

**SET-4****Series €ABA€**प्रश्न-पत्र कोड  
Q.P. Code**63**

रोल नं.

Roll No.

--	--	--	--	--	--	--	--

परीक्षार्थी प्रश्न-पत्र कोड को उत्तर-पुस्तिका के मुख-पृष्ठ पर अवश्य लिखें ।

Candidates must write the Q.P. Code on the title page of the answer-book.

- कृपया जाँच कर लें कि इस प्रश्न-पत्र में मुद्रित पृष्ठ 7 हैं ।
- प्रश्न-पत्र में दाहिने हाथ की ओर दिए गए प्रश्न-पत्र कोड को परीक्षार्थी उत्तर-पुस्तिका के मुख-पृष्ठ पर लिखें ।
- कृपया जाँच कर लें कि इस प्रश्न-पत्र में 12 प्रश्न हैं ।
- कृपया प्रश्न का उत्तर लिखना शुरू करने से पहले, उत्तर-पुस्तिका में प्रश्न का क्रमांक अवश्य लिखें ।
- इस प्रश्न-पत्र को पढ़ने के लिए 15 मिनट का समय दिया गया है । प्रश्न-पत्र का वितरण पूर्वाह्न में 10.15 बजे किया जाएगा । 10.15 बजे से 10.30 बजे तक छात्र केवल प्रश्न-पत्र को पढ़ेंगे और इस अवधि के दौरान वे उत्तर-पुस्तिका पर कोई उत्तर नहीं लिखेंगे ।
- Please check that this question paper contains 7 printed pages.
- Q.P. Code given on the right hand side of the question paper should be written on the title page of the answer-book by the candidate.
- Please check that this question paper contains 12 questions.
- **Please write down the serial number of the question in the answer-book before attempting it.**
- 15 minute time has been allotted to read this question paper. The question paper will be distributed at 10.15 a.m. From 10.15 a.m. to 10.30 a.m., the students will read the question paper only and will not write any answer on the answer-book during this period.



## मनोविज्ञान

## PSYCHOLOGY



निर्धारित समय : 2 घण्टे

अधिकतम अंक : 35

Time allowed : 2 hours

Maximum Marks : 35



### सामान्य निर्देश:

कृपया निर्देशों को ध्यानपूर्वक पढ़िए ।

- (i) इस प्रश्न-पत्र में **12** प्रश्न हैं ।
- (ii) यह प्रश्न-पत्र **चार** खण्डों में विभाजित है – **खण्ड क, ख, ग और घ** ।
- (iii) **खण्ड क** में प्रश्न संख्या **1** से **3** तक **तीन** प्रश्न हैं, प्रत्येक के लिए **2** अंक निर्धारित हैं । इन प्रश्नों के उत्तर **40** शब्दों से अधिक नहीं होने चाहिए ।
- (iv) **खण्ड ख** में प्रश्न संख्या **4** से **6** तक **तीन** प्रश्न हैं, प्रत्येक के लिए **3** अंक निर्धारित हैं । इन प्रश्नों के उत्तर **80** शब्दों से अधिक नहीं होने चाहिए ।
- (v) **खण्ड ग** में प्रश्न संख्या **7** से **10** तक **चार** प्रश्न हैं, प्रत्येक के लिए **4** अंक निर्धारित हैं । इन प्रश्नों के उत्तर **120** शब्दों से अधिक नहीं होने चाहिए ।
- (vi) **खण्ड घ** में एक व्यक्ति अध्ययन है । इस व्यक्ति अध्ययन पर आधारित **2** प्रश्न हैं, प्रश्न संख्या **11** और **12** । प्रत्येक प्रश्न के लिए **2** अंक निर्धारित हैं । इन प्रश्नों के उत्तर **40** शब्दों से अधिक नहीं होने चाहिए । दोनों प्रश्नों के उत्तर दीजिए ।

### खण्ड क

1. (क) कुशल-क्षेम या कल्याण क्या है ? 2  
 अथवा  
 (ख) मनोग्रस्ति और बाध्यता में अंतर स्पष्ट कीजिए । 2
2. जटिलता और केंद्रिकता के संबंध में अभिवृत्ति की विशेषताओं की व्याख्या कीजिए । 2
3. स्वतः साधक भविष्योक्ति पूर्वाग्रहों को प्रबल करने में कैसे मदद करती है ? अपने उत्तर के समर्थन में एक उदाहरण दीजिए । 2



