Psychological Profile of a Consistent Low Performer

Aditya Poonia
UG Student, Manipal University Jaipur, Rajasthan, India
Dr. Kriti Vashishtha
Assistant Professor, Manipal University Jaipur, Rajasthan, India

Abstract:
A Case study is an intensive analysis and an individual unit (as a person or community) stressing developmental factors in relation to environment. The present is a single case study which shows the in-depth analysis of a 15 years old school going girl, who belongs to an urban background and family with upper middle class socio economic status. The major reason which engrossed the investigators to take-up this study was the case's consistent low academic performance and her improper communication skills. Because her parents were ridged in consulting a psychologist for her, few tests were conducted by the investigators to find out few causes and effects of the particular troubled behavior. For the in-depth study Case History Form, Child Clinicians Intake Summary Form (CISF), Mental Health Inventory (MHI), Beck's Rating Scale (BRS), Developmental psychopathology checklist for children (DPCC), Attachment style questionnaire(ASQ), Student Problem Scale (SPS), Depression scale, Parental Attitude Research Instrument (PARI), Home Environment Scale (HES) and Parent Child Relationship Scale (PCRS) were conducted and the results were discussed.

Keywords: *Case Study, consistent low performer.*

1. Introduction

A Case study is an intensive analysis and an individual unit (as a person or community) stressing developmental factors in relation to environment. The present is a single case study which shows the in-depth analysis of a 15 years old school going girl, who belongs to an urban background and family with upper middle class socio economic status.

The major reason which engrossed the investigator to take-up this study was the case's consistent low academic performance and her improper communication skills.

After this, the case was further observed, and this careful observation identified the below mentioned characteristics of the case.

- She happens to have a lot of mood swings. Sometimes she is calm and just another minute she became nagging or aggressive.
- Many times she was also observed panicking on little silly things.
- It could be seen that she looked upon others to seek her own opinion and then stuck to the opinion that she was asked to make and would argue a lot and would not listen to her peers, teachers or parents.
- Due to her stubborn attitude, it was clearly observed that her peers intentionally rejected due to her inappropriate social behavior in front of them. .
- Because of continuous peer rejection, when asked, she said that she prefers to be alone and doesn't like her batch mates.
- Her mood swings, peer rejection and mostly spending time alone, made her feel sad about it most of the times.
- Even her nonverbal gestures were inappropriate in various situations. Majorly avoiding eye contact and also talking to herself.
- Her anger and irritation outbursts were very common. Which later, her parents also complained about.
- She found it difficult for herself to initiate any conversation and talk to strangers comfortably. Most of the times she was very shy even greeting her relatives.
- Times when her wishes are not fulfilled, she threw tantrums and it becomes difficult to control her.
- Although there were a few friends who used to talk to her but she lacks close friends when needed.
- And also has trouble in making new relationships quickly and also cannot discriminate about what she is talking and to whom.
- Further, it was also observed that she has a very short spam of attention. During any given task, she couldn't pay attention for a long time and due to this the completion of the task became a little difficult for her.

On the basis of the above mentioned observation and parents' consent taken on "Case History Form" (attached in appendix) the in-depth study was continued.

2. Research Design

The present study is a single case study which is the combination of Explanatory and Intrinsic case study type. Explanatory type of case study is used because present study is seeking to answer a question that sought to explain the presumed causal links in real-life interventions that are too complex for the survey or experimental strategies. In evaluation language, the explanations would link program implementation with program effects (Yin, 2003). And, intrinsic case study because according to Stake (1995), researchers who have a genuine interest in the case should use this approach when the intent is to better understand the case. It is not undertaken primarily because the case represents other cases or because it illustrates a particular trait or problem, but because in all its particularity and ordinariness, the case itself is of interest. The purpose is not to come to understand some abstract construct or generic phenomenon. The purpose is not to build theory.

