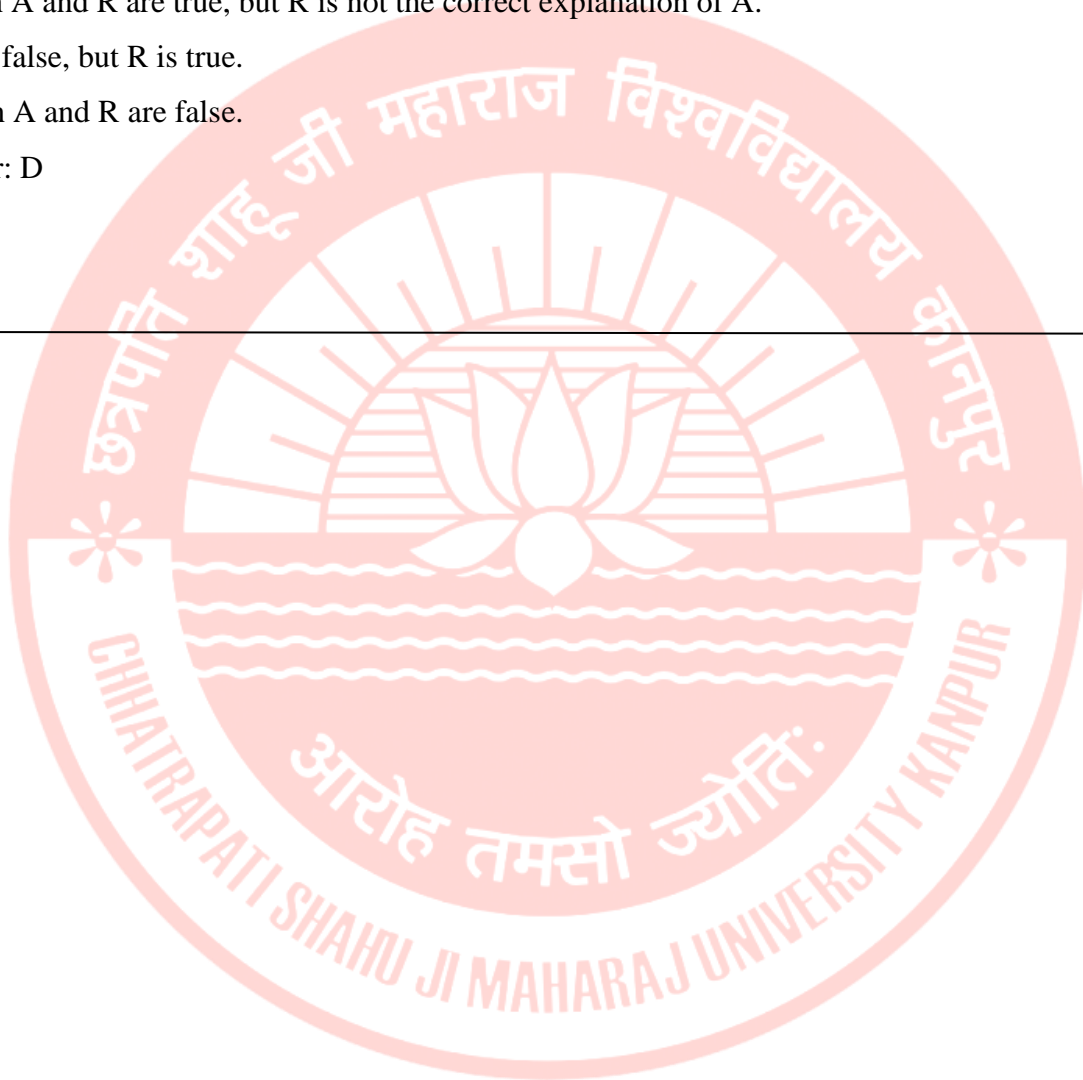
Answer: A

50. Assertion (A): Gender discrimination interventions in community psychology often use a top-down approach.

Reason (R): Empowerment-based models prioritize decisions made by policymakers over affected communities.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is false, but R is true.
- D. Both A and R are false.

Answer: D





Unit – V	Health Psychology: Nature, Development and Goals of Health Psychology; Biopsychosocial Model of Health.
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Health psychology is a subfield of psychology that focuses on understanding how biological, social, and psychological factors influence health and illness. It examines the behaviors, thoughts, emotions, and social interactions that impact physical well-being, as well as how these factors contribute to the prevention and management of diseases. Health psychology integrates insights from psychological theory and research to promote healthier lifestyles and improve healthcare practices.

5.1 Definition of Health Psychology: Health psychology is defined as the scientific study of the interaction between psychological factors and physical health. It seeks to understand how people's thoughts, emotions, and behaviors affect their health, how health problems can be prevented, and how individuals cope with illness. Health psychologists work in a variety of settings, including clinical environments, research institutions, hospitals, and community organizations, applying psychological principles to promote overall health and well-being. Here are some well-known definitions of Health Psychology:

According to American Psychological Association (APA) *"Health psychology is a specialty area that focuses on how biological, social, and psychological factors influence health and illness."*

According to Shelley Taylor (2006) *"Health psychology is the study of psychological and behavioral processes in health, illness, and healthcare."*

Health psychology typically involves three major areas of focus:

- **Health Promotion and Prevention:** Developing strategies to encourage healthy behaviors, such as exercise, healthy eating, stress management, and smoking cessation.

- **Coping and Adaptation:** Understanding how individuals cope with illness, chronic disease, and recovery, and providing psychological support to improve quality of life.
- **Health Policy and Systems:** Examining how healthcare systems and policies affect patient care, and how psychological principles can inform healthcare practices, patient education, and treatment.

5.2 Nature of Health Psychology: The nature of health psychology can be understood through its key features:

- **Interdisciplinary Approach:** Health psychology draws from various disciplines, including clinical psychology, behavioral medicine, sociology, and public health. It recognizes the complex interactions between the mind, body, and environment, and seeks to explore how these factors influence overall health.
- **Biopsychosocial Model:** One of the central principles of health psychology is the Biopsychosocial model of health. This model suggests that health and illness are the result of the interaction of biological, psychological, and social factors. For example: Biological factors include genetics, immune function, and physical health conditions. Psychological factors involve emotions, behaviors, coping strategies, and mental health. Social factors encompass family dynamics, socioeconomic status, cultural influences, and social support.
- **Prevention and Behavior Change:** Health psychology emphasizes the importance of behavioral change in maintaining health and preventing disease. It often focuses on promoting healthy habits and behaviors (e.g., diet, physical activity, substance abuse prevention) and aims to reduce risky behaviors (e.g., smoking, excessive drinking) through behavior modification techniques and interventions.
- **Focus on Well-being:** Health psychology doesn't only concentrate on illness or disease but also on improving overall well-being. It looks at how individuals can achieve a state of optimal health through positive psychology, stress management, and improving quality of life.

- **Cultural Sensitivity:** Health psychologists are also concerned with understanding how cultural and social contexts influence health behaviors. For instance, cultural beliefs may affect how people perceive health, illness, and treatment, and may shape the healthcare practices in different communities.

5.3 Development of Health Psychology: The development of health psychology as a distinct field has been shaped by several important milestones in psychology, medicine, and public health.

- **Early Roots in Psychology and Medicine:**
 - **Psychosomatic Medicine (Early 20th Century):** The early 20th century saw the beginnings of research into how psychological factors affect physical health. Psychosomatic medicine, a precursor to health psychology, focused on understanding how psychological factors such as stress, anxiety, and emotional trauma influenced the development of physical diseases (e.g., ulcers, hypertension). Psychologists like Sigmund Freud and Franz Alexander recognized the mind-body connection, suggesting that emotional states could affect physical health.
 - **Behavioral Medicine (1970s):** The field of behavioral medicine emerged as a distinct area that applied behavioral psychology principles to medical problems. It focused on how behavior, lifestyle, and psychological factors contributed to physical health outcomes. Behavioral medicine helped bridge the gap between traditional medicine and psychology, laying the foundation for health psychology.
- **Key Milestones and Theories in the Development of Health Psychology:**
 - **Biopsychosocial Model (1977):** In 1977, George Engel introduced the Biopsychosocial model of health, which became a central concept in health psychology. The model emphasized the importance of considering not just biological factors (such as pathogens and genetic predispositions), but also psychological (such as stress and coping) and social (such as social support and socioeconomic status) influences on health.
 - **Formation of the Field (Late 20th Century):** By the late 1970s and early 1980s, health psychology became recognized as an established field. The American Psychological

Association (APA) created a division dedicated to health psychology in 1978 (APA Division 38). Health psychologists were formally trained to apply psychological principles to various health-related issues, such as chronic illness, addiction, pain management, and health promotion.

- **Focus on Behavioral Interventions (1980s and 1990s):** During the 1980s and 1990s, the focus shifted toward developing behavioral interventions to prevent and treat health problems. Health psychologists began applying techniques such as cognitive-behavioral therapy (CBT), mindfulness, and relaxation training to help individuals manage chronic conditions, deal with stress, and adopt healthier behaviors.
- **Global Health and Health Disparities (21st Century):** As the field has evolved, health psychology has expanded to include global health concerns, addressing issues such as the psychological effects of pandemics (e.g., COVID-19), health disparities, and the social determinants of health. Health psychologists also focus on understanding the barriers to healthcare access and how to promote health equity across different populations.

Key Areas of Focus in Health Psychology: Health psychology addresses a wide range of topics and issues that influence health, including:

- **Health Behavior Change:** Developing interventions to promote healthier behaviors, such as quitting smoking, improving diet and exercise habits, and increasing adherence to medical treatments.
- **Chronic Illness and Pain Management:** Helping individuals cope with chronic illnesses (e.g., diabetes, heart disease) and chronic pain by developing coping strategies, improving self-management, and addressing emotional and psychological challenges.
- **Stress and Coping:** Studying how stress affects health and how individuals cope with stress. Health psychologists explore how to reduce stress and promote resilience to improve overall health.
- **Health Promotion and Prevention:** Working to prevent diseases (e.g., through vaccination campaigns, anti-smoking campaigns) and promoting healthier lifestyles to reduce the risk of developing conditions like obesity, cardiovascular disease, and cancer.

- **Psychosocial Aspects of Health:** Understanding how social factors (e.g., social support, family dynamics, socioeconomic status) and psychological factors (e.g., self-efficacy, mental health) impact health outcomes.
- **Psychology of Healthcare Systems:** Examining how the organization and delivery of healthcare affects patient outcomes, such as through improving doctor-patient relationships, reducing healthcare disparities, and addressing issues like medical compliance.

5.4 Goals of Health Psychology: The goals of health psychology are focused on understanding the interplay between psychological, behavioral, and social factors that affect health and well-being. Health psychology aims to apply this knowledge to improve health outcomes, promote healthier lifestyles, and help individuals cope with illness and health-related challenges. Here are the key goals of health psychology:

1. Promote Health and Prevent Illness

- **Health Promotion:** One of the primary goals of health psychology is to encourage behaviors and attitudes that lead to better health. This involves promoting healthy lifestyle choices, such as regular exercise, healthy eating, smoking cessation, and stress management. Health psychologists use behavioral interventions to encourage these positive behaviors and help individuals adopt long-term habits that contribute to their physical and mental well-being.
- **Disease Prevention:** Health psychology also focuses on preventing the onset of diseases, especially those that can be influenced by lifestyle factors, such as heart disease, diabetes, and cancer. Prevention campaigns may target behaviors like vaccination, safe sexual practices, or reducing alcohol and drug use.

2. Enhance Coping with Illness and Chronic Conditions

- **Coping Strategies:** Health psychology helps individuals develop effective coping strategies for managing chronic illness, pain, and long-term health conditions (such as diabetes, arthritis, or cardiovascular disease). It focuses on how patients can manage

stress, anxiety, and the emotional aspects of illness, improving their ability to cope and enhancing their quality of life.

- **Improving Health Outcomes:** By fostering psychological resilience and self-management skills, health psychologists aim to improve the overall well-being of individuals with chronic conditions, increase adherence to medical treatment regimens, and reduce complications that arise from the inability to manage the condition effectively.

3. Improve Patient-Healthcare Provider Interactions

- **Doctor-Patient Communication:** Health psychologists study how communication between healthcare providers and patients can be improved. Clear communication, empathy, and trust between the doctor and the patient can positively influence treatment adherence, patient satisfaction, and overall health outcomes.
- **Patient Education:** Another goal is to improve patients' understanding of their health conditions and treatment options. Health psychologists work on creating educational materials and programs that help patients make informed decisions about their health and healthcare.

4. Reduce Health Disparities

- **Addressing Inequalities:** Health psychology is committed to reducing health disparities caused by social, economic, and cultural factors. Health psychologists work to identify and address barriers to healthcare access, such as poverty, racism, discrimination, and lack of education, which disproportionately affect marginalized communities.
- **Cultural Sensitivity and Access:** By emphasizing the role of cultural, environmental, and socioeconomic factors in health, health psychology works to ensure that interventions are culturally sensitive and accessible to diverse populations.

5. Understand the Psychological and Behavioral Factors in Health

- **Behavioral Influences on Health:** Health psychology seeks to understand how psychological factors such as stress, emotions, attitudes, and personality influence behaviors that impact health (e.g., diet, exercise, and smoking). By identifying these

behavioral factors, health psychologists can design interventions that modify unhealthy behaviors.

- **Mind-Body Interactions:** A key goal of health psychology is to explore the mind-body connection, especially how mental health conditions (e.g., depression, anxiety) can affect physical health and how physical conditions (e.g., chronic pain, illness) influence mental well-being. By addressing both psychological and physical health, health psychology fosters holistic approaches to care.

6. Enhance the Quality of Life

- **Improving Well-being:** Beyond just preventing illness or managing disease, health psychology is concerned with improving overall quality of life. This involves focusing on psychological well-being, mental health, and social factors that contribute to a fulfilling life. Health psychologists aim to increase life satisfaction, emotional well-being, and positive coping with life stressors.
- **Stress Management:** One of the key aspects of health psychology is teaching individuals techniques for managing stress, such as mindfulness, relaxation techniques, and cognitive-behavioral strategies. These approaches not only improve mental health but can also have beneficial effects on physical health.

7. Promote Behavior Change

- **Behavioral Interventions:** Health psychologists design interventions to promote behavior change, whether it's encouraging individuals to adopt healthier behaviors or to stop engaging in harmful ones (e.g., quitting smoking or reducing alcohol consumption). These interventions often use principles from behaviorism, cognitive-behavioral therapy (CBT), and motivational interviewing to help individuals change ingrained habits and make lasting improvements to their health.
- **Self-regulation and Motivation:** Health psychologists also aim to understand and enhance self-regulation and motivation, helping individuals set goals and stay motivated to make sustainable health changes.