### **General Instructions :**

*Please read the instructions carefully.*

- (i) *There are **12** questions in this question paper.*
- (ii) *This question paper is divided into **four** sections – **Section A, B, C and D.***
- (iii) ***Section A** has **three** questions, from Question Nos. **1** to **3**, carrying **2** marks each. Answer to these questions should not exceed **40** words.*
- (iv) ***Section B** has **three** questions, from Question Nos. **4** to **6**, carrying **3** marks each. Answer to these questions should not exceed **80** words.*
- (v) ***Section C** has **four** questions, from Question Nos. **7** to **10**, carrying **4** marks each. Answer to these questions should not exceed **120** words.*
- (vi) ***Section D** has one case study. There are **2** questions based on this case study, Question Nos. **11** and **12**. Each question carries **2** marks. Answer to these questions should not exceed **40** words. Answer both questions.*

### **SECTION A**

1. (a) What is well-being ? 2

**OR**

- (b) Differentiate between obsession and compulsion. 2
2. Explain the characteristics of an attitude in terms of complexity and centrality. 2
3. How does self-fulfilling prophecy help in strengthening prejudices ? Give an example to support your answer. 2



### खण्ड ख

4. (क) इमरान 40 वर्ष का एक पुरुष है, जो साँस लेने में कठिनाई और शरीर-संबंधी अन्य लक्षणों की शिकायत करता है। जाँच करने पर डॉक्टरों को उसके द्वारा बताए गए लक्षणों के लिए कोई चिकित्सीय स्पष्टीकरण नहीं मिला। इस विकार की व्याख्या कीजिए और इसके विभिन्न प्रकारों पर चर्चा कीजिए। 3

#### अथवा

- (ख) ऋचा एक संगठन में अधिकारी के रूप में कार्यरत एक युवा लड़की है। एक दिन वह अचानक शहर से गायब हो गई और दो साल बाद वह एक नदी के तट पर मिली। वहाँ कोई नहीं जानता था कि वह कौन थी और कहाँ से आई थी। लेकिन, एक दिन वह अचानक 'होश' में आई और उसने जानना चाहा कि वह नदी के तट पर कैसे पहुँची। इस विकार की व्याख्या कीजिए और इस श्रेणी के अन्य विकारों की सूची बनाइए। 3

5. श्याम का विश्वास है कि उसे हर एक का प्यार हर समय मिलना चाहिए। उसके अधिकांश विश्वासों में 'अनिवार्य' अथवा 'चाहिए' घटक होता है। जब चीज़ें उसके अनुसार नहीं होतीं, तो वह व्यथित महसूस करता है। एक उपयुक्त चिकित्सा का सुझाव दीजिए जो श्याम को उसके अविवेकी विश्वास तंत्र के विषय में गहराई से सोचने पर मजबूर करे और उसे बेहतर महसूस करने में मदद करे। 3

6. जब मैरी ने एक नए महाविद्यालय में प्रवेश लिया तो उसने खुद को बहुत अकेला महसूस किया। लेकिन, शीघ्र ही उसे अच्छा लगने लगा क्योंकि उसने मित्र बना लिए और एक 'हॉबी समूह' की सदस्य भी बन गई। इस उदाहरण की सहायता से, उन दशाओं की चर्चा कीजिए जिनके कारण समूह का निर्माण होता है। 3

### खण्ड ग

7. (क) आत्महत्या से जुड़े जोखिम कारकों पर चर्चा कीजिए। वे कौन-से लक्षण हैं, जो व्यथा में रहने वाले विद्यार्थियों की पहचान करने में मदद करते हैं? छात्रों में सकारात्मक आत्म-सम्मान को बढ़ावा देने के कुछ तरीकों की जाँच कीजिए। 4

#### अथवा

- (ख) तंत्रिकाजन्य विकारों की क्या विशेषताएँ हैं? किन्हीं तीन तंत्रिकाजन्य विकारों का वर्णन कीजिए। 4



## SECTION B

4. (a) Imran is a forty-year-old male who complains of difficulty in breathing and other body-related symptoms. On being examined, the doctors were unable to find any medical explanation for his reported symptoms. Explain this disorder and discuss its various types. 3