3. Methodology

Particulars of the case	
Name	XYZ
Age	15 years
Date of Birth	June 1, 2000
Grade	IXth
Father's Occupation	Business
Mother's Occupation	Nurse
Number of Siblings (including case)	two
Age	13 years
Gender	Female
Grade	VIII

Table 1

3.1. Case History

3.1.1. Birth and Developmental History

The parents were happy when they found that the mother was pregnant and the child was also planned. The mother was given proper and regular prenatal care. The mother did not smoke, drink alcohol, and use any other drug. Mother reported one minor complication of hypertension which was during the whole period of pregnancy. There were little complications during the child's delivery.

The child weighed around 2.5 kg's at the time of birth. The type of birth was vaginal and the birth was also not premature.

At the age of 8 months the child started to sit and at the age of 10 months the child started to crawl and at age the of 19 months the child started to walk, the toilet training was imparted to the child at the age of 2 years.

In the childhood the child was slow to warm up, difficult to soothe, withdrawn, afraid of strangers whereas at the same time the subject was also friendly and also a good sleeper. Hence, the birth and developmental process was normal.

3.1.2. Family and Social History

Both the parents are working the father is a business man and mother is a nurse in a renowned hospital, grandfather of the child expired at a very early age and the grandmother often lives with them. The relationship between parents and children is fine but conversation on the daily basis does not exist, also the parents do not counsel the children in the day to day issues. Children mostly seek their grandmother for help as the parents are too busy to respond to their queries and problems.

The case also has a younger sister who is 13 years old. Both the siblings share a gap of three years, also both them share a special relationship as the case is the elder one but still the younger one helps her in every little work and also the subject is somewhat dependent on the younger one. Normal and healthy siblings fight is also common. As it happens sometimes younger one also scolds her. Otherwise both stay cool and composed.

Socially XYZ seeks other children out to play but others do not want to do the same, also she does not want to play alone, quite a children like to play with her, no one as such ignores her near the house, she has around 4 to 5 friends near home, she plays for around an hour in the evening.

The subject also gets along good with other non-parent adults, she tries to be friendly only if somebody approaches her, and sometimes she even behaves better with others than with her parents. Though she tries to be obedient but she is not too friendly to share something, she is also quite good overall with her teachers and her brothers and sisters

3.1.3. School History

At the age of 2 she started going to kindergarten and at the age of 4, after a two years of gap, she took admission in the nursery class and she also has never been held back in any class, neither has she ever attended any placement class, some of the subjects that she does not like are math, social science and drawing and some of the subjects that she likes are spelling and science and also Hindi

The behavior of the case in the school is also tensed, worried, does not like most of the other students she is also withdrawn and shy. Her school setting was changed in II class. Also because of some behavioral and adjustment problems her classes were switched.

3.1.4. Medical History

There was some problem during delivery (synopsis). She had seizers while growing up and later got better with medicines such as Valparin. Also, once she had a surgery in her leg because she had faulty walking.

On the basis of parents' interview the primary concern for the child came out to be consistent low academic performance.

4. Results & Interpretation

For in-depth case study, following TESTS were conducted.

4.1. Case History Form

This was a self-made form which included the basic demographic details of the case (identity information, family information, birth information, school information, psychological information-related to interest and behavioral characteristics). At the end, consent of the parents was also taken (attached in appendix).

4.2. Child Clinicians Intake Summary Form (CISF)

This form was taken from the appendix of "Child-Clinician's Handbook". CISF is a structured form-based tool for gathering background about children and their families. It is designed for the completion by a parent, when the child is the major focus of the clinical encounter. It includes child's demographic details, present problem, developmental history, medical history, family history, social history, academic history, major stressors and coping strategies. All the information gathered from CISF has been mentioned in the above section of "Case History".

After completing the history part, the case was assessed on her mental health to check if the child had some other problem.

4.3. Mental Health Inventory (MHI)

➢ Description of the test: Mental health inventory was given by Dr. Jagdish and Dr. A.K. Srivastava. MHI has been designed to measure mental health (positive) of normal individuals. The test has 56 items which are divided into six dimensions- 1. Positive Self-Evaluation (PSE), 2. Perception of Reality (PR), 3.Integration of Personality (IP), 4.Autonomy (AUTNY), 5. Group Oriented Attitude (GOA), 6. Environmental Competence/ Mastery (EM). The test has high reliability and validity.