8. Advance Research on Health-Related Behaviors

- **Empirical Studies:** Health psychology involves conducting research to explore the psychological, behavioral, and social factors that influence health outcomes. This research helps to build evidence for effective interventions and can guide public health policy, medical practices, and the development of healthcare programs.
- **Understanding Health Beliefs and Attitudes:** Health psychologists investigate how people's beliefs, attitudes, and perceptions about health and illness influence their behaviors. Understanding these factors can help design more effective health communication strategies and health interventions tailored to specific groups or communities.

9. Support Behavioral and Psychological Treatment in Medical Settings

- **Behavioral Medicine:** Health psychology often works closely with behavioral medicine to integrate psychological principles with medical treatments. This includes helping patients who suffer from conditions like chronic pain, obesity, or anxiety by combining psychological therapies (such as cognitive-behavioral therapy) with medical interventions to improve treatment outcomes.

10. Encourage Social and Environmental Change

- **Community and Public Health:** Health psychologists may advocate for broader social and environmental changes that promote health, such as policies that improve access to nutritious food, safe public spaces for physical activity, or improved mental health services. They also promote public health campaigns aimed at addressing social determinants of health like poverty, education, and housing.

5.5 Biopsychosocial Model of Health: The Biopsychosocial model of health is a comprehensive framework used to understand health and illness by considering the biological, psychological, and social factors that influence a person's overall well-being. This model was introduced by George Engel in 1977 as an alternative to the traditional biomedical model, which focuses solely on biological factors and treats illness purely as a physical phenomenon.

The Biopsychosocial model proposes that health and illness are not only the result of physical factors but also involve a complex interplay of psychological and social elements, which should be taken into account when diagnosing and treating individuals. This approach encourages a more holistic view of health, emphasizing the importance of mental health, emotions, social relationships, and environmental influences in addition to the biological aspects of health.

Thus the Biopsychosocial model of health offers a more holistic and comprehensive understanding of health by acknowledging that physical health is influenced by a wide range of biological, psychological, and social factors. It shifts the focus from merely treating symptoms to addressing the broader context of an individual's life, encouraging healthcare practices that consider the complexity of health and well-being. By considering the whole person—mind, body, and environment—the Biopsychosocial model fosters a more integrated approach to prevention, treatment, and care.

- **Biological Factors:** The biological component of the Biopsychosocial model focuses on the physical and physiological aspects of health, including:
 - **Genetics:** Genetic predispositions or inherited conditions can affect the likelihood of developing certain diseases or health conditions (e.g., heart disease, cancer, diabetes).
 - **Physical Health:** This includes an individual's overall physical condition, the functioning of their organs and systems (e.g., cardiovascular health, immune function), and the presence of any diseases or chronic conditions.
 - **Neurological Factors:** The functioning of the brain and nervous system, which can impact mental health, cognition, and behavior (e.g., neurochemical imbalances that contribute to mental health conditions like depression or anxiety).
 - **Infections or Diseases:** Biological factors such as infections, pathogens, or acute medical conditions also play a role in health.
- **Psychological Factors:** The psychological component involves the mental and emotional influences on health, including:
 - **Cognitive Processes:** This includes an individual's thought patterns, beliefs, attitudes, and perceptions about their health. For example, people with a

pessimistic outlook may experience higher levels of stress, which can negatively affect their health.

- **Emotional Responses:** Emotions such as stress, anxiety, depression, and happiness can influence physical health. Chronic stress, for instance, can lead to higher blood pressure, heart disease, and other physical health problems.
- **Behavioral Factors:** Health-related behaviors, such as diet, exercise, smoking, or alcohol consumption, are influenced by psychological factors. Psychological interventions, such as cognitive-behavioral therapy (CBT), can help change unhealthy behaviors and improve physical health.
- **Coping Mechanisms:** How individuals cope with stress, trauma, and health challenges is an important psychological factor. Coping strategies (e.g., avoidance, seeking social support, or using relaxation techniques) can affect both mental and physical health outcomes.
- **Social Factors:** The social component examines the impact of social environments and relationships on health. This includes:
 - **Social Support:** The presence of a strong social network (e.g., family, friends, and coworkers) has been shown to improve health outcomes, as it can provide emotional support, reduce stress, and encourage healthier behaviors.
 - **Socioeconomic Status (SES):** A person's income, education, and occupation can significantly influence their health. Lower SES is associated with higher rates of chronic illness, limited access to healthcare, and poor health outcomes due to factors like stress, poor living conditions, or limited resources.
 - **Cultural and Societal Norms:** Cultural beliefs and societal expectations can influence health behaviors and attitudes. For example, cultural stigma may prevent individuals from seeking mental health care or accessing certain medical treatments.
 - **Social Determinants of Health:** These include factors like housing, employment, access to healthcare, and community resources. These social conditions can affect a person's ability to lead a healthy life and manage illness.

- **The Interactions between the Three Components:** The Biopsychosocial model emphasizes the interconnectedness of these three components. A person's health is not determined by just one of these factors but by how they interact and influence each other.

- **Example 1: Chronic Stress and Cardiovascular Disease**

- ❖ **Biological Factors:** High blood pressure and increased risk of heart disease.
- ❖ **Psychological Factors:** Chronic stress, anxiety, or depression can contribute to poor coping behaviors (e.g., unhealthy eating, smoking).
- ❖ **Social Factors:** Lack of social support or a high-pressure work environment can exacerbate stress and unhealthy coping strategies.

In this case, the combination of biological, psychological, and social factors contributes to the development and progression of cardiovascular disease.

- **Example 2: Coping with a Serious Illness**

- ❖ **Biological Factors:** The presence of a chronic illness, such as diabetes.
- ❖ **Psychological Factors:** The emotional stress of managing a long-term health condition may lead to depression or anxiety, which can affect treatment adherence.
- ❖ **Social Factors:** The patient's social support system, such as family or friends, may help provide emotional support and encouragement for treatment adherence, while a lack of support could hinder their coping.

5.6 Applications of the Biopsychosocial Model of Health

- **Healthcare and Medical Treatment:** The Biopsychosocial model encourages healthcare providers to look beyond the physical symptoms and consider the psychological and social factors that may be contributing to the illness. This can lead to more personalized and comprehensive treatment plans that address all aspects of a patient's health.
- **Mental Health Interventions:** For psychological disorders, this model promotes integrated treatments that not only focus on the individual's thoughts and emotions but also consider their biological condition (e.g., neurotransmitter imbalances) and social context (e.g., support systems and life circumstances).

- **Health Promotion and Prevention:** The Biopsychosocial model is also applied in health promotion programs. By recognizing the role of mental health, lifestyle factors, and social conditions in overall well-being, public health campaigns can be more effective in encouraging healthy behaviors and addressing risk factors.
- **Chronic Illness Management:** The model is useful for individuals living with chronic illnesses like diabetes, cancer, or heart disease, as it emphasizes the importance of managing not just the physical aspects of the condition, but also the psychological (e.g., mental health) and social (e.g., support networks, access to resources) aspects of care.

Multiple Choice Questions

1. What is the primary focus of health psychology?
 - A. To focus on the biological factors of health
 - B. To understand how psychological, social, and behavioral factors influence health and illness
 - C. To treat only physical ailments
 - D. To study genetic factors affecting health

Answer: B

2. Health psychology is primarily concerned with:
 - A. The physiological treatment of diseases
 - B. How people's mental, emotional, and social factors influence their physical health
 - C. The role of genetics in illness
 - D. The management of chronic diseases only

Answer: B

3. Which of the following is NOT a focus area of health psychology?
 - A. Health promotion and prevention
 - B. Stress management

- C. Diagnosing physical diseases
- D. Enhancing coping mechanisms for chronic illness

Answer: C

4. The term "Health psychology" was first introduced in:

- A. 1920s
- B. 1940s
- C. 1970s
- D. 1980s

Answer: C

5. Which of the following is an example of a research area in health psychology?

- A. The relationship between emotions and immune function
- B. The study of specific genetic disorders
- C. The diagnosis of cancer
- D. The study of the brain's anatomy

Answer: A

6. Health psychology is most concerned with which of the following models of health?

- A. Biopsychosocial model
- B. Medical model
- C. Cognitive-behavioral model
- D. Psychoanalytic model

Answer: A

7. Which of the following best defines health psychology?

- A. A branch of psychology that focuses solely on mental health
- B. A field that studies how mental, emotional, and social factors affect health
- C. A discipline concerned only with physical rehabilitation
- D. A study of how to treat psychological disorders

Answer: B

8. Which of the following is a goal of health psychology?

- A. To develop new drugs for the treatment of physical illnesses
- B. To investigate how psychological factors can improve health behaviors
- C. To study only the brain's role in health
- D. To diagnose patients with physical illnesses

Answer: B

9. Which of the following historical developments most contributed to the growth of health psychology in the 1970s?

- A. The rise of neuroscience research
- B. The development of cognitive-behavioral therapies
- C. Growing recognition of the importance of behavioral factors in health
- D. The popularity of psychoanalytic therapy

Answer: C

10. Which psychological approach is commonly used in health psychology to promote behavior change?

- A. Psychoanalysis
- B. Cognitive-behavioral therapy
- C. Gestalt therapy
- D. Humanistic therapy

Answer: B

11. What aspect of health does health psychology specifically focus on?

- A. Only psychological conditions
- B. Physical treatments for disease
- C. How behavior and mental processes influence physical health
- D. The biology of diseases

Answer: C

12. The development of health psychology as a field was most influenced by the increasing interest in:

- A. The study of physical treatments for diseases
- B. The role of emotions and behavior in the development of chronic illnesses
- C. Genetics and hereditary factors in illness
- D. The discovery of new surgical techniques

Answer: B

13. What is one of the key areas of study in health psychology?

- A. How social support can impact recovery from illness
- B. The effects of sleep deprivation on learning
- C. Studying the anatomy of the brain
- D. Developmental stages of childhood

Answer: A

14. Which of the following is a primary concern of health psychology?

- A. Understanding and preventing the spread of infectious diseases
- B. Treating physical symptoms using medical procedures
- C. Developing effective strategies to prevent and manage illness through lifestyle and behavioral changes
- D. Studying the neurological basis of mental disorders

Answer: C

15. Health psychology is an interdisciplinary field that draws upon knowledge from which of the following areas?

- A. Only clinical psychology
- B. Only social psychology
- C. Psychology, medicine, and public health
- D. Only cognitive psychology

Answer: C

16. What does the Biopsychosocial model of health emphasize?

- A. The biological factors alone
- B. The interaction of biological, psychological, and social factors
- C. The social factors alone
- D. The psychological factors alone

Answer: B

17. Who introduced the Biopsychosocial model of health?

- A. Sigmund Freud
- B. George Engel
- C. Carl Rogers
- D. Abraham Maslow

Answer: B

18. Which of the following is considered a biological factor in the Biopsychosocial model?

- A. Cognitive beliefs
- B. Genetic predispositions
- C. Social support
- D. Cultural norms

Answer: B

19. According to the Biopsychosocial model, which of the following is true?

- A. Health outcomes are only influenced by social factors
- B. Psychological and social factors play no role in health
- C. Health is determined by the interaction of biological, psychological, and social factors
- D. Health is determined solely by biological factors

Answer: C

20. What is the main focus of the psychological component in the Biopsychosocial model?

- A. The body's physical systems
- B. A person's emotional and cognitive responses to health

- C. A person's family and friends
- D. A person's genetic makeup

Answer: B

21. Which of the following is an example of a social factor in the Biopsychosocial model?

- A. Stress levels
- B. A family's financial status
- C. Sleep patterns
- D. Neurotransmitter levels

Answer: B

22. The Biopsychosocial model was introduced as an alternative to which model?

- A. Cognitive model
- B. Behavioral model
- C. Biomedical model
- D. Psychoanalytic model

Answer: C

23. What does the Biopsychosocial model suggest about chronic diseases?

- A. They are caused only by biological factors
- B. They can be better understood and managed by considering biological, psychological, and social factors
- C. Psychological factors have no impact on chronic diseases
- D. Only psychological factors play a role in managing chronic diseases

Answer: B

24. Which of the following is an example of a psychological factor in the Biopsychosocial model?

- A. Family relationships
- B. Cognitive beliefs and emotions
- C. Blood pressure

D. Physical activity levels

Answer: B

25. In the context of the Biopsychosocial model, what is considered a social factor?

A. The brain's structure

B. A person's support network and social relationships

C. Genetics

D. Stress hormones

Answer: B

26. How does the Biopsychosocial model contribute to health interventions?

A. By focusing on treating only the physical symptoms of illness

B. By addressing only psychological aspects of illness

C. By integrating biological, psychological, and social interventions for holistic care

D. By focusing only on social interventions

Answer: C

27. Which of the following health problems could be better understood using the Biopsychosocial model?

A. Heart disease caused by high cholesterol alone

B. Stress-related health issues like hypertension

C. Only genetic disorders

D. Conditions that require only medication for treatment

Answer: B

28. What role does the Biopsychosocial model play in public health?

A. It focuses solely on promoting physical health

B. It encourages individualized treatment plans based on psychological factors alone

C. It helps develop interventions that take into account the biological, psychological, and social influences on health

D. It ignores environmental and cultural factors in health

Answer: C

29. What does the Biopsychosocial model suggest about the relationship between mind and body?

- A. The mind and body are unrelated
- B. The mind affects the body, but not vice versa
- C. The mind and body are interconnected
- D. The body controls the mind

Answer: C

30. Who made the most important contribution to the development of the Biopsychosocial model?

- A. Psychologists
- B. Doctors
- C. Sociologists
- D. All of the above

Answer: D

31. Which of the following is NOT a part of the Biopsychosocial Model of Health Psychology?

- A. Biological Factor
- B. Psychological Factor
- C. Social Factor
- D. Cultural Factor

Answer: D

32. What is the primary focus of Health psychology?

- A. Treatment of the patient
- B. Diagnosis of disease
- C. Prevention and promotion of health
- D. Creation of powerful people

Answer: C

33. Health psychology is an interdisciplinary field concerned with the application of psychological knowledge and techniques to health, illness, and healthcare. Whose statement is it?

- A. Sigmund Freud
- B. George Engel
- C. Herbert Benson
- D. Matarazzo

Answer: D

34. Who is most commonly associated with defining health psychology as the study of psychological influences on how people stay healthy, why they become ill, and how they respond to illness?

- A. Sigmund Freud
- B. Carl Rogers
- C. David Matarazzo
- D. George Engel

Answer: C.

35. Health psychology focuses on understanding the relationship between:

- A. The mind and body
- B. The mind and emotions
- C. Physical exercise and mental health
- D. Cognitive behavior therapy and mood disorders

Answer: A.