**OR**

- (b) Richa is a young girl working as an officer in an organisation. One day she just disappeared from the city and after two years she was found on the banks of a river. Nobody there knew who she was and where she had come from. But, one day she suddenly 'woke up' and wanted to know how she had reached the banks of the river. Explain this disorder and list the other disorders in the same category. 3
5. Shyam believes that he should be loved by everybody, all the time. Most of his beliefs have a 'must' or 'should' component. When things don't go his way, he feels distressed. Suggest a suitable therapy that will make Shyam think deeper into his irrational belief system and help him to feel better. 3
6. Mary found herself very lonely when she joined a new college, but soon felt at ease when she made friends and became a member of a 'hobby group' too. With the help of this example, discuss the conditions that lead to group formation. 3

## SECTION C

7. (a) Discuss the risk factors associated with suicides. What are the symptoms that help in identifying students in distress ? Examine some ways to foster positive self-esteem in students. 4

**OR**

- (b) What are the characteristics of neurodevelopmental disorders ? Describe any three neurodevelopmental disorders. 4



8. (क) मानसिक रोगियों के पुनःस्थापन की प्रक्रिया का विस्तार से वर्णन कीजिए । 4

### अथवा

- (ख) दोषपूर्ण व्यवहार को दूर करने के लिए व्यवहार चिकित्सा में प्रयुक्त विभिन्न तकनीकों की चर्चा कीजिए । 4
9. अक्सर हम देखते हैं कि लोग दूसरों की सहायता करते हुए या ज़रूरतमंदों को दान देते समय भी अपनी तस्वीरें खींचते/खिंचवाते हैं । क्या हम इन लोगों के व्यवहार से उनकी अभिवृत्ति की पहचान कर सकते हैं ? अभिवृत्ति और व्यवहार में संगति कब होगी ? स्पष्ट कीजिए । 4
10. एक शिक्षक 'X' ने यह पाया कि उसके द्वारा छात्रों के एक समूह को दिए गए परियोजना कार्य की गुणवत्ता व्यक्तिगत छात्रों द्वारा दिए गए परियोजना कार्य से कम थी । इस घटना का क्या कारण है और इसे कैसे कम किया जा सकता है ? चर्चा कीजिए । 4

### खण्ड घ

- निम्नलिखित व्यक्ति अध्ययन को पढ़िए और उसके नीचे दिए गए प्रश्नों के उत्तर दीजिए : 4
- सुंदर महाविद्यालय जाने वाला एक बीस-वर्षीय युवक है, जो अपने गृह नगर से एक बड़े शहर में रहने आया है । उसे निरंतर असुरक्षा का भय बना रहता है और लगता है कि दुश्मन सैनिक उसका पीछा कर रहे हैं । जब वह किसी को वदी में देखता है, तो तनाव में आ जाता है और उसे लगता है कि वे उसे पकड़ने आ रहे हैं । यह तीव्र दुश्चिंता उसके कार्य और संबंधों में हस्तक्षेप कर रही है और उसके दोस्त इन सबका मतलब न समझ पाने के कारण बेहद चिंतित हैं । सुंदर कभी-कभी अचानक और अनुचित तरीके से हँसने लगता है और कभी वाक्य को बीच में ही बोलना छोड़ देता है और दूर कहीं घूमने लगता है जैसे उसे कुछ सुनाई या दिखाई दे रहा हो । वह कमरे में रखे टेलीविज़न और रेडियो को लेकर चिंता व्यक्त करता है कि इनकी संभावित रूप से शत्रु द्वारा निगरानी की जा रही है । उसके विश्वास स्थिर हैं और यदि उन्हें चुनौती दी जाती है, तो उसका स्वर/लहज़ा शत्रुतापूर्ण हो जाता है ।
11. प्रदर्शित लक्षणों के आधार पर विकार की पहचान कीजिए । इस विकार में दिखाई देने वाले अन्य लक्षणों की व्याख्या कीजिए । 2
12. भ्रमासक्ति और अनुपयुक्त भाव को परिभाषित कीजिए । उपर्युक्त व्यक्ति अध्ययन में दिए गए लक्षणों से इसकी पुष्टि कीजिए । 2



8. (a) Describe the process of rehabilitation of the mentally ill in detail. 4

**OR**

- (b) Discuss the various techniques used in behaviour therapy to eliminate faulty behaviours. 4
9. Quite often we see people getting themselves photographed while helping others or even when they are offering donations to the needy. Can we identify the attitudes of these people through their behaviour ? When would there be consistency between attitude and behaviour ? Explain. 4
10. A teacher 'X' found that the project that she/he gave to a group of students, when submitted to her/him, lacked quality as compared to the ones submitted by individual students. What is the reason for this phenomenon and how can it be reduced ? Discuss. 4

