

ENTRANCE EXAMINATION, JUNE 04, 2012

QUESTION PAPER BOOKLET

PhD in Psychology

Marks: 75

Time : 2 Hrs

Hall Ticket No:

Instructions

Read the following instructions carefully:

1. Write your Hall Ticket Number in the space provided above and on the answer sheet given to you.
2. Hand over the answer sheet at the end of the examination.
3. This question paper has three sections: Section A, Section B & Section C.
4. Each Section carries equal marks – 25 marks each.
5. Choose one question each from Section A & Section B. There is no choice in Section C.

This book contains 3 pages excluding this page

Section - A

Answer any **ONE** of the following

25 marks

1. Design a study to test that married people, and among them, men have a better management of diabetes.
2. 'Excessive usage of internet is responsible for sleep disorders in adolescents in urban social setup'. Design a study to test the above statement.
3. As a researcher your aim is to study the effect of music therapy on anger management of patients with hypertension. Plan an experimental study involving pretest-posttest control group design suggesting with suitable statistical analysis.

Section - B

Answer any **ONE** of the following

25 marks

1. 'Behaviour is a product of a set of core beliefs' - Justify with underlying model.
2. Citing any two common health issues explain the strategies you adopt as a Health Psychologist to minimise health risk behaviour and promote wellness.
3. Madhav had to undergo liver transplantation. He is recovering. His surgeon recommended strict abstinence from alcohol. As a Health Psychologist what techniques do you adopt to ensure his abstinence?

Section - C

25 marks

Following are two views on alcohol consumption. Read them carefully. You have to support one of the two views and give your own argument justifying your stand. Give a suitable title to your view. (Word limit- 250 words or two pages).

View – 1

It's a classic case of good intentions leading to poor decisions before common sense finally kicks in. On the face of it, the World Health Organization's (WHO) aim of reducing per capita alcohol consumption globally was a laudable one. The health risks posed by excessive consumption are wide-ranging. But where WHO went wrong was in setting a specific target in January, 2012 – a 10% per capita reduction in consumption. Fortunately, in the updated set of global targets in various areas released in March, the alcohol one has been quietly dropped.

The correct approach in such situations is raising awareness through education about the health and societal risks posed by excessive drinking. Authorities also need to crack down on hazardous practices such as driving while drunk. That is a state's role properly calibrated – not to play nanny but to enable its citizens to make informed choices. Setting a hard target would only have exacerbated the problem. A comment made by one of the health experts helping the WHO set global targets – mentioning higher taxes on alcohol as one of the means of curbing consumption – points to why this would have been so.

Over the past year alone, the death toll in states such as West Bengal and Odisha because of hooch has pointed to the danger of the thriving illegal liquor trade – far greater than that posed by legal alcohol. If the government had attempted to impose higher taxes on the latter, it would just have driven more people to the underground trade. This is something we have seen repeatedly across the world – from prohibition in the US to the ban on alcohol in Gujarat – all giving rise to a thriving black market. If the WHO truly wishes to do well, it will learn from such attempts and advise member states to approach the problem from the bottom-up, not from the top down.

View- 2

The WHO has dropped its plan to set a global target to reduce per capita consumption of alcohol by 10% and another 10% reduction of heavy episodic drinking by 2025.

The inter-governmental body's move is a big setback to worldwide efforts to tackle alcoholism and drink-related addiction. This is when alcohol abuse causes a significant number of deaths globally - 2.5 million each year. It's also the third target risk factor for disease. Alcohol not only poses health risks, it is also responsible for many serious social and developmental problems such as domestic violence, child neglect and abuse, and absenteeism in the workplace.

For starters, the global health agency would have done well to set reduction targets on alcohol consumption. It would have provided a structure to work towards achieving its vision while allowing it to constantly assess progress on the task at hand. On the other hand, by not setting quantifiable targets, the WHO has undermined its ability to scientifically verify its performance. Achievements or under-achievements in the forms of statistical data could have given the agency greater leeway to rework its strategy. This reinforces the perception that the WHO has given in to the demands of the alcohol lobby. It is yet another example of business interests prevailing over and sidelining public health issues.

The argument that drinking alcoholic beverages is a common feature of social gatherings including in India doesn't take away the fact that the consumption of alcohol carries significant health risks, and therefore needs to be strongly disincentivised. Heavily taxing all alcoholic beverages is a good idea, as the availability of cheap liquor due to lower taxes encourages binge drinking.