36. Which of the following best describes the Biopsychosocial model's approach to treatment?

- A. Focuses only on medical treatment
- B. Considers social support and psychological counseling along with medical treatment
- C. Considers only psychological therapies
- D. Ignores social factors in treatment

Answer: B

37. Health psychologists work on campaigns to reduce:

- A. Alcohol consumption
- B. Tobacco use
- C. Obesity
- D. All of the above

Answer: D

38. The essential components of health as per the World Health Organization are:

- A. Physical well-being
- B. Mental well-being
- C. Social well-being
- D. All of the above

Answer: D

39. What will Health psychologists promote?

- A. Healthy lifestyle choices and preventive health behaviors
- B. Encouraging unhealthy eating habits for stress relief
- C. Management of stress and mental health
- D. Both A and C

Answer: D

40. What is the meaning of the word 'Yoga'?

- A. Union of the individual self with the universal consciousness
- B. A physical exercise for strengthening muscles
- C. A form of meditation for achieving inner peace
- D. A practice to improve flexibility and posture

Answer: A

41. The 'Health Onion' is an example of a _____.

- A. Paradigm
- B. Model
- C. Theory
- D. Framework

Answer: D

42. Health psychology is defined as an _____ field.

- A. International
- B. Interdisciplinary
- C. Interactive
- D. Interesting

Answer: B

43. The primary goal of health psychology is to _____.

- A. Diagnose mental health disorders
- B. Understand the psychological factors that affect health
- C. Develop pharmaceutical treatments for diseases
- D. Conduct medical surgeries

Answer: B

44. Which of the following best describes how psychological factors can influence health?

- A. Through genetic mutations
- B. Through stress responses affecting immune function
- C. By regulating physical activity levels
- D. By determining a person's diet and nutrition

Answer: B

45. Which of the following is a psychological factor in the Biopsychosocial model of health?

- A. Genetic predisposition
- B. Stress levels
- C. Nutritional intake
- D. Physical activity

Answer: B

46. How can an individual's coping mechanisms impact their health according to the Biopsychosocial model?

- A. They directly determine biological processes only
- B. They influence emotional and behavioral responses to stress
- C. They have no impact on health outcomes
- D. They affect only social interactions

Answer: B

47. Assertion (A): The Biopsychosocial model views health solely as the absence of disease.

Reason (R): This model provides a comprehensive framework that considers multiple factors affecting health, beyond just the absence of disease.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: D

48. Assertion (A): Social support has no impact on psychological well-being.

Reason (R): The Biopsychosocial model emphasizes the importance of social factors, including support networks, in influencing mental health.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: D

49. Assertion (A): Coping mechanisms have no significant effect on health outcomes.

Reason (R): The Biopsychosocial model highlights the role of psychological factors, including coping strategies, in influencing both mental and physical health.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: D.

50. Assertion (A): Negative thinking patterns can contribute to the development of chronic illnesses.

Reason (R): The Biopsychosocial model posits that psychological factors, including thought patterns, can influence the onset and progression of physical health conditions.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

Answer: A



UNIT-VI	Health Behavior: Health Compromising and Health Enhancing Behaviors; Theories of Health Behavior; Health Belief Model, Planned Behavior and Reasoned Action Theory
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Health behaviors are behaviors undertaken by people to enhance or maintain their health. Individuals' health behaviors are actions that have an impact on their overall well-being. These behaviors extend from basic everyday activities like sleep and exercise to more complicated notions and concepts like coping methods. Positive health behaviors can help to prevent disease and chronic illness. Negative health behaviors can lead to a lifestyle centered on substance misuse and high-risk sexual practices. These behaviors can be purposeful or unintentional, and it is crucial to recognize that an individual's behavior is easily affected by the constructs and environment in which they live. These are known as social determinants, which are various dynamic systems that constantly affect people's daily lives.

6.1 Health compromising Behaviors: Health-compromising behaviors are actions that have a negative impact on our mental as well as physical health. The six health-risk behaviors (low fruit eating, high sweet consumption, less frequent dental cleaning, low physical activity, physical fighting, and smoking) were divided into two categories. These behaviors can lead to major health concerns in the long run. Examples include smoking, binge drinking, and failing to exercise. Poor eating habits, such as consuming an excessive amount of junk food, can also be harmful to our health. Risky behaviors such as texting while driving and drug use are also dangerous. People may not realize how much harm they are causing. However, the consequences of these behaviors include infections, accidents, and long-term health difficulties. Some of the health compromising behaviors are discussed below:

- **Smoking:** Smoking occurs when a person inhales tobacco smoke. It may harm the lungs and lead to diseases like cancer. Smoking also harms the heart and blood vessels. Smokers are more likely to suffer a stroke or develop heart disease. It is addictive, making it difficult to quit. Additionally, smoke also damages others around us.
- **Alcohol consumption:** Excessive alcohol drinking might affect our liver and brain. It is likely to create mishaps or even injuries because it impairs a person's reasonable thinking.

Over time, excessive drinking leads to addiction and health concerns, as well as academic or professional difficulties. However, underage drinking is particularly dangerous since it can interfere with brain development. It is advisable to know when to stop. Drinking moderately or not at all is the best option.

- **Poor Diet:** Overconsumption of junk food harms one's health. Foods high in sugar and fat, such as chips, candy, and soda, can lead to uncontrolled weight gain, diabetes, and cardiac problems. You will constantly be concerned about having weak bones and teeth as a result of a bad diet. Try to eat a variety of nutritious foods such as fruits and vegetables. Drinking water rather than sugary drinks is considered a wise decision. Healthy eating will make you feel better and stronger.
- **Lack of exercise:** Not getting enough exercise can lead to various health problems. It can cause you to gain weight and feel exhausted all the time. Without exercise, your muscles and bones can weaken. Physical activity helps your heart stay healthy and powerful. It also relieves tension and improves mood. Exercise can be enjoyable, such as playing sports or going on walks. Aim to be active for at least 30 minutes each day.

6.2 Health-Enhancing Behaviors: Health-enhancing behavior refers to any action or habit that improves or maintains good health and well-being. These behaviors reduce the risk of illness, support physical and mental health, and promote a longer, healthier life. The advantages of health-enhancing behaviors are numerous. They include increased physical and mental health, a higher quality of life, disease and premature mortality avoidance, and lower healthcare expenditures. Many positive health behaviors are suggested for improving one's lifestyle. They include engaging in regular physical activity, eating a nutritious diet, avoiding tobacco and excessive alcohol consumption, obtaining enough sleep, and maintaining positive socio-emotional interactions. Some of the health-enhancing behaviors are discussed below:

- **Exercise:** Regular exercise promotes physical and mental wellness. It strengthens the heart and lungs, improving the body's utilization of oxygen. Aerobic exercise, such as jogging, running, and biking, can help achieve this goal. Benefits include enhanced cardiovascular fitness and endurance, physical work capacity, weight management, muscular tone and strength, hypertension control, stress tolerance, and

attention/concentration. Exercising on a regular basis is necessary for receiving the benefits.

- **Diet:** Everyone should strive to maintain a healthy diet. Dietary habits play a significant role in illness development, including cancer, hypertension, and cardiovascular disease. A low-fat, low-cholesterol diet lowers the risk of cardiovascular disease. Dietary control includes meal planning, preparation methods and eating habits. Family intervention can effectively promote and maintain dietary changes.
- **Weight Control:** Food intake is regulated by a complicated system. It is actually controlled by biochemical processes. Inadequate food regulation can result in excessive fat formation. Obesity is a risk factor for higher blood pressure and cholesterol levels. Obesity is linked to an increased risk of premature death. Maintaining a healthy weight is challenging. Dietary intervention is sometimes insufficient to achieve long-term weight loss. Various methods, including fasting, yoga, surgery, and appetite suppressants, can be utilized to achieve this goal. Taking a multi-pronged strategy to weight control is more effective. Analyzing eating behaviors can help individuals become more conscious of their eating routines. To prevent overeating, individuals are taught to alter the environmental factors that trigger it. Patients are trained to control their eating process. Developing self-control over eating helps with weight control.

6.3 The Health Belief Model (HBM): The Health Belief Model was initially developed in the 1950s by social psychologists Godfrey Hochbaum and Irwin Rosenstock, and later expanded by Stephen Kirscht. The Health Belief Model is a theoretical model that explains health-related behaviors by examining individuals' perceptions of the threat posed by a health problem (perceived susceptibility and severity), the benefits of avoiding the threat, and the factors influencing the decision to act (barriers, cues to action, and self-efficacy). It is based on the theory that the willingness to change the health behaviors is primarily influenced by health perceptions. According to the health belief model, our attitudes towards health and health conditions influence our health-related behaviors. Key elements influencing our approach to health include:

- Barriers you think might be standing in your path.

- Exposure to knowledge that drives you to take action Perceived benefit of engaging in healthy habits.
- Perceived susceptibility to disease.
- Perceived effects of sickness
- Confident in your abilities to succeed.

The Health Belief Model consists of **six basic components**. Four of these constructs were crucial to the idea when it was first created. Two were introduced in response to research on the addiction model.

1. Perceived Susceptibility is a person's belief about the likelihood of getting a disease or health condition. For example, a person might believe they are at high risk of developing lung cancer because they have a family history of the disease and smoke regularly. The likelihood that a person will adjust their health behaviors in order to avoid a consequence is determined by the severity of the repercussions they perceive. The intensity of a disease can significantly affect health outcomes.

2. Perceived Susceptibility is a person's belief about how serious the consequences of the condition would be. For example, a person might believe *"How bad would it be if I got this?"* People will not modify their health behaviors unless they perceive that they are at risk. For instance: Individuals who do not think they will catch the flu are less likely to get a yearly flu.

3. Perceived Benefits is a person's belief in the effectiveness of the recommended health action in reducing risk or severity. For example, a person might believe *"Will doing this actually help me?"* It is difficult to persuade individuals to change their behavior if there isn't something in it for them. Individuals don't want to give up something they enjoy unless they get something in return. For example: A person is unlikely to stop smoking unless they believe it will improve their lives in some way. These perceived benefits are frequently related to other criteria, such as the perceived efficacy of a behavior. If you believe that regular exercise and a balanced diet will help you avoid heart disease, you will sense the benefits of those behaviors more strongly.

4. Perceived Barriers is a person's belief about the obstacles or negative aspects of taking the health action. For example, *"What's stopping me from doing it?"* (e.g., cost,

fear, inconvenience). One of the primary reasons people do not modify their health behavior is because they believe doing so will be difficult. Changing one's health habits can be difficult, expensive, and time-consuming. Commonly perceived barriers include amount of effort required, danger, drawbacks include discomfort, expense, and inconvenience and social consequences.

The Health Belief Model recognizes that simply wanting to change a health behavior is not enough to motivate individuals to take action. To help individuals make the necessary changes, the model includes two additional components: Cues to action and Self-efficacy.

5. Cues to Action are external occurrences that elicit a desire to make a health-related change. They can range from a blood pressure van at a health fair to losing a relative to cancer. A cue to action is something that helps someone transition from desiring to make a health change to actually doing it.

6. Self-efficacy, which examines a person's belief in their capacity to achieve a health-related change, was not included in the model until 1988. Although it may appear insignificant, faith in one's ability to do anything has a huge impact on one's actual ability. Finding ways to boost individual self-efficacy can have a favorable impact on health-related behaviors. Thinking that you will fail will nearly makes certain that you do

The design of programs that encourage individuals to engage in healthy behaviors is an important aspect of public health, therefore understanding how the health belief model can be applied to various contexts is beneficial. For example, professionals may be interested in learning about public perceptions towards cancer screenings. Examining factors such as cancer risk perceptions, the advantages of cancer screening, and the barriers to screening can assist healthcare practitioners in identifying ways to urge patients to get examined.

The health belief model could potentially be applied to public health efforts. Schools, for example, may use instructional programs to help students comprehend issues related to health, substance abuse, physical activity, nutrition, and personal safety. Such programs are frequently based on the health belief model and aim to educate, provide skill training, remove barriers, and increase self-efficacy.

Critics argue that the health belief model fails to address:

- How habits can influence decisions.
- People frequently engage in functions for reasons other than health, such as social acceptance.
- Economic and environmental variables, such as living in a food desert or lacking the ability to afford fresh fruits and vegetables.
- Individual views, attitudes, and other traits.
- How to modify health behaviors instead of just describing them.

6.4 The Theory of Planned Behavior: Azjen's (1985) theory of planned behavior suggests that an individual's decision to engage in a certain behavior, such as gambling or ceasing gambling, can be influenced by their intention to engage in that behavior. Intentions are considered to capture the motivating variables that drive behavior; they are indications of how hard people are willing to strive, how much effort they intend to put out, in order to do the behavior. As a general rule, the stronger the intention to engage in a behavior, the higher the likelihood of its accomplishment"

Theory of planned behavior identifies three variables that determine intentions:

1. Personal Attitudes: This is our personal attitude towards a specific behavior. When analyzing behavior, we examine our knowledge, attitudes, and prejudices, both good and negative. For example, our different attitudes on smoking may include: tobacco is soothing and makes me feel good, but it makes me cough in the morning, costs a lot of money, and smells horrible.

2. Subjective Norms: This explores how we perceive other people's beliefs about a given behavior, such as smoking. This could be the attitude of family, friends, and coworkers towards smoking. It is not what others believe, but how we perceive others' attitudes.

3. Perceived Behavior Control: This is the degree to which we believe we can control our actions. This is determined by our sense of internal elements like our own talent and determination, as well as external factors like the resources and support we have. The idea proposes that our feeling of behavioral control has two effects: It influences our intentions to behave in a specific way, i.e., the more control we believe we have over our behavior, the stronger our intention to carry it out. It also has a direct

impact on our behavior; if we believe we have a lot of control, we will work harder and longer to achieve our goals.

The theory of planned behavior extends the theory of reasoned action (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). According to planned behavior theory, perceived behavioral control, along with behavioral intention, can be used to predict behavioral performance directly.

Theory of planned behavior has practical applications, including health education initiatives. Anti-drug campaigns frequently include data on the percentage of persons engaged in harmful behavior, such as smoking or drug usage, in order to modify the perceived norm. For example, youths who smoke are typically part of a smoking peer group. As a result, they may believe smoking is normal. However, because most teenagers do not smoke, exposure to information demonstrating the true prevalence of smoking should alter their subjective norm.