### **SECTION D**

Read the following case study and answer the questions that follow : 4

Sundar, a college going 20-year-old male, has moved from his home town to live in a big city. He has continuous fear of insecurity and feels that the enemy soldiers are following him. He gets very tense when he spots anyone in a uniform and feels that they are coming to catch him. This intense anxiety is interfering with his work and relationship, and his friends are extremely concerned as it does not make any sense to them. Sundar occasionally laughs abruptly and inappropriately, and sometimes stops speaking mid-sentence, scanning off in the distance as though he sees or hears something. He expresses concern about television and radio in the room potentially being monitored by the enemies. His beliefs are fixed and if they are challenged, his tone becomes hostile.

11. Based on the symptoms being exhibited, identify the disorder. Explain the other symptoms that can be seen in this disorder. 2
12. Define delusion and inappropriate affect. Support it with the symptoms given in the above case study. 2

**Strictly Confidential: (For Internal and Restricted use only)**  
**Senior Secondary School Term II Examination, 2022**  
**Marking Scheme – PSYCHOLOGY (SUBJECT CODE – 037)**  
**( PAPER CODE –63 )**

**General Instructions :-**

1. You are aware that evaluation is the most important process in the actual and correct assessment of the candidates. A small mistake in evaluation may lead to serious problems which may affect the future of the candidates, education system and teaching profession. To avoid mistakes, it is requested that before starting evaluation, you must read and understand the spot evaluation guidelines carefully.
2. **“Evaluation policy is a confidential policy as it is related to the confidentiality of the examinations conducted, Evaluation done and several other aspects. Its’ leakage to public in any manner could lead to derailment of the examination system and affect the life and future of millions of candidates. Sharing this policy/document to anyone, publishing in any magazine and printing in News Paper/Website etc may invite action under IPC.”**
3. Evaluation is to be done as per instructions provided in the Marking Scheme. It should not be done according to one’s own interpretation or any other consideration. Marking Scheme should be strictly adhered to and religiously followed. **However, while evaluating, answers which are based on latest information or knowledge and/or are innovative, they may be assessed for their correctness otherwise and marks be awarded to them. In class-XII, while evaluating two competency based questions, please try to understand given answer and even if reply is not from marking scheme but correct competency is enumerated by the candidate, marks should be awarded.**
4. The Head-Examiner must go through the first five answer books evaluated by each evaluator on the first day, to ensure that evaluation has been carried out as per the instructions given in the Marking Scheme. The remaining answer books meant for evaluation shall be given only after ensuring that there is no significant variation in the marking of individual evaluators.
5. Evaluators will mark(  $\sqrt{\phantom{x}}$  ) wherever answer is correct. For wrong answer ‘X’ be marked. Evaluators will not put right kind of mark while evaluating which gives an impression that answer is correct and no marks are awarded. **This is most common mistake which evaluators are committing.**
6. If a question has parts, please award marks on the right-hand side for each part. Marks awarded for different parts of the question should then be totaled up and written in the left-hand margin and encircled. This may be followed strictly.
7. If a question does not have any parts, marks must be awarded in the left-hand margin and encircled. This may also be followed strictly.
8. If a student has attempted an extra question, answer of the question deserving more marks should be retained and the other answer scored out.
9. No marks to be deducted for the cumulative effect of an error. It should be penalized only once.

