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| **ST. JOSEPH’S COLLEGE (AUTONOMOUS), BANGALORE-27** |
| **B.A. PSYCHOLOGY- IV SEMESTER** |
| **SEMESTER EXAMINATION: APRIL 2019** |
| **PY415 – DEVELOPMENTAL PSYCHOLOGY** |
|  |  |  |  |  |  |  |
| **Time- 1 1/2 hrs** |  | **Max Marks-35** |  |
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| **This paper contains two printed sides and three parts** |

**SECTION- A**

1. **Answer the following questions 5x2=10**

1. Define Adolescence.
2. What are the risk factors of drug use and abuse?
3. What are the challenges in vocational adjustment in early adulthood?
4. Mention models of coping in late adulthood?
5. What is empty nest syndrome in middle adulthood?

**SECTION- B**

1. **Answer any THREE of the following questions: 3X5= 15**

1. Explain Piaget’s fourth cognitive development stage.
2. What are STD’s? Explain any four in detail
3. What are the various areas in psychosocial development in early adulthood? Elaborate.
4. Write a short note on physical changes in middle adulthood?
5. Explain Schaie’s lifespan model of cognitive development.

**SECTION- C**

**III. Answer any ONE of the questions: 1X10= 10**

1. What are the stages and patterns of grief?
2. “A 22-year-old, unmarried female medical undergraduate, belonging to an urban Hindu extended nuclear family of the upper socio-economic status from a metropolitan city, with predominantly narcissistic and a histrionic traits and a family history of recurrent depressive disorder in paternal grandmother, presented with the poor eating habits of insidious onset for 9 years. While in class 8th, she developed a liking for a boy in her class who rejected her, calling her fat. Though, she managed to move on; she developed a dissatisfaction towards her body image, and would consider herself fat on the mirror and started looking for means to reduce weight. With gradually increasing concern over growing fat, she started skipping two meals and would take only one meal and salads in class 10th. Over next 6-7 month period, she lost up to 12 kg and looked thin, although she would consider it inadequate and would find herself flabby, in front of the mirror, while at other times, she could appreciate that her clothes had become loose. She also developed intense liking for the high calorie foods. She would binge on them 5-6 times a month and would regret afterwards. She tried to induce vomiting also once or twice. She started exercising for 1-1½ h in order to compensate weight gain out of binging. She would be distressed with it. She passed class 12th with expected marks and qualified for MBBS course. She restarted dieting; however, within few months she again started having increased craving for the high calorie foods and binging, which would be more when she would deny food in parties. Though she knew that her Body Mass Index (BMI) was well within normal range, she started taking one tablet of Orlistat daily secretly along with skipping meals and rejoining gymnasium in order to reduce her weight to below 50 kg, which was below normal for her height. She would often consume laxatives as well as induce purging after binging. She sold her gold necklace without informing the family members to undergo liposuction. She could undergo a single session after which it came to the knowledge of a family member, who refrained her. During the last 5 years, she would compare herself with every female she met or read about in novels, would feel better on seeing obese females, and feel let down if they were slim. She could not spend an hour without fear of becoming obese. In recent times, she would avoid parties, going out with friends, standing for photos, and would spend hours in the gym.”

Identify the condition described in the case given. Give any five characteristics (from the case given) to support your analysis. What are the various socio-cultural factors which might have contributed to the current state of the client?