There are methodological issues with study on this theory. All of the model's components are evaluated by questionnaires or interviews, thus the responses are impacted by social desirability. Furthermore, these interviews or questionnaires are conducted when individuals are not under the influence of drugs or alcohol. However, when they are in conditions that trigger their addiction behavior (e.g., pub, party), their intentions may be forgotten and the behavior restarted. One of strengths is that it considers the effect of peers (subjective norms), which is important in both the initiation and maintenance of the behavior. The theory of planned behavior argues that all behaviors are aware, reasoned, and planned; nevertheless, it does not account for the influence of emotions like grief and frustration. This can have a significant impact on behavior.

6.5 The Theory of Reasoned Action, which is frequently used in conjunction with the Theory of Planned Behavior, is a cognitive theory and mathematical model that helps psychologists understand human behavior in certain settings, such as whether or not people will adopt healthy habits. Most notably, the Theory of Reasoned Action has been utilized to help predict and explain a variety of health behaviors. Psychologists Martin Fishbein and Icek Ajzen established the notion of reasoned action in 1975, as an upgrade to the information integration theory. Fishbein and Ajzen developed their theory after attempting to distinguish between attitudes and behaviors.

The theory of reasoned action differs from information integration theory for several reasons, including the concept of behavioral attention. It also recognizes that some conditions can restrict the impact of attitude on behavior.

The Theory of Reasoned Action comprises four major terms: belief, attitude, subjective norms, and intention (Fishbein and Ajzen, 1975):

1. Belief: Belief is the likelihood that an object possesses some attribute. This is typically used to indicate that someone believes that a particular action or behavior will result in a consequence. For example, if someone says, "I think I will get lung cancer if I smoke every day," they have a belief about smoking. People can hold diverse beliefs. For example, someone may believe that exercising improves health with high confidence but causes harm with a lesser certainty.

2. Attitude: Attitudes are our positive or negative assessments of a specific behavior, such as whether someone believes the behavior is a good or terrible idea or whether it will result in consequences that they value. The primary idea behind this paradigm is that attitudes are a result of beliefs. Attitudes are defined as the sum of belief strength multiplied by result evaluation for each individual's beliefs. For example, if a behavioral scientist tried to forecast someone's intention to exercise, that person's attitude towards exercise would be influenced by all of their ideas about whether exercise will result in the desired goals. If someone believes that exercise will result in favorable outcomes, they will have a favorable attitude towards it. Meanwhile, someone who believes that exercise would have bad results will have a negative attitude. Fishbein and Ajzen (1975) define attitude as "the disposition to respond favorably or unfavorably to some psychological object." For example, someone who believes that smoking every day is detrimental for their health will have an attitude towards smoking.

3. Subjective Norms: Subjective norms are the sum of all of the key persons in someone's life and whether they believe those people would want them to engage in the behavior. For example, someone may consider whether their partner, doctor, or mother encourages them to exercise. Overall, intentions are a result of attitude and subjective norms. Psychologists distinguish between two forms of subjective norms: injunctive norms and descriptive norms. Injunctive norms outline what people believe other people

should do. Someone who feels compelled to do something, such as eat acai bowls, does so because they believe others think they should. In contrast, descriptive norms are someone's perspective of what other people believe they should do, even if the truth may differ.

For example, picture someone debating whether or not to wear a surgical mask. Their injunctive norm may be that they believe that most professionals, including their doctors and family members, want them to wear a mask. A descriptive norm, on the other hand, describes an individual's perception of what other people do. If someone believes that few people use masks, the descriptive norm that few people wear masks influences their decision on whether to wear one.

The theory of reasoned action has significant **limitations**. One of these is a high chance of confusion between attitudes and norms. This is because attitudes are frequently reframed as norms, and norms as attitudes. For example, someone who believes kale is good for them may just be reflecting a subjective norm shared by a group of powerful friends, family, doctors, and social media influencers who believe kale is healthy. Practical constraints to the theory of planned behavior include researchers' limited ability and time to accurately measure factors that contribute to the models in theory, as well as environmental or organizational limits and unconscious habits that limit someone's freedom to act.

Multiple Choice Questions

1. Which of the following is considered a health compromising behavior:
 - A. Exercising regularly
 - B. Eating a balanced diet
 - C. Smoking cigarettes
 - D. Getting enough sleep

Answer: C

2. Which of the following is NOT an example of a health behavior?
 - A. Excessive junk food consumption
 - B. Taking regular exercise

- C. Eating healthy food
- D. Going to the gym

Answer: A

3. Health Belief Model was developed by:

- A. Albert Bandura
- B. Abraham Maslow
- C. Sigmund Freud
- D. Rosenstock

Answer: D.

4. According to the Health Belief Model, which factor influences whether a person will engage in a health behavior?

- A. Perceived behavior control
- B. Subjective norms
- C. Perceived severity of a health threat
- D. Personal motivation

Answer: C.

5. Which of the following is a central idea of the Theory of Planned Behavior?

- A. People's behaviors are primarily determined by their attitude toward the behavior, subjective norms, and perceived control over the behavior.
- B. People make decisions based on their emotional state.
- C. Health behavior is mainly influenced by environmental factors.
- D. Individuals act according to their immediate desires or impulses.

Answer: A.

6. In the Health Belief Model, which of the following best describes 'perceived barriers'?

- A. Belief that a behavior will have positive outcomes.
- B. The feelings of fear or anxiety that prevent individuals from taking action.
- C. External factors that prompt individuals to act, like health warnings.

D. The perceived obstacles to adopting a recommended health behavior.

Answer: D.

7. According to the Theory of Reasoned Action, which factor influences an individual's subjective norms?

- A. Internal beliefs about a behavior.
- B. The influence of significant others or peers.
- C. Barriers to performing a behavior.
- D. The individual's awareness of health risks.

Answer: B.

8. According to the Theory of Reasoned Action, a person's purpose to engage in a behavior is primarily determined by:

- A. Their perceptions of health risks.
- B. The actions of others.
- C. Their attitudes toward the behavior and subjective norms.
- D. The severity of the health threat.

Answer: C.

9. According to The Health Belief Model, people are more likely to engage in health-related activities if:

- A. They believe they are at high risk for a health problem.
- B. They are not influenced by family and friends.
- C. They are unaware of the benefits of health behaviors.
- D. They have low levels of self- efficacy.

Answer: A.

10. In the Health Belief Model, which component refers to the individual's confidence in their ability to take action to prevent or manage a health problem?

- A. Perceived severity
- B. Self-efficacy

- C. Cues to action
- D. Perceived Susceptibility

Answer: B.

11. Which factor in the Theory of Planned Behavior refers to the influence of social pressure or the perceived expectations of others?

- A. Subjective norms
- B. Perceived control
- C. Self-esteem
- D. Behavioral intention

Answer: A.

12. Which of the following models propose that behavior, such as physical activity and exercise, is predicted by intention to engage in such behavior, which in turn is predicted by the individual's attitude towards exercise and the perceived social norm?

- A. Health Belief Model
- B. Theory of Reasoned Action
- C. Psychodynamic Model
- D. None of these

Answer: B.

13. According to social learning theorists what personality trait confers protection against peer group pressure to drink excessively?

- A. Introversion
- B. Pessimism
- C. Self-efficacy
- D. Locus of control

Answer: C.

14. What factors have a significant impact on behaviors that are NOT covered in The Theory of Planned Behavior?

- A. Religion
- B. Culture
- C. Moral Norms
- D. All of the above

Answer: D.

15. According to planned behavior theory, a person's health-related intentions are influenced by interactions between:
- A. Attitudes and subjective norms
 - B. Behavioral beliefs and outcome evaluations
 - C. Motivation to comply and belief in medical science
 - D. Control beliefs and perceived power

Answer: A.

16. Which hormone is released during exercise and is known as the "feel good" hormone?
- A. Cortisol
 - B. Adrenaline
 - C. Endorphins
 - D. Insulin

Answer: C.

17. Which theory emphasizes the role of social norms and perceived social pressure in shaping behavior?
- A. Health Belief Model
 - B. Theory of Planned Behavior
 - C. Social Cognitive Theory
 - D. Transtheoretical Model

Answer: B.

18. Consider the following statements:

- a. A balanced diet should include all nutrients along with roughages and water.

- b. Getting balanced diet is not so expensive.
- c. Balanced diet requirement is different for different age group
- d. Balanced diet depends upon the amount of physical work.

Which among the following statements are correct?

- A. a, b and d
- B. a, c
- C. b, c, d
- D. a, b, c, d

Answer: D.

19. Excessive alcohol consumption poses health risks because:

- A. It causes tissue damage.
- B. It leads to behavior that can be risky.
- C. It interferes with coordination and thinking.
- D. All of the above.

Answer: D.

20. Health Belief Model and Theory of Reasoned Action have limitations, including:

- A. Tend to ignore the importance of personal control that people have over health-seeking behaviors.
- B. Have generated no research to support their assumptions.
- C. Do not adequately assess such barriers racism and poverty.
- D. They are not supported by common sense.

Answer: C.

21. Which theory specifically includes the factor of ethnic background?

- A. Health Belief Model
- B. Theory of Planned Behavior
- C. Precaution Adoption Process Model
- D. Theory of Reasoned Action

Answer: A.

22. Health compromising behaviors can lead to:

- A. Better mental health
- B. Reduced risk of chronic diseases
- C. Increased lifespan
- D. Increased risk of chronic diseases

Answer: D.

23. Health compromising behaviors are often linked to:

- A. Lifestyle choices that improve physical well-being
- B. Short-term improvements in mental health
- C. Increased risk of long-term health issues
- D. Decreased life expectancy

Answer: C.

24. Health behavior theories aim understand:

- A. The impact of exercise on mental health
- B. How behaviors are learned and maintained
- C. How genetics influence health decisions
- D. The role of healthcare professionals in preventing disease

Answer: B.

25. Which concept in the Health Belief Model describes the perceived positive outcomes of taking health-related actions?

- A. Self-efficacy
- B. Perceived barriers
- C. Cues to action
- D. Perceived benefits

Answer: D.

26. According to the Theory of Planned Behavior, behavior is influenced by the following factors EXCEPT:

- A. Attitudes towards the behavior
- B. Perceived behavior control
- C. The intentions to perform the behavior
- D. The presence of family members

Answer: D.

27. Which of the following is a limitation of the Theory of Planned Behavior?

- A. It does not account for individuals' perceptions of their ability to engage in behavior
- B. It places too much emphasis on environmental factors
- C. It assumes behavior is always based on rational decision making
- D. It emphasizes only social norms, disregarding personal motivation

Answer: C.

28. Assertion (A): Health-compromising behaviors are typically behaviors that increase the risk of disease or injury.

Reason (R): These behaviors are often habitual and difficult to change, even when individuals are aware of their harmful consequences.

- A. Both (A) and (R) are correct, and (R) is correct explanation of (A).
- B. Both (A) and (R) are correct, but (R) is not the correct explanation of (A).
- C. (A) is correct, but (R) is incorrect.
- D. (A) is incorrect, but (R) is correct.

Answer: A.

29. According to the notion of planned behavior, which of the following factors does NOT determine intention?

- A. Attitudes toward the behavior
- B. Perceived behavior control
- C. Subjective norms
- D. Emotional Regulation

Answer: D.

30. Which of the following external factors can influence behavior change?

- A. Attitudes toward the behavior
- B. Social norms and pressure
- C. Self-efficacy
- D. Emotional intelligence

Answer: B.

31. Which of the following is a fundamental aspect of the Theory of Reasoned Action?

- A. Perceived stress
- B. Willingness to exercise
- C. Attitude toward the behavior
- D. Health benefits

Answer: C.

32. What does “self-efficacy” mean in health behavior theory?

- A. A person’s belief in their ability to perform a specific behavior
- B. The financial cost of behavior change
- C. The emotional outcomes of the behavior
- D. The presence of external rewards for engaging in the behavior

Answer: A.

33. Which of the following demonstrates self-efficacy in health-behavior?

- A. Believing that you can successfully quit smoking
- B. Receiving encouragement from friends to exercise
- C. Knowing the benefits of eating healthy
- D. Understanding the risks of smoking

Answer: A.

34. Regarding obesity, which of the following statements are true?

- A. Obesity is not a chronic disease as it is the result of the individual's lifestyle choices and ill-discipline.
- B. Socio-economic factors and food insecurity decrease one's likelihood of consuming highly processed, energy-dense foods.
- C. As a chronic disease, obesity has its distinct disruption to physiology, associated with multiple etiologies, aggravating factors, and complications.
- D. As with management of other chronic diseases, there is no need to assess the patient's expectations and social setting before initiating therapy.

Answer: C.

35. Which of the following is NOT a possible cause or driver of obesity?

- A. Poor dietary habits
- B. Regular physical activity
- C. Lack of sleep
- D. Genetic predisposition

Answer: B.

36. Which of the following is NOT a factor in weight management?

- A. Genetics
- B. Exercise habits
- C. Sleep patterns
- D. Blood type

Answer: D.

37. Which of the following factors are essential for a healthy person?

- A. Vaccination
- B. Balanced diet
- C. Personal hygiene
- D. All of the above

Answer: D.

38. Smoking causes an increased requirement for:

- A. Vitamin E
- B. Vitamin C
- C. Folate
- D. Iron

Answer: B.

39. What are the health benefits of regular exercise?

- A. Improved cardiovascular health and reduced risk of heart disease
- B. Increased risk of weight gain and muscle loss
- C. Enhanced sleep quality and better mood regulation
- D. Reduced flexibility and decreased bone density

Answer: A.

40. Rest, sleep, physical exercise, and cleanliness are a part of:

- A. Mental health hygiene
- B. Personal hygiene
- C. Physical well-being
- D. None of the above

Answer: B.

41. Which of the following diseases have been associated with sedentary lifestyle?

- A. Colon cancer
- B. Stroke
- C. Cardiovascular disease
- D. All of the above

Answer: D.

42. Which of the following is a primary cause of obesity and overweight?

- A. Energy imbalance
- B. Energy balance

- C. Energy imbalance between calories consumed and calories expended
- D. None of the above

Answer: C.

43. What additional factors raise the chance of addiction?

- A. Age and early exposure
- B. Peer pressure and social isolation
- C. Stress and Trauma
- D. All of the above

Answer: D.

44. Obesity arises from:

- A. More consumption of calorie
- B. More consumption of protein
- C. More consumption of vitamins
- D. None

Answer: A.

45. Which of the following functions can be impaired by Sleep deprivation?

- A. Only physical health
- B. Only emotional health
- C. Only cognitive abilities
- D. Physical, mental, and emotional functioning

Answer: D.

46. Which of the following is NOT an element of Health Belief Model?

- A. Perceived Susceptibility
- B. Perceived Effects
- C. Perceived Severity
- D. Conditioning

Answer: D.