10. A full scale of marks \_\_\_\_\_(example 0-40 marks as given in Question Paper) has to be used. Please do not hesitate to award full marks if the answer deserves it.
11. Every examiner has to necessarily do evaluation work for full working hours i.e. 8 hours every day and evaluate 30 answer books per day in main subjects and 35 answer books per day in other subjects (Details are given in Spot Guidelines). This is in view of the reduced syllabus and number of questions in question paper.
12. Ensure that you do not make the following common types of errors committed by the Examiner in the past :-
- Leaving answer or part thereof unassessed in an answer book.
  - Giving more marks for an answer than assigned to it.
  - Wrong totaling of marks awarded on a reply.
  - Wrong transfer of marks from the inside pages of the answer book to the title page.
  - Wrong question wise totaling on the title page.
  - Wrong totaling of marks of the two columns on the title page.
  - Wrong grand total.
  - Marks in words and figures not tallying.
  - Wrong transfer of marks from the answer book to online award list.
  - Answers marked as correct, but marks not awarded. (Ensure that the right tick mark is correctly and clearly indicated. It should merely be a line. Same is with the X for incorrect answer.)
  - Half or a part of answer marked correct and the rest as wrong, but no marks awarded.
13. While evaluating the answer books if the answer is found to be totally incorrect, it should be marked as cross (X) and awarded zero (0) Marks.
14. Any unassessed portion, non-carrying over of marks to the title page, or totaling error detected by the candidate shall damage the prestige of all the personnel engaged in the evaluation work as also of the Board. Hence, in order to uphold the prestige of all concerned, it is again reiterated that the instructions be followed meticulously and judiciously.
15. The Examiners should acquaint themselves with the guidelines given in the Guidelines for spot Evaluation before starting the actual evaluation.
16. Every Examiner shall also ensure that all the answers are evaluated, marks carried over to the title page, correctly totaled and written in figures and words.
17. The Board permits candidates to obtain photocopy of the Answer Book on request in an RTI application and also separately as a part of the re-evaluation process on payment of the processing charges.

Q.No		NCERT Book Page No. Reference	Distribution of marks
<b>SECTION – A</b>			
1 (a)	Well being – is not simply maintenance and survival but also includes growth and fulfillment i.e. actualization of potential	71	
(b)	Conforming behavior can be seen as abnormal if it is maladaptive		
(c)	Any example		
	(Any relevant/explanation in their own words - two points)		1+1=2
<b>OR</b>			
(b)	<p style="text-align: center;">OR</p> <p>Obsession – is the inability to stop thinking about a particular idea or topic.</p> <p>The person often finds these thoughts to be unpleasant and shameful.</p> <p>Compulsion – is the need to perform certain behaviours over and over again.</p> <p>e.g. counting, checking, ordering, touching and washing.</p>	77	$\frac{1}{2} + \frac{1}{2} + 1 = 2$
2.	<p>Complexity – (or multiplicity) refers to how many attitudes there are within a broader attitude</p> <p>Or any appropriate example</p> <p>Centrality – refers to the role of a particular attitude in the attitude system.</p> <p>Or any appropriate example</p> <p>Relevant explanation of the above.</p>	109	1+1=2
3.	<p>In some cases, the group that is the target of prejudice is itself responsible for continuing the prejudice.</p> <p>The target group may behave in ways that justify the prejudice, that is confirm the negative expectations.</p> <p>Any one example</p> <p>(Any two points)</p>	119	1+1=2

Q.No		NCERT Book Page No. Reference	Distribution of marks
SECTION – B			
4 (a)	<p>1. It is a Somatic Symptom and related disorder. In this disorder the individual has psychological difficulties and complaints of physical symptoms for which there is no biological cause. Types</p> <p>2. Somatic symptom disorder (a) People with this disorder tend to be overly pre occupied with their symptoms and they continually worry about their health and make frequent visits to doctors. (b) They experience significant distress and disturbances in their daily life.</p> <p>3. Illness Anxiety Disorder Symptoms People are overly concerned about undiagnosed disease, negative diagnostic results, do not respond to assurance by doctors and are easily alarmed about someone else's ill health or some such news.</p> <p>4. Conversion disorder Symptoms are Reporting loss of all or some basic body functions e.g. paralysis, blindness, deafness and difficulty in walking. Relevant explanation in their own words.</p>	78	<p>1</p> <p>1</p> <p>1</p> <p>1+1+1=3</p>
OR			
4(b)	<p>The disorder is dissociative fugue</p> <ul style="list-style-type: none"> <li>It is a part of dissociative amnesia characterized by</li> <li>the assumption of new identity</li> <li>inability to recall previous identity</li> <li>the individual travels away from home and work place and suddenly wakes-up with no memory of the events that occurred during the fugue.</li> <li>is often associated with overwhelming stress.</li> </ul> <p>Types (list)</p> <ul style="list-style-type: none"> <li>Dissociative identity disorder</li> <li>Depersonalization/ derealisation disorder</li> </ul>	78-79	<p>1+1+½ +½ = 3</p>