47. Which of the following are 4 major concepts of Theory of Reasoned Action?

- A. Attitude, Intelligence, Subjective Norms, Belief
- B. Belief, Attitude, Subjective Norms, Intention
- C. Subjective Norms, Thinking, Intelligence, Attitude
- D. Learning, Subjective Norms, Attitude, Belief

Answer: B.

48. Which of the following is CORRECT?

- A. Health Belief Model- 1950s
- B. Theory of Reasoned Action- 1920s
- C. Theory of Planned Action- 1990s
- D. None of the above

Answer: A.

49. Which of the following is INCORRECT?

- A. Reasoned Theory of Action- Fishbein & Ajzen
- B. Theory of Planned Behavior- Ajzen
- C. Health Belief Model- Skinner
- D. All

Answer: C.

50. Which of the following is INCORRECT regarding health theories?

- A. Health Belief Model was developed by Rosenstock, Hochbaum, & Kirscht in 1950s
- B. Theory of Planned Behavior was developed by Rotter in 1985
- C. Theory of Reasoned Action was developed by Fishbein & Ajzen in 1975
- D. None of the Above

Answer: B.



Unit-VII	Stress and Health: Nature and Types of Stress, Stress Appraisal; Coping with Stress; Psychological Moderators of Stress (Hardiness, Social Support and Optimism)
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7.1 Stress: The term “Stress” is derived from the Latin word “stringere,” which means “to draw tight,” “to bind tightly,” or “to tighten.” This reflects the concept of tension or pressure, which accurately describes how stress feels—a state of mental or physical tightness when facing demands or challenges. Hans Selye (1974) defined Stress as “a response of the body to certain demand that is made on it”. Schafer (1998) described Stress as “an arousal of mind and body in response to demands made on them”. According to Baum and his associates (1981), “Stress is a process in which environmental forces, called stressors, threatens an organism’s existence and well-being”.

Stress can be of different types. Some of them are as follows:

1. **Eustress:** The good stress is known as Eustress. It is defined as “good stress which is caused by a positive response to a desired stressor, such as a wedding or a new job” (Truxillo et. al. 2016).
2. **Neustress:** When stress is neither helpful nor harmful, it is termed as Neustress (Schafer, 1998).
3. **Distress:** It arises when an individual’s arousal level is extremely high or low (Schafer, 1998). There are two kinds of distress: acute and chronic. **Acute stress** is defined as an intense stress that lasts for a short length of time, whereas, **chronic stress** may be less acute yet lasts longer.
4. **Hyperstress:** Excessive stress is known as Hyperstress.
5. **Hypostress:** Insufficient stress is called Hypostress.

7.2 Stress Appraisal: Early models of stress, such as Cannon and Selye, viewed it as an instinctive response to external stressors. This approach is also reflected in life events theory, which employs expert ratings rather than individual ones. Recent models emphasize active interaction between individuals and environmental stresses, as opposed to passive responses.

This approach addresses a psychological state. Lazarus' transactional models of stress and appraisal theory embody this approach.

Lazarus (1975; Lazarus & Cohen, 1973) added a psychological layer to our understanding of the stress response. He believed that stress is a transaction between an individual and their external world, and a stress reaction is triggered when an event is seen as unpleasant. Lazarus identified two types of appraisal:

1. Primary Appraisal: Primary appraisal is the process where an individual evaluates a situation or event to determine its significance. The event may be assessed as irrelevant, benign-positive or stressful (harmful, threatening, or challenging).

Example: If a student is told there's a surprise test, they might evaluate it as:

- Irrelevant if they're not in that class,
- Benign-positive if they enjoy tests,
- Stressful if they feel unprepared.

2. Secondary Appraisal: Secondary appraisal occurs when the individual evaluates their resources and options for coping with the situation. It involves weighing the advantages and disadvantages of different coping strategies.

Example: Continuing from the test scenario—if the student sees the test as stressful, they might consider:

- Studying immediately (effective but tiring),
- Asking for help (reliable but time-consuming),
- Ignoring the test (risky but easier in the moment).

Thus, Primary appraisal evaluates the external world, whereas secondary appraisal evaluates the individual.

7.3 Coping with Stress: Coping refers to an individual's strategies for managing stress. According to Roncaglia (2014), coping is an individual's response to a psychological stressor, typically associated with a negative event. Coping refers to conscious efforts to reduce negative psychological, physical, and social impacts of a situation.

Folkman and Lazarus identified two distinct types of coping methods. They include both problem-focused and emotion-focused coping. Folkman and Lazarus (1980) suggest that problem-focused coping involves taking positive steps to improve the circumstance. Emotion-focused coping aims to reduce or manage the emotional suffering associated with situations. These are discussed below:

1. Problem-focused Coping: Problem-focused coping involves addressing the source of stress and finding solutions. People tend to adopt problem-focused coping when they believe they can make a positive difference. Folkman and Lazarus (1980) defined problem-focused coping as active coping, social support for instrumental reason, restraining coping, acceptance, planning, and suppression of competing activities, and positive interpretations and growth.

There are seven categories under problem-focused coping, which are listed below.

- **Active coping:** Active coping involves actively addressing stressors. This entails taking additional or direct action to resolve an issue and focusing on the work at hand. Adolescents' active coping strategy involves quitting a class to alleviate stress.
- **Social support for instrumental reason:** Social support for instrumental reasons involves obtaining advice, aid, or information. This is problem-focused coping. In this step, the individual consults with their advisor on how to address concerns. When faced with a crisis, individuals who rely heavily on social resources tend to adopt the approaches listed above.
- **Restraint coping:** It involves waiting for the right opportunity and refraining from acting too soon. This method encourages individuals to wait until the perfect time to engage in activities, avoiding impulsive actions. This is an active coping method where individuals focus on effectively dealing with stressors.
- **Acceptance:** Acceptance is a coping reaction that involves confronting an unpleasant circumstance and attempting to deal with it. This stage involves accepting reality and adjusting to current circumstances.
- **Planning:** Active problem-solving requires devising effective tactics and determining the optimal course of action. Individuals with strong planning skills employ these tactics to solve difficulties.

- **Suppression of competing activities:** To deal with stress, it's important to set aside other work, minimize distractions, and let go of other things if required. To focus on a specific challenge or threat, individuals may block competing activity or information channels.
- **Positive reinterpretation and growth:** This entails an optimistic outlook and learning from events.

2. Emotion-focused coping: Folkman and Lazarus (1980) found that people tend to employ emotion-focused coping when they see stress as something they must endure. Emotional disengagement can occur through social support, denial or avoidance, venting, religious, mental, behavioral, or alcoholism. Emotion-focused coping is classified into seven categories, which are addressed below.

- **Social supports for emotional reasons:** Seeking social assistance for an emotional reason involves receiving moral support, sympathy, or understanding. This involves talking about the issue with others. This is an example of emotion-focused coping.
- **Denial or avoidance:** Denial refers to the refusal to accept or act as if a stressor does not exist. This entails avoiding thinking about the situation.
- **Venting of emotions:** Individuals tend to focus on and vent their distress or unhappy feelings. This is an emotion-focused coping strategy.
- **Turning to religion:** When experiencing stress, individuals may turn to religion for emotional support, positive reinterpretation, or active coping strategies. Individuals seek religious support during stressful times in their lives.
- **Mental disengagement:** Mental detachment is a problematic form of emotion-focused coping. Alternative activities, such as daydreaming, sleeping, or watching TV, can help divert attention away from a problem, as opposed to suppressing competing activities.
- **Behavioral disengagement:** In many cases, dysfunctional coping involves behavioral disengagement. This falls under emotion-focused coping. Behavioral disengagement involves reducing efforts to deal with stressors and abandoning goals when they interfere.

- **Alcohol disengagement:** Alcohol can be used to distract from a stressor, reducing the effort required to cope. Alcohol and drug users are more likely to utilize this method.

7.4 Moderators of Stress: Moderators play a crucial role in determining how stress affects reactions. These moderators can cause individuals to experience increased or decreased stress.

- **Hardiness:** According to Schafer (2004), hardiness is characterized by a willingness to take on challenges and a strong sense of control. Individuals with high hardiness are positive and view challenging situations as opportunities for growth. They work hard because they enjoy it. Individuals with high hardiness are better equipped to handle stress compared to those with lower hardiness.
- **Locus of Control:** Rotter established the notion of locus of control in 1954. It refers to an individual's belief system about whether the consequence of their activities can be attributed to their own efforts or external factors. Individuals can have either internal or external control orientations. Research suggests a link between locus of control (LOC) and stress, with those who have an internal locus of control reporting higher physical and psychological well-being (Ghosh, 2015). Individuals with an internal locus of control view stress as a challenge rather than a threat, allowing them to cope more effectively.
- **Social Support:** This is an important mediator of stress. Having appropriate social support can help individuals cope with stress more effectively. Social support can take various forms, including material presents, financial assistance, and advice on stress management measures. Social support may also be emotional in character. Social support decreases stress reactivity and reduces the detrimental impacts of stress.
- **Optimism and Pessimism:** Optimistic people are found to cope well with stress and may not feel negative effects. Optimism can lead to resilience, enabling individuals to recover from stressful conditions. On the other hand, Pessimistic individuals are more vulnerable to stress and may develop psychophysiological illnesses.

Multiple Choice Questions

1. What are the common physical symptoms of stress?

- A. Increased energy levels
- B. Headaches and Migraines
- C. Improved Digestion
- D. Clear and focused thinking

Answer: B.

2. The psychologist who proposed the appraisal theory of stress is:

- A. Carl Jung
- B. Sigmund Freud
- C. Richard Lazarus
- D. Edward Thorndike

Answer: C.

3. Compared to pessimists, optimists tend to:

- A. Experience more distress
- B. Be less able to cope with stress
- C. Be confident about solving problems
- D. Doubt that they can solve problems

Answer: C.

4. In the context of stress research, GAS stands for:

- A. Generalized Anxiety Symptoms
- B. General Adaptation Syndrome
- C. Gustatory Alimentary System
- D. Generic Adrenal Sensitivity

Answer: B.

5. At which stage of GAS, does a person's risk of getting illness increase?

- A. Alarm

- B. Resistance
- C. Terminal
- D. Exhaustion

Answer: D.

6. Choose the correct sequence of events following prolonged stress:

- a. Corticotropin releasing factor
- b. Adreno Corticotrophic hormone
- c. Cortisol
- d. Immune suppression

Choose the correct option:

- A. a-b- c- d
- B. d- c- a- b
- C. a- c- d- b
- D. b- c- a- d

Answer: A.

7. Which of the following coping strategies requires adjusting one's mindset towards a stressor?

- A. Problem- focused coping
- B. Emotion- focused coping
- C. Cognitive reappraisal
- D. Avoidance coping

Answer: C.

8. Which of the following describes 'hardiness' as a psychological moderator of stress?

- A. A tendency to avoid all stressful situations.
- B. A positive emotional outlook that protects against stress.
- C. The ability to view challenges as opportunities for growth.
- D. An increased tendency to develop chronic stress.

Answer: C.

9. Which type of social support offers advice, information, or guidance to help individuals cope with stress?

- A. Emotional support
- B. Informational support
- C. Instrumental support
- D. Esteem support

Answer: B.

10. Optimism is a psychological moderator of stress. Which of the following represents an optimistic person's reaction to stress?

- A. They tend to believe that stress is an unavoidable part of life and cannot be managed.
- B. They are likely to view stressors as temporary and controllable.
- C. They often feel helpless and powerless in the face of stress.
- D. They assume that negative events are permanent and global.

Answer: B.

11. Which of the following is considered a physiological response to stress?

- A. Increased heart rate
- B. Reappraisal of the stressor
- C. Seeking social support
- D. Problem solving

Answer: A.

12. Hardiness involves elements of commitment, challenge, and _____.

- A. Confidence
- B. Consequence
- C. Control
- D. Compassion

Answer: C.

13. The idea that stress can sometimes have a positive effect is captured by Selye's concept of _____.

- A. Homeostasis
- B. Eustress
- C. Coping
- D. Distress

Answer: B.

14. Coping by making efforts to control one's emotions is called _____.

- A. Avoidance oriented strategy
- B. Goal oriented strategy
- C. Emotion oriented strategy
- D. Task oriented strategy

Answer: C.

15. Which of the following characterize the hardy person?

- a. He is high on sense of commitment.
- b. He is more likely to act to 'cover-up'.
- c. He doesn't avoid problems, yet he is often angry.
- d. He is always under the control of his life and events.

Choose the correct answer from the options given below:

- A. A and C only.
- B. A and D only.
- C. A and B only.
- D. A, B and D only.

Answer: B.

16. How is optimism related to stress?

- A. Optimist experience more stress than pessimists.
- B. Pessimists experience more stress than optimists.

- C. Optimists and pessimists experience the same amount of stress, but pessimists report less conflict as a result.
- D. None of the above.

Answer: B.

17. You have just found out you are going to be called on in class to give a twenty- minute lecture on material you hardly understand. You are in which stage of Selye's general adaptation syndrome?
- A. Panic
 - B. Alarm resistance
 - C. Resistance
 - D. Exhaustion

Answer: B.

18. A stress reaction does not involve:

- A. Constriction of pupils
- B. Increased blood sugar
- C. Increase blood pressure
- D. Increased muscle tone.

Answer: A.

19. Stress is experienced when:

- A. There is a disruption in the body's internal balance
- B. A person encounters a positive life event
- C. The environment remains completely stable and predictable
- D. There is complete absence of challenges in life

Answer: A.

20. How does exercise help in managing stress?

- A. It increases stress levels
- B. It promotes relaxation and release endorphins

- C. It worsens physical symptoms of stress
- D. It has no impact on stress levels

Answer: B.

21. What is the term for a stress management technique that involves writing down thoughts and emotions to gain clarity and perspective?

- A. Meditation
- B. Deep Breathing
- C. Journaling
- D. Exercise

Answer: C.

22. Read each of the following two statements- Assertion (A) and Reason (R); and indicate your answer using codes given below:

Assertion (A): In general, members of joint family tend to be low on stress than those of nuclear family.

Reason (R): Social support increases the stress responses.

- A. Both (A) and (R) are true and (R) is the correct explanation of (A).
- B. Both (A) and (R) are true, but (R) is not the correct explanation of (A).
- C. (A) is true, but (R) is false.
- D. (A) is false, but (R) is true.

Answer: C.

23. How do chronic stress and acute stress differ?

- A. Chronic stress is short-term, while acute stress is long-term.
- B. Chronic stress is a response to a specific event, while acute stress is ongoing.
- C. Chronic stress lasts for an extended period, while acute stress is temporary.
- D. Chronic stress is beneficial, while acute stress is harmful.

Answer: C.

24. How can social support help in managing stress?
- A. By increasing feelings of isolation and loneliness.
 - B. By providing a sense of belonging and understanding.
 - C. By exacerbating stress levels.
 - D. By creating more stress through conflicts and disagreements.

Answer: B.

25. Which of the following is an example of an unhealthy coping mechanism for stress?
- A. Engaging in physical exercise.
 - B. Seeking social support.
 - C. Smoking or excessive alcohol consumption.
 - D. Practicing deep breathing techniques.

Answer: C.

26. What is the term for a coping strategy where you seek advice, encouragement, or aid from others?
- A. Problem-solving
 - B. Social support
 - C. Distraction
 - D. Avoidance

Answer: B.

27. Which of the following statements is true about stress management?
- A. Stress management is learning about the connection between mind and body.
 - B. Stress management helps us control our health in a positive sense.
 - C. Stress management teaches us to avoid all kinds of stress.
 - D. Only 1 and 2 is correct.

Answer: D.

28. Which of the following statements is true?
- A. In small quantities, stress is good.

- B. Too much stress is harmful.
- C. All stress is bad.
- D. Only 1 and 2 is correct.

Answer: D.

29. Who was the first to describe the “fight-and-flight” response?

- A. Walter B. Cannon
- B. Sigmund Freud
- C. Atkinson Potter
- D. Mrunal Sengupta

Answer: A.

30. Which gland in your body starts the stress response?

- A. Lymph gland
- B. Pituitary gland
- C. Both A and B
- D. None of the above

Answer: B.

31. Statement I: Stress is experienced in relatively ordinary life conditions.

Statement II: Any life event that requires people to change, adapt or adjust can result in stress.

In light of the above statements, choose the correct answer from the options given below:

- A. Statement I is false but Statement II is true.
- B. Both Statement I and Statement II are false.
- C. Both Statement I and Statement II are true.
- D. Statement I is true but Statement II is false.

Answer: C.

32. Which of the following is true for psychological stress?

- A. Stress is a temporary phenomenon.
- B. Stress is a subjective perception.
- C. Personality and stress are not related.
- D. A certain degree of stress is needed for optimal performance.

Choose the correct answer from the options given below:

- A. b, c and d only.
- B. a, b and d only.
- C. a, c and d only.
- D. a, b and c only.

Answer: B.

33. How does keeping a healthy lifestyle contribute to stress management?

- A. By increasing stress levels
- B. By promoting relaxation and overall well-being
- C. By worsening physical symptoms of stress
- D. By interfering with daily routines and responsibilities

Answer: B.

34. Which type of coping strategy focuses on changing the stressor itself?

- A. Avoidance focused coping
- B. Social support
- C. Problem focused coping
- D. Adaptive coping

Answer: C.

35. The release of _____ decreases the effectiveness of the immune system in responding to prolonged stress.

- A. Corticosteroids
- B. Endorphins
- C. Dopamine

D. Serotonin

Answer: A.

36. What does the hypothalamus trigger during periods of prolonged stress?

- A. Endorphins
- B. Pituitary gland
- C. Sympathetic Nervous System
- D. Adrenal Gland

Answer: B.

37. At the time of acute stress, the adrenal medulla releases _____ that increases heart rate and respiration.

- A. Endorphins
- B. Dopamine
- C. Corticosteroids
- D. Catecholamine

Answer: D.

38. How is hardiness related to stress management?

- A. It promotes the avoidance of stressors.
- B. It encourages a positive interpretation of stressful events.
- C. It allows individuals to escape from stress.
- D. It increases physical endurance in stressful situations.

Answer: B.

39. Which of the following is NOT a common consequence of chronic stress?

- A. Heart disease
- B. Sleep disturbances
- C. Improved immune system
- D. Memory problems

Answer: C.

40. Which part of brain is mainly responsible for stress responses?

- A. Hippocampus
- B. Amygdala
- C. Cerebellum
- D. Occipital lobe

Answer: B.

41. Which coping strategy is more likely to result in long-term outcomes?

- A. Denial
- B. Avoidance
- C. Problem focused coping
- D. Emotional suppression

Answer: C.

42. Which of the following factors is linked to higher stress levels?

- A. Chronic illness
- B. Practicing mindfulness
- C. Good sleep
- D. Strong social connections

Answer: A.

43. Shalini is facing some problems in her house, but she is fully trying to manage her emotions in school and with her society friends. Identify the coping strategy.

- A. Task oriented strategy
- B. Avoidance oriented strategy
- C. Goal oriented strategy
- D. Emotion oriented strategy

Answer: D.

44. The hormone that causes stress-related physiological responses, like increased heart rate is:

- A. Insulin
- B. Cortisol
- C. Epinephrine
- D. Thyroxin

Answer: C.

45. Which of the following statements is false?

- A. Stress is the imbalance between the demands of everyday life and the ability to cope.
- B. Too much stress can affect a person's ability to function effectively.
- C. Stress is caused by external pressures, such as work.
- D. Stress can involve any interference that disturbs a person's emotional and physical well-being.

Answer: C.

46. When stress levels are elated, the amount of natural killer cells in the body tends to

- A. Increase
- B. Decrease
- C. Remain constant
- D. None of the above

Answer: B.

47. Which of the following is a problem-focused coping strategy?

- A. Developing a plan to manage time more effectively
- B. Seeking emotional support from friends
- C. Practicing meditation to calm the mind
- D. Reinterpreting a negative event in a more positive light

Answer: A.

48. The coping strategies given by Endler and Parker is:

- A. Task-oriented and Emotion-oriented
- B. Avoidance-oriented, Task-oriented, and Emotion-oriented

- C. Problem-focused and Emotion-focused
- D. None of the above

Answer: B.

49. Which of the following is NOT a moderator of stress?

- A. Hardiness
- B. Optimism
- C. Social support
- D. Thinking

Answer: D.

50. Who among the following introduced primary and secondary appraisal of stress?

- A. Ivan Pavlov
- B. Carl Rogers
- C. Alfred Adler
- D. Richard Lazarus

Answer: D.



Unit-VIII	Chronic Illnesses: Coronary Heart Disease (CHD) and Diabetes: Major Symptoms, Diagnosis and Psychological Correlate
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A **chronic ailment or illness** is one that lasts for an extended or long duration. Chronic illnesses comprise a wide range of important diseases and ailments, including heart disease, cancer, diabetes, and arthritis. Disease management is critical when coping with chronic illness since it ensures medication adherence and quality of life.

8.1 Coronary Heart Disease (CHD): The cardiovascular system includes the heart and blood arteries. The heart pumps blood throughout the body, providing oxygen and eliminating waste. Coronary heart disease, also known as Coronary Artery Disease (CAD), Atherosclerotic Heart Disease, or Ischemic Heart Disease (IHD), arises when atherosclerosis affects the coronary arteries that feed blood to the heart. Atherosclerosis is the accumulation of lipids and cholesterol in arterial walls (plaques), which can impede blood flow. The restriction can lead to angina pectoris, characterized by chest pain and trouble breathing. Blocked coronary arteries can cause a myocardial infarction (heart attack). A stroke happens when the brain's oxygen flow is disturbed. Strokes can affect any portion of the brain and range in intensity from minor to fatal. High blood pressure, or hypertension, is linked to an increased risk of heart attack and stroke.

CHD risk factors include educational status, social mobility, social class, age, gender, family history, and race, as well as smoking, obesity, sedentary lifestyle, perceived work stress, and type A behavior.

The Primary Symptoms of Coronary Heart Disease

- Angina (Chest pain)
- Shortness of breath
- Pain in neck, shoulders, jaw, arms
- Feeling faint
- Nausea or feeling sick

Following tests can help in the diagnosis of CHD:

- **ECG:** An electrocardiogram (ECG) measures the strength and timing of electrical signals as they go through the heart, determining whether the rhythm is regular or irregular.
- **Coronary calcium scan:** A coronary calcium scan detects calcium in the walls of your coronary arteries. This test is a form of cardiac computed tomography (CT). Coronary calcium scans can also assist determining the risk of coronary heart disease in persons who do not smoke or have no symptoms.
- **MRI:** Cardiac magnetic resonance imaging (MRI) detects tissue damage or abnormal blood flow in the heart or coronary arteries. It can assist your doctor in diagnosing micro vascular disease, often known as no obstructive or obstructive coronary artery disease. A cardiac MRI can also assist explain the results of other imaging investigations.
- **PET Scan:** A cardiac PET scan measures blood flow through the coronary blood arteries and into the heart muscle. This sort of nuclear imaging test is useful in diagnosing coronary micro vascular disease.
- **Coronary CT Angiography:** Coronary CT angiography is an imaging examination that examines blood flow through the coronary arteries with a specialized X-ray scanner that takes numerous photographs of the heart.
- **Invasive Coronary Angiography:** Invasive coronary angiography employs contrast dye to detect coronary artery blockages. During cardiac catheterization, your provider will inject the dye into your coronary arteries. This treatment is frequently utilized when other testing indicate that you are likely to develop coronary artery disease.

Coronary Heart Disease (CHD) not only affects physical but also has a strong psychological correlates:

- **Depression:** It is closely related to increased risk of developing CHD and poor lifestyle.
- **Anxiety:** Chronic anxiety can raise heart rate and blood pressure, leading to arterial damage over time. People with CHD frequently experience anxiety, particularly over the possibility of another heart attack or death.
- **Stress:** Acute stress can trigger heart attacks in vulnerable individuals. Chronic stress may result in higher levels of blood pressure, blood sugar, and cholesterol.

- **Low social support:** Individuals receiving low social support or feeling isolated has higher CHD risk.
- **Poor coping mechanisms:** Coping mechanisms such as, avoidance, denial and maladaptive strategies are linked to poor disease management and have high risk of developing cardiac problems.
- **Behavioral risk factors:** Behaviors related to sedentary lifestyle, unhealthy eating, smoking and substance abuse are tied to various psychological issues.

8.2 Diabetes Mellitus: Diabetes, often known as diabetes mellitus, is a metabolic condition characterized by excessive blood glucose levels due to insufficient insulin synthesis, poor insulin response, or both.

There are three forms of diabetes. These are as follows:

1. Insulin-Dependent Diabetes Mellitus (Type-1): The body does not manufacture insulin. This type of diabetes may be referred to as insulin-dependent, juvenile, or early-onset. Type 1 diabetes typically develops before age 40, generally during early adulthood or adolescence. Patients with type 1 diabetes will require insulin shots for their entire life. Regular blood tests and a specific diet are necessary to maintain healthy blood glucose levels.

2. Non-Insulin Dependent Diabetes Mellitus (Type-2): Insulin resistance occurs when the body fails to produce enough insulin for normal function or when cells do not respond to insulin. This kind accounts for approximately 90% of all diabetes cases globally. Losing weight, eating a balanced diet, exercising regularly, and monitoring blood glucose levels can help manage symptoms of type 2 diabetes.

3. Gestational Diabetes: This kind primarily affects females during pregnancy. Women with high blood glucose levels may not create enough insulin to deliver it to their cells, leading to increased glucose levels over time. Gestational diabetes is diagnosed when pregnant. The majority of Patients with gestational diabetes can manage their condition with exercise and dietary changes. Diabetics must follow a rigorous diet, exercise routine, and take insulin supplements to avoid complications. The condition can cause severe cardiovascular, neurological, and renal consequences.

Some of the major symptoms of Type 1 and Type 2 diabetes are:

- Feeling thirsty than usual
- Urinating frequently
- Losing weight without trying
- The presence of ketones in the urine. When there is insufficient insulin, the breakdown of muscle and fat produces ketones.
- Feeling exhausted and weak
- Feeling irritable or experiencing other mood swings
- Having blurry eyesight
- Having sores that are sluggish to heal
- Developing a variety of infections, including gum, skin, and vaginal infections

In India, approximately 77 million people over the age of 18 have type 2 diabetes, with roughly 25 million being pre-diabetics (at risk of acquiring diabetes in the near future). More than half of people are unaware of their diabetic status, which can lead to health concerns if not discovered and treated promptly.

Some of the psychological correlates of diabetes include:

- **Depression:** Individuals suffering from diabetes have a significant risk of developing depression.
- **Anxiety:** Long-term complications of disease may cause significant amount of anxiety among individuals.
- **Diabetes Distress:** It refers to the emotional burden and stress that may arise from the daily demands of managing illness.
- **Self-efficacy:** It is a person's belief in their ability to manage their disease effectively.
- **Body image issues:** Overweight or obesity, which is a risk factor for type 2 diabetes, can also cause negative body image views and raise the risk of depression.
- **Social support:** Social support received from family, friends, and health care providers may help diabetics feel more comfortable or empowered to manage their condition.

- **Coping mechanisms:** Individuals suffering from diabetes use several coping mechanisms in order to deal with the stress of the illness. It may include problem-focused coping, emotion-focused coping, and avoidance coping.

Multiple Choice Questions

1. Chronic illnesses:

- A. occur when the four basic body fluids, called humors, are imbalanced.
- B. are most commonly treated by bloodletting, enemas, and baths.
- C. occur over a short period of time.
- D. last a long time and are usually irreversible.

Answer: D.

2. The role of a health psychologist in managing chronic illness includes:

- A. Administering medication to control symptoms
- B. Helping patients develop healthy coping strategies and behaviors
- C. Providing surgical treatment for disease management
- D. Focusing solely on the biological aspects of illness

Answer: B.

3. Although, the terms “disease” and “illness” are often used interchangeably, they have somewhat different meanings. Technically, disease refers to _____ while illness refers to _____.

- A. Psychological disorders..... biological disorders
- B. The process of physical damage..... the experience of being sick
- C. The experience of being sick..... The proneness of physical damage
- D. An existing, official diagnosis..... the process of physical damage

Answer: B.

4. Which of the following personalities are at a greater risk for Coronary heart disease?

- A. Type D
- B. Type B
- C. Type C

D. Type A

Answer: D.

5. Which psychological factor is commonly associated with the development and progression of Coronary Heart Disease (CHD)?

- A. Chronic stress
- B. High self- esteem
- C. Optimism
- D. Mindfulness

Answer: A.

6. Which of the following is associated with atherosclerosis?

- A. High cholesterol diet
- B. Increased exercise
- C. Low salt diets
- D. Including fruit and vegetables in every meal

Answer: A.

7. Why atherosclerosis is especially dangerous when found in the coronary arteries?

- A. It can cause a heart attack.
- B. It can restrict blood flow to the heart muscle.
- C. It can lead to coronary artery disease.
- D. All of the above.

Answer: D.

8. Which of the following lifestyle is most effective for managing Coronary Heart Disease (CHD)?

- A. Increasing sodium intake
- B. Regular exercise and a heart- healthy diet
- C. Smoking regularly
- D. Avoiding all forms of stress management

Answer: B.