Q.No		NCERT Book Page No. Reference	Distribution of marks
SECTION – C			
7(a)	<p>Risk factors associated with suicides</p> <p>A result of complex interface of biological, genetic, psychological, sociological cultural and environmental factors</p> <p>Others risk factors are mental disorders (depression, alcohol use disorders)</p> <p>Going through natural disasters experiencing violence, abuse or loss and isolation at any stage of life previous suicidal attempt.</p> <p>Identifying students in distress –</p> <ul style="list-style-type: none"> <li>Any unexpected or striking change affecting the adolescent's performances, attendance or behavior should be taken seriously, such as</li> <li>Lack of interest in common activities</li> <li>Declining grades</li> <li>Decreasing effort</li> <li>Misbehavior in the classroom</li> <li>Mysterious or repeated absence</li> <li>Smoking or drinking, or drug misuse</li> </ul> <p>Ways to foster Self – esteem</p> <ul style="list-style-type: none"> <li>Accentuating positive life experiences to develop positive identity, increases confidence in self</li> <li>Providing opportunities for development of physical, social and vocational skills</li> <li>Establishing a trustful communication</li> <li>Specific, measurable, achievable, relevant goals to be completed within a relevant time frame.</li> </ul> <p>(Relevant explanation in their own words.)</p>	80-81	<p>1½</p> <p>1½</p> <p>1</p> <p>1½+1½ +1 =4</p>
OR			
7 (b)	<p>Characteristics of Neurodevelopmental Disorders –</p> <ul style="list-style-type: none"> <li>They manifest in the early stage of development (before child enters school or early stage of schooling) Deficits or excesses in a particular age–appropriate behavior.</li> <li>Various disorders under this category</li> </ul> <p>1. ADHD                                      2. Autism Spectrum Disorder</p> <p>3. Intellectual Disability   4. Specific learning Disorder.</p> <p>(Description of any 3 of the above.)</p>	82-83	<p>1</p> <p>3</p> <p>1+3=4</p>

Q.No		NCERT Book Page No. Reference	Distribution of marks
8(a)	<p>Process of rehabilitation of the mentally ill</p> <ul style="list-style-type: none"> <li>Many patients of mental disorders suffer from negative symptoms like disinterest and lack of motivation to do work or to interact with people</li> <li>Rehabilitation is required here to help such patients become self sufficient.</li> <li>The aim is to empower the patient to become a productive member of society to the extent possible.</li> <li>Patients are given occupational therapy, social skills training and vocational therapy</li> <li>Occupational therapy – patients are taught skills, like candle making, paper bag making and weaving, etc to help them form a work discipline.</li> <li>Social skills training helps the patients to develop interpersonal skills through role play, imitation and instruction. The objective is to teach the patient to function in a social group.</li> <li>Cognitive retraining is given to improve the basic cognitive functions of attention, memory and executive functions.</li> <li>After the patient improves sufficiently, vocational training is given wherein the patient is helped to gain skills necessary to undertake productive employment.</li> <li>Any four points.</li> </ul>	103-104	1+1+1+1=4
OR			
8(b)	<p>Behaviour therapy techniques</p> <p>Negative reinforcement</p> <p>Aversive conditioning</p> <p>Positive reinforcement</p> <p>Differential reinforcement</p> <p>Token economy</p> <p>Systematic desensitization</p> <p>Modeling and vicarious learning</p> <p>List all and explain any <b>three</b> techniques with examples.</p> <p align="center">OR</p> <p>Explanation <b>any four</b> with example techniques in their own words.</p>	97-98	<p>1+3 = 4</p> <p>1+1+1+1=4</p>



SECTION –D			
11	<p>The psychological disorder is schizophrenia</p> <p>Any two symptoms of schizophrenia</p>	81	<p>1</p> <p>1</p> <p>1+1=2</p>
12	<p><b>Delusion</b> – False belief that is firmly held on inadequate grounds.</p> <p><b>Symptoms from the case study (any one)</b></p> <p>Fear of insecurity and feels that the enemy soldiers are following him.</p> <p>Expresses concern about television and radio in the room potentially being monitored by the enemies.</p> <p>Very tense when he spots anyone in a uniform and feels that they are coming to catch him.</p> <p><b>Inappropriate effect</b> – Emotions that are unsuited to the situation.</p> <p><b>Symptoms from the case study (any one)</b></p> <p>Occasionally laughs abruptly and inappropriately</p> <p>Stop speaking mid-sentence</p> <p>If his fixed beliefs are challenged, his tone becomes hostile.</p>	81-82	<p><math>\frac{1}{2} + \frac{1}{2}</math></p> <p><math>\frac{1}{2} + \frac{1}{2}</math></p> <p><math>\frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} = 2</math></p>