9. Which type of diabetes is primarily associated with the body's inability to produce insulin?

- A. Type 1 diabetes
- B. Type 2 diabetes
- C. Gestational diabetes
- D. All of the above

Answer: A.

10. Which of the following is a significant psychological correlate of diabetes?

- A. Increased optimism
- B. Elevated levels of anxiety and depression
- C. Enhanced problem- solving skills
- D. Reduced likelihood of emotional distress

Answer: B.

11. Which of the following might be a feature of a rehabilitation programme for coronary heart disease?

- A. Modifying behavior
- B. Improving diet
- C. Avoiding smoky environments
- D. All of the above

Answer: D.

12. The risk factor for Type 1 diabetes include all of the following EXCEPT:

- A. Genetic
- B. Diet
- C. Environmental
- D. Autoimmune

Answer: B.

13. Risk factors for Type 2 diabetes include all of the following EXCEPT:

- A. Obesity
- B. Alcohol

- C. Physical activity
- D. Advanced age

Answer: B.

14. Untreated diabetes may result in all of the following except:

- A. Cardiovascular disease
- B. Blindness
- C. Kidney disease
- D. HIV/AIDS

Answer: D.

15. Type 2 diabetes can lead to long term damage in:

- A. Kidney
- B. Eyes
- C. Nerves
- D. All of the above

Answer: D.

16. Gestational diabetes occurs:

- A. During pregnancy
- B. At birth
- C. After menopause
- D. Not certain

Answer: A.

17. People with Type 2 diabetes are prone to:

- A. Psoriasis
- B. Migraine
- C. Acne (pimples)
- D. Infections

Answer: D.

18. The condition in which the body does not respond to the insulin it makes, this is known as:

- A. Type 1
- B. Type 2
- C. Both A and B
- D. None of the above

Answer: B.

19. _____ is a condition in which the kidneys are unable to conserve water.

- A. Gestational Diabetes
- B. Diabetes mellitus
- C. Diabetic coma
- D. Diabetes insipidus

Answer: D.

20. Type 1 diabetes might cause malfunctioning of some glands or organs. Which gland or organ is it?

- A. Pancreas
- B. Adrenal gland
- C. Kidney
- D. Pituitary gland

Answer: A.

21. Type 1 diabetes is primarily treated with:

- A. Sleep and exercise
- B. Stress management
- C. Diet and exercise
- D. Insulin injection

Answer: D.

22. Which types of people are more likely to experience stress more often?

- A. Type A persons
- B. Type D persons

- C. Type B persons
- D. Type E persons

Answer: A.

23. The component of Type A behavior most strongly associated with coronary heart disease is:

- A. Hostility
- B. Detachment
- C. Aggressiveness
- D. Inability to express emotion

Answer: A.

24. Diabetes is caused by:

- A. Hereditary factors only
- B. Environmental factors
- C. Interaction between hereditary and environment
- D. None of the above

Answer: C.

25. How can CHD, along with most cardiovascular diseases, be prevented?

- A. By addressing alcohol abuse
- B. By addressing tobacco use
- C. By addressing obesity
- D. All of the above

Answer: D.

26. Which test is used to identify and determine the best treatment for CHD symptoms?

- A. Exercise tolerance test
- B. Electrocardiogram
- C. Coronary angiogram
- D. All of these

Answer: D.

27. The major cause of death among adult Type 1 and Type 2 diabetics is:

- A. Cardiovascular disease
- B. Lung cancer
- C. Suicide
- D. Unintentional injuries

Answer: A.

28. Ramesh is a 60 year old male who is obese and physically inactive. He was recently diagnosed with diabetes by his physician, but he is not taking supplemental insulin.

Which type of diabetes does he likely have?

- A. Type 1
- B. Type 2
- C. Gestational
- D. All of the above

Answer: B.

29. Which of the following is NOT a modifiable risk factor for CHD?

- A. High cholesterol
- B. Alcohol
- C. Smoking
- D. Age

Answer: D.

30. Which of the following is a common symptom of uncontrolled diabetes?

- A. Excessive urination
- B. Decreased appetite
- C. Weight gain
- D. Shortness of breath

Answer: A.

31. Which of the following is a potential effect of chronic stress on the heart?

- A. Lower blood pressure
- B. Improved heart function

- C. Increased heart rate and blood pressure
- D. Reduced risk of heart disease

Answer: C.

32. Which of the following is the first step in the prevention of Type 2 diabetes in at-risk individuals?

- A. Prescribing insulin therapy
- B. Encouraging weight loss and increased physical activity
- C. Starting antihypertensive medications
- D. Screening for heart disease

Answer: B.

33. Which of the following is a modifiable factor for both Coronary heart disease and Type 2 diabetes?

- A. Socio-economic status
- B. Age
- C. Gender
- D. Physical activity level

Answer: D.

34. Which dietary element is most associated with higher risk of coronary heart disease?

- A. Saturated fat
- B. High fiber foods
- C. Omega-3 fatty acids
- D. Antioxidants

Answer: A.

35. Common side effect of insulin therapy involves:

- A. Weight loss
- B. Heart palpitations
- C. Hypoglycemia
- D. Increased appetite

Answer: C.

36. How does prolonged stress impact diabetics' blood sugar level?

- A. Decreases blood sugar
- B. Increases blood sugar
- C. Has no effect
- D. Stabilizes blood sugar

Answer: B.

37. Which of the following is a psychological factor that can worsen diabetes control?

- A. Stress
- B. Pessimism
- C. Regular Exercise
- D. Social support

Answer: A.

38. The risk of gestational diabetes increases when a person has _____

- A. A family history of Type 1 diabetes
- B. Low body mass index (BMI)
- C. Non-smoker
- D. High blood pressure

Answer: D.

39. Women who have already experienced gestational diabetes pregnancy are more likely to develop:

- A. Type 1 diabetes
- B. Type 2 diabetes in future
- C. Low blood sugar in pregnancy
- D. All of the above

Answer: B.

40. What is the role of obesity in the development of gestational diabetes?

- A. It reduces insulin sensitivity.
- B. It causes an overproduction of insulin.
- C. It leads to excessive ketone production.

D. It increases maternal blood pressure.

Answer: A.

41. Which gland is related with diabetes?

- A. Endocrine glands
- B. Pituitary
- C. Pancreas
- D. Hypothalamus

Answer: C.

42. Which of the following is NOT a result of regular exercise?

- A. Increased bone density
- B. Increased cholesterol level
- C. Strong immune system
- D. Increased longevity

Answer: B.

43. According to World Health Organization, which of these is not a main cause of chronic disease and long-term impairments in developing countries?

- A. Poor education
- B. Poor diet
- C. Poor sanitation
- D. Poor housing

Answer: A.

44. Which personality attribute has been found to be the strongest predictor of a deadly heart attack?

- A. Hostility
- B. Internal Locus of Control
- C. Anxiety
- D. Introversion

Answer: A.

45. Which of the following is NOT a psychological correlate of CHD?

- A. Anxiety
- B. Low social support
- C. Poor coping mechanisms
- D. Self-esteem

Answer: D.

46. The symptoms of CHD include all, EXCEPT:

- A. Shortness of breath
- B. Nausea
- C. High self-confidence
- D. Chest pain

Answer: C.

47. The symptoms of Diabetes include all, EXCEPT:

- A. Feeling Elated
- B. Feeling Thirsty
- C. Urinating frequently
- D. Feeling exhausted

Answer: A.

48. _____ measures the strengths and timing of electrical signals as they go through heart.

- A. X-Ray
- B. ECG (Electrocardiogram)
- C. Ultrasound
- D. CT Scan

Answer: B.

49. _____ refers to the emotional burden and stress that may arise from daily demands of managing illness.

- A. Self-esteem
- B. Self-image

- C. Internal locus of control
- D. Diabetes distress

Answer: D.

50. If a person believes that he/she has the ability to manage their illness effectively then, it shows that he/she has:

- A. Good personality
- B. High Intelligence
- C. High self-efficacy
- D. All of the above

Answer: C.



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MODEL PAPER
B.A. VI SEMESTER
EXAMINATION, 2025
Community and Health Psychology (A090601T)

1. According to the Health Belief Model, which factor influences whether a person will engage in a health behavior?
 - A. Perceived behavior control
 - B. Subjective norms
 - C. Perceived severity of a health threat
 - D. Personal motivation
2. Which of the following is INCORRECT regarding health theories?
 - A. Health Belief Model was developed by Rosenstock, Hochbaum, & Kirscht in 1950s
 - B. Theory of Planned Behavior was developed by Rotter in 1985
 - C. Theory of Reasoned Action was developed by Fishbein & Ajzen in 1975
 - D. None of the Above
3. According to the Theory of Reasoned Action, a person's purpose to engage in a behavior is primarily determined by:
 - A. Their perceptions of health risks.
 - B. The actions of others.
 - C. Their attitudes toward the behavior and subjective norms.
 - D. The severity of the health threat.
4. According to social learning theorists what personality trait confers protection against peer group pressure to drink excessively?
 - A. Introversion
 - B. Pessimism
 - C. Self-efficacy
 - D. Locus of control

5. According to planned behavior theory, a person's health-related intentions are influenced by interactions between:
- A. Attitudes and subjective norms
 - B. Behavioral beliefs and outcome evaluations
 - C. Motivation to comply and belief in medical science
 - D. Control beliefs and perceived power
6. Health Belief Model and Theory of Reasoned Action have limitations, including:
- A. Tend to ignore the importance of personal control that people have over health-seeking behaviors.
 - B. Have generated no research to support their assumptions.
 - C. Do not adequately assess such barriers racism and poverty.
 - D. They are not supported by common sense.
7. What are the health benefits of regular exercise?
- A. Improved cardiovascular health and reduced risk of heart disease
 - B. Increased risk of weight gain and muscle loss
 - C. Enhanced sleep quality and better mood regulation
 - D. Reduced flexibility and decreased bone density
8. Which of the following is a primary cause of obesity and overweight?
- A. Energy imbalance
 - B. Energy balance
 - C. Energy imbalance between calories consumed and calories expended
 - D. None of the above
9. Which of the following demonstrates self-efficacy in health-behavior?
- A. Believing that you can successfully quit smoking
 - B. Receiving encouragement from friends to exercise
 - C. Knowing the benefits of eating healthy

D. Understanding the risks of smoking

10. Assertion (A): Health-compromising behaviors are typically behaviors that increase the risk of disease or injury.

Reason (R): These behaviors are often habitual and difficult to change, even when individuals are aware of their harmful consequences.

Choose the correct option from the following:

- A. Both (A) and (R) are correct, and (R) is correct explanation of (A).
- B. Both (A) and (R) are correct, but (R) is not the correct explanation of (A).
- C. (A) is correct, but (R) is incorrect.
- D. (A) is incorrect, but (R) is correct.

11. Smoking causes an increased requirement for:

- A. Vitamin E
- B. Vitamin C
- C. Folate
- D. Iron

12. Which of the following are 4 major concepts of Theory of Reasoned Action?

- A. Attitude, Intelligence, Subjective Norms, Belief
- B. Belief, Attitude, Subjective Norms, Intention
- C. Subjective Norms, Thinking, Intelligence, Attitude
- D. Learning, Subjective Norms, Attitude, Belief

13. Which of the following describes 'hardiness' as a psychological moderator of stress?

- A. A tendency to avoid all stressful situations.
- B. A positive emotional outlook that protects against stress.
- C. The ability to view challenges as opportunities for growth.
- D. An increased tendency to develop chronic stress.

14. Hardiness involves elements of commitment, challenge, and _____.
A. Confidence
B. Consequence
C. Control
D. Compassion
15. At which stage of GAS, does a person's risk of getting illness increase?
A. Alarm
B. Resistance
C. Terminal
D. Exhaustion
16. Which gland in your body starts the stress response?
A. Lymph gland
B. Pituitary gland
C. Both A and B
D. None of the above
17. When stress levels are elated, the amount of natural killer cells in the body tends to
A. Increase
B. Decrease
C. Remain constant
D. None of the above
18. The coping strategies given by Endler and Parker is:
A. Task-oriented and Emotion-oriented
B. Avoidance-oriented, Task-oriented, and Emotion-oriented
C. Problem-focused and Emotion-focused
D. None of the above
19. How do chronic stress and acute stress differ?

- A. Chronic stress is short-term, while acute stress is long-term.
- B. Chronic stress is a response to a specific event, while acute stress is ongoing.
- C. Chronic stress lasts for an extended period, while acute stress is temporary.
- D. Chronic stress is beneficial, while acute stress is harmful.
20. The release of _____ decreases the effectiveness of the immune system in responding to prolonged stress.
- A. Corticosteroids
- B. Endorphins
- C. Dopamine
- D. Serotonin
21. Who was the first to describe the “fight-and-flight” response?
- A. Walter B. Cannon
- B. Sigmund Freud
- C. Atkinson Potter
- D. Mrunal Sengupta
22. Which coping strategy is more likely to result in long-term outcomes?
- A. Denial
- B. Avoidance
- C. Problem focused coping
- D. Emotional suppression
23. Which part of brain is mainly responsible for stress responses?
- A. Hippocampus
- B. Amygdala
- C. Cerebellum
- D. Occipital lobe

24. Read each of the following two statements- Assertion (A) and Reason (R); and indicate your answer using codes given below:

Assertion (A): In general, members of joint family tend to be low on stress than those of nuclear family.

Reason (R): Social support increases the stress responses.

- A. Both (A) and (R) are true and (R) is the correct explanation of (A).
- B. Both (A) and (R) are true, but (R) is not the correct explanation of (A).
- C. (A) is true, but (R) is false.
- D. (A) is false, but (R) is true.

25. Which of the following is NOT a moderator of stress?

- A. Hardiness
- B. Optimism
- C. Social support
- D. Thinking

26. Who among the following introduced primary and secondary appraisal of stress?

- A. Ivan Pavlov
- B. Carl Rogers
- C. Alfred Adler
- D. Richard Lazarus

27. Which of the following personalities are at a greater risk for Coronary heart disease?

- A. Type D
- B. Type B
- C. Type C
- D. Type A

28. Which type of diabetes is primarily associated with the body's inability to produce insulin?

- A. Type 1 diabetes

- B. Type 2 diabetes
- C. Gestational diabetes
- D. All of the above

29. Type 1 diabetes might cause malfunctioning of some glands or organs. Which gland or organ is it?

- A. Pancreas
- B. Adrenal gland
- C. Kidney
- D. Pituitary gland

30. Type 2 diabetes can lead to long term damage in:

- A. Kidney
- B. Eyes
- C. Nerves
- D. All of the above

31. Gestational diabetes occurs:

- A. During pregnancy
- B. At birth
- C. After menopause
- D. Not certain

32. Ramesh is a 60 year old male who is obese and physically inactive. He was recently diagnosed with diabetes by his physician, but he is not taking supplemental insulin. Which type of diabetes does he likely have?

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- B. Type 2
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 - D. Diabetes distress
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 - B. Type 2 diabetes in future
 - C. Low blood sugar in pregnancy

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- A. Increased bone density
- B. Increased cholesterol level
- C. Strong immune system
- D. Increased longevity

39. Which gland is related with diabetes?

- A. Endocrine glands
- B. Pituitary
- C. Pancreas
- D. Hypothalamus

40. What is the dimension of poverty..?

- A. Health
- B. Education
- C. Life-Style
- D. All of the above

41. Assertion (A): Primary and secondary appraisal are two key components in understanding how individuals respond to stress.

Reason (R): Richard Lazarus introduced the concept of primary and secondary appraisal in his cognitive theory of stress.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

42. Which statement most accurately defines Community Psychology?

- A. A field that emphasizes the diagnosis and treatment of mental illness in individuals.
- B. A branch of psychology concerned with how psychological principles can be applied to marketing and consumer behavior.
- C. A discipline that studies the relationship between individuals and their communities, focusing on social justice, empowerment, and the prevention of problems through systemic change.
- D. A subfield of psychology that primarily deals with laboratory research on human behavior.

43. Which of the following is the primary focus of community psychology?

- A. To study individual behavior in isolation
- B. To understand individuals within their social and environmental contexts
- C. To focus only on clinical treatment
- D. To analyze only individual mental health disorders

44. When was the Community Psychology Association of India established?

- A. 1975
- B. 1987
- C. 1990
- D. 2000

45. Community psychology uses a different approach to problem solving than the medical model, focusing on prevention rather than treatment of psychological issues.

- A. True
- B. False
- C. Neither true or false
- D. None of the above

46. Which of the following is a key focus of the mental health approach in community psychology?

- A. Addressing poverty and inequality in society
- B. Empowering communities to address crime
- C. Promoting mental well-being and preventing mental health issues

D. Advocating for legal reforms in the criminal justice system

47. The social problems approach focuses primarily on:

- A. Individual well-being
- B. Prevention of mental health issues
- C. Addressing the root causes of social issues like poverty, inequality, and discrimination
- D. Providing therapy and counseling services

48. What role does leadership play in community empowerment?

- A. Leadership is irrelevant as the community makes all decisions
- B. Leaders provide guidance, facilitate discussions, and help channel community resources
- C. Leaders must make all decisions without community involvement
- D. Leaders act as mediators between the community and external organizations

49. What is social change?

- A. A shift in personal beliefs
- B. A long-term alteration in the values, norms, or structure of society
- C. A temporary change in political leadership
- D. A shift in individual behaviors without societal impact

50. In community psychology, what is the primary goal of addressing poverty and prolonged deprivation?

- A. To provide direct financial aid to individuals
- B. To reduce the systemic factors contributing to poverty and deprivation
- C. To promote individual self-reliance without external support
- D. To discourage migration from rural to urban areas

51. In the context of migration and immigration, community psychology focuses on:

- A. Reducing immigration by strengthening border security
- B. Offering psychological support to migrant communities while promoting their integration into

new environments

- C. Encouraging migrants to return to their countries of origin
- D. Preventing all forms of migration to urban areas

52. What is the positive effect of migration?

- A. Employment and economic prosperity
- B. Education, knowledge technology, spread from city to rural areas
- C. Improving social life
- D. All above

53. What is the solution to eliminate superstition?

- A. Awareness
- B. To encourage literacy
- C. Female literacy
- D. All of the above

54. In the context of Indian society, which psychological factor most often contributes to the belief in superstitions?

- A. High levels of digital literacy
- B. Exposure to global cultures
- C. Fear and uncertainty about the future
- D. Access to modern healthcare

55. What is the characteristic of marginalization?

- A. Social Exclusion
- B. Discrimination and Conservatism
- C. Economic Loss
- D. All of the above

56. What is the cause of marginalization?

- A. Conservatism

- B. Discrimination and Prejudice
- C. Economic Inequality
- D. All of the above

57. What is the primary cause of superstition in India?

- A. Lack of education and awareness
- B. Influence of modern technology
- C. Strong religious beliefs and practices
- D. Influence of foreign cultures

58. What is the solution to the elimination of superstition?

- A. Awareness
- B. Promoting literacy
- C. Women's literacy
- D. All of the above

59. Which superstition practice was prevalent in India?

- A. Sati System
- B. Human Sacrifice
- C. A and B
- D. None of the above

60. What role does community psychology play in reducing superstition in Indian society?

- A. Promoting individual behavior change
- B. Creating awareness through mass media and community programs
- C. Enforcing strict laws against superstitions
- D. Ignoring traditional beliefs

61. Poverty andare twin problem in India.

- A. Unemployment
- B. Child labor

- C. Crime
- D. Casteism

62. Which of the following organization collects every data on poverty in India?

- A. MGNREGA
- B. NSSO
- C. SJSRY
- D. None of these

63. When was Jawahar Employment Scheme started?

- A. 1989
- B. 1985
- C. 1960
- D. 1990

64. When was the Integrated Rural Development Program implemented?

- A. 1980
- B. 1981
- C. 1979
- D. 1978

65. What impact does early intervention have on mental health?

- A. Wait until severe mental health issues arise.
- B. Identify and address mental health issues early on for better outcomes.
- C. Focus solely on medication management.
- D. Stigmatize mental health disorders

66. Which of the following is NOT a core component of community mental health services?

- A. Access to mental health care in a community setting
- B. Focus on long-term hospitalization for individuals with severe mental illness

- C. Prevention and early intervention strategies
- D. Integrated care with other health and social services

67. When was the District Mental Health Program started?

- A. 1996
- B. 1997
- C. 1998
- D. None of the above

68. When was the National Mental Health Program started?

- A. 1982
- B. 1983
- C. 1984
- D. 1980

69. When did the Community Mental Health Center Law Applied?

- A. 1963
- B. 1964
- C. 1965
- D. 1966

70. Which of the following events have the strongest connection to the emergence of community mental health services?

- A. The Introduction of the Mental Health Parity Act
- B. The deinstitutionalization movement of the 1960s
- C. The emergence of private psychiatric facilities in the 1970s
- D. The establishment of the National Institute of Mental Health

71. Which of the following best defines *rural development intervention* in community psychology?

- A. A set of policies aimed at increasing industrial growth in urban centers.

- B. Efforts to apply psychological principles to improve agricultural productivity only.
- C. Strategic, community-based actions designed to enhance the well-being and self-reliance of rural population.
- D. Development-imposed laws that restrict rural migration to cities.

72. Which of the following is a critical factor in the success of rural development interventions?

- A. High urban migration
- B. Adequate community involvement and local leadership
- C. Focus solely on large-scale infrastructure projects
- D. Strict reliance on foreign aid

73. Who coined the term "Gender Identity"?

- A. Robert Stoller
- B. Frank
- C. Rossen
- D. None of the above

74. Who published the book "Men and Women"?

- A. Eliss
- B. Rossen
- C. Frank
- D. None of the above

75. When did the Samagra Shiksha Abhiyan start?

- A. 4 August, 2021
- B. 5 August, 2022
- C. 3 August, 2020
- D. None of the above

76. Urbanization is the result of

- A. Educational development
 - B. Agricultural development
 - C. Rural development
 - D. Migration of population from villages to cities
77. What is the primary focus of health psychology?
- A. To focus on the biological factors of health
 - B. To understand how psychological, social, and behavioral factors influence health and illness
 - C. To treat only physical ailments
 - D. To study genetic factors affecting health
78. Which of the following is an example of a research area in health psychology?
- A. The relationship between emotions and immune function
 - B. The study of specific genetic disorders
 - C. The diagnosis of cancer
 - D. The study of the brain's anatomy
79. Health Psychology is most concerned with which of the following models of health?
- A. Biopsychosocial model
 - B. Medical model
 - C. Cognitive-behavioral model
 - D. Psychoanalytic model
80. Which of the following best defines health psychology?
- A. A branch of psychology that focuses solely on mental health
 - B. A field that studies how mental, emotional, and social factors affect health
 - C. A discipline concerned only with physical rehabilitation
 - D. A study of how to treat psychological disorders
81. Which of the following is a goal of health psychology?

- A. To develop new drugs for the treatment of physical illnesses
 - B. To investigate how psychological factors can improve health behaviors
 - C. To study only the brain's role in health
 - D. To diagnose patients with physical illnesses
82. Which of the following historical developments most contributed to the growth of health psychology in the 1970s?
- A. The rise of neuroscience research
 - B. The development of cognitive-behavioral therapies
 - C. Growing recognition of the importance of behavioral factors in health
 - D. The popularity of psychoanalytic therapy
83. According to the Biopsychosocial model, which of the following is true?
- A. Health outcomes are only influenced by social factors
 - B. Psychological and social factors play no role in health
 - C. Health is determined by the interaction of biological, psychological, and social factors
 - D. Health is determined solely by biological factors
84. Which of the following is an example of a social factor in the Biopsychosocial model?
- A. Stress levels
 - B. A family's financial status
 - C. Sleep patterns
 - D. Neurotransmitter levels
85. The Biopsychosocial model was introduced as an alternative to which model?
- A. Cognitive model
 - B. Behavioral model
 - C. Biomedical model
 - D. Psychoanalytic model

86. What does the Biopsychosocial model suggest about chronic diseases?

- A. They are caused only by biological factors
- B. They can be better understood and managed by considering biological, psychological, and social factors
- C. Psychological factors have no impact on chronic diseases
- D. Only psychological factors play a role in managing chronic diseases

87. Health psychology focuses on understanding the relationship between:

- A. The mind and body
- B. The mind and emotions
- C. Physical exercise and mental health
- D. Cognitive behavior therapy and mood disorders

88. The essential components of health as per the World Health Organization are:

- A. Physical well-being
- B. Mental well-being
- C. Social well-being
- D. All of the above

89. What is the meaning of the word 'Yoga'?

- A. Union of the individual self with the universal consciousness
- B. A physical exercise for strengthening muscles
- C. A form of meditation for achieving inner peace
- D. A practice to improve flexibility and posture

90. Assertion (A): Social support has no impact on psychological well-being.

Reason (R): The Biopsychosocial model emphasizes the importance of social factors, including support networks, in influencing mental health.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is true, but R is false.

D. A is false, but R is true.

91. Assertion (A): Coping mechanisms have no significant effect on health outcomes.

Reason (R): The Biopsychosocial model highlights the role of psychological factors, including coping strategies, in influencing both mental and physical health.

A. Both A and R are true, and R is the correct explanation of A.

B. Both A and R are true, but R is not the correct explanation of A.

C. A is true, but R is false.

D. A is false, but R is true.

92. Assertion (A): Negative thinking patterns can contribute to the development of chronic illnesses.

Reason (R): The Biopsychosocial model posits that psychological factors, including thought patterns, can influence the onset and progression of physical health conditions.

A. Both A and R are true, and R is the correct explanation of A.

B. Both A and R are true, but R is not the correct explanation of A.

C. A is true, but R is false.

D. A is false, but R is true.

93. Assertion (A): School interventions are designed to promote mental well-being and prevent behavioral issues early in life.

Reason (R): Schools serve as accessible and stable environments where early signs of distress can be identified.

A. Both A and R are true, and R is the correct explanation of A.

B. Both A and R are true, but R is not the correct explanation of A.

C. A is true, but R is false.

D. A is false, but R is true.

94. Assertion (A): Gender discrimination interventions in community psychology often use a top-down approach.

Reason (R): Empowerment-based models prioritize decisions made by policymakers over affected communities.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is false, but R is true.
- D. Both A and R are false.

95. Which of the following options is *incorrectly matched* with its category related to strategies for improving student health?

- A. Providing clean water – healthy school environment
- B. Immunization program – School health services
- C. Promoting mental health – health education
- D. Reducing exposure to hazardous substances – action education

96. Assertion (A): Rural development interventions are ineffective unless they are tech-based.

Reason (R): Rural communities lack the capacity to engage with traditional developmental models.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is not the correct explanation of A.
- C. A is false, but R is true.
- D. Both A and R are false.

97. Assertion (A): Superstitious beliefs are often stronger in communities facing high levels of fear and uncertainty.

Reason (R): Superstition provides individuals with a psychological sense of control in unpredictable situations.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.

- C. A is true, but R is false.
- D. A is false, but R is true.

98. Assertion (A): Education and scientific awareness can reduce the influence of superstitions in Indian society.

Reason (R): Education encourages critical thinking and questioning of irrational beliefs.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

99. Assertion (A): Prolonged deprivation can lead to learned helplessness and reduced community participation

Reason (R): Community psychology views deprivation as a temporary condition with minimal long-term psychological impact.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

100. Assertion (A): Prolonged deprivation in rural and marginalized communities in India often contributes to the persistence of superstitious beliefs.

Reason (R): In the absence of education and access to scientific resources, communities may rely on traditional and supernatural explanations for life events.

- A. Both A and R are true, and R is the correct explanation of A.
- B. Both A and R are true, but R is *not* the correct explanation of A.
- C. A is true, but R is false.
- D. A is false, but R is true.

ANSWER KEY									
1.	C.	21.	A.	41.	A.	61.	A.	81.	B.
2.	B.	22.	C.	42.	C.	62.	B.	82.	C.
3.	C.	23.	B.	43.	B.	63.	B.	83.	C.
4.	C.	24.	C.	44.	B.	64.	A.	84.	B.
5.	A.	25.	D.	45.	A.	65.	B.	85.	C.
6.	C.	26.	D.	46.	C.	66.	B.	86.	B.
7.	A.	27.	D.	47.	C.	67.	A.	87.	A.
8.	C.	28.	A.	48.	B.	68.	A.	88.	D.
9.	A.	29.	A.	49.	B.	69.	A.	89.	A.
10.	A.	30.	D.	50.	B.	70.	B.	90.	D.
11.	B.	31.	A.	51.	B.	71.	C.	91.	D.
12.	B.	32.	B.	52.	D.	72.	B.	92.	A.
13.	C.	33.	A.	53.	D.	73.	A.	93.	A.
14.	C.	34.	D.	54.	C.	74.	A.	94.	D.
15.	D.	35.	D.	55.	D.	75.	A.	95.	D.
16.	B.	36.	B.	56.	D.	76.	A.	96.	D.
17.	B.	37.	B.	57.	A.	77.	B.	97.	A.
18.	B.	38.	B.	58.	D.	78.	A.	98.	A.
19.	C.	39.	C.	59.	C.	79.	A.	99.	C.
20.	A.	40.	D.	60.	B.	80.	B.	100.	A.