• Interpretation: Mental health inventory aims to measures the psychological or mental health of the individual on 6 major dimensions-1. Positive Self-Evaluation (PSE), 2. Perception of Reality (PR), 3. Integration of Personality (IP), 4. Autonomy (AUTNY), 5. Group Oriented Attitude (GOA), 6. Environmental Competence/Mastery (EM). The above table shows that the child scores 136 on MHI which makes her fall in poor category. It can also be seen that just one dimension that is, IP falls under average category, rest all fall under poor category. This clearly shows that the subject has major issues with her confidence level, most of the times she is either worried or irritated. She even has the fear of losing self-respect and she often hesitates to initiate conversation with others. She lacks decision making and reasoning skills. Sometimes she even feels hopeless, pressured and dissatisfied with life. The subject lacks affection and attachment with the peers; she is mostly lost in her own world feeling depressed and dejected. She is very rigid and generally acts without keeping in view of the real facts.

4.4. Beck's Rating Scale (BRS)

➢ Description of the test: It was given by Beck. It measures the anxiety of the child on the basis of 17 items (namely fatigability, loss of appetite, loss of weight, lack of satisfaction, guilt feeling, sense of punishment, self-help, mood, pessimism, sense of failure, irritability, social withdrawal, etc.)

• Interpretation: Anxiety is a feeling of worry, nervousness or unease about something with an uncertain outcome. The case was assessed on Beck's rating scale to find the anxiety level. On the basis of her responses the raw score came out to be 16 which show that she has mild level of anxiety. In other words she hardly has issues related to social withdrawal, sleep disturbances or body image. Though she believes that her appetite and weight has been fluctuating, and she requires a lot of hard work before initiating any task. The major area of concern was that she has self-punitive wishes and she is unable to complete any task without the help of others. She has a sense of failure and her crying spells are also high.

4.5. Developmental Psychopathology Checklist for Children (DPCC)

➢ Description of the test: This checklist has been taken from the appendix of the book "Mental Health of Indian Children" by Malvika Kapur. It analysis the children on the basis of developmental history, developmental problems, psychopathology, psychosocial factors, temperamental profile and supportive factors for management.

• Interpretation: DPCC helped us in bringing out various issues with the child which the parents were reluctant in sharing verbally. The area of developmental history shows that the mother suffered from hyper tension before the delivery due to which the child suffered from lack of oxygen and was kept in the incubator. Sooner in early child suffered from seizers and vision and expression issues. She even had a few developmental problems like correct pronunciation of words, remaining mute or talking less, repetition of words, not being able to relate people, teeth grinding and nightmares. The case also has issues of poor attention, distractibility, stubbornness, poor school performance, day dreaming, talking and laughing to self. Sibling rivalry, parents' over expectation, over involvement and overindulgence are also few major issues which directly affect child's temperament.

4.6. Attachment style questionnaire (ASQ)

➢ Description of the test: The 22 item ASQ was given by Van Oudenhoven et.al. (2003). It measures four types of attachment styles- Secure, Fearful, Preoccupied, Dismissing. It is highly reliable and valid.

• Interpretation: Attachment is a special emotional relationship that involves an exchange of comfort, care and pleasure. The present questionnaire is based on the 4 attachment styles given by Bartholomew and Horowitz (1991).The subject's response makes her attachment style dismissing. This style falls under insecure attachment style. The dismissing attachment style is characterized by social avoidance, high independence and low autonomy. Children with this style have positive of self and negative view of others.

4.7. Student Problem Scale (SPS)

➢ Description of the test: the test was constructed by T.P.Vaidya. It is a 60 statement scale which was constructed on the basis of "student problem checklist" which shows the problems of the students in 3 areas- education, personal and family. The scale is developed with the objectives to locate the problem of the learner in different areas, in order to help him to solve his problems by proper counseling.

• Interpretation: A disturbed child faces problems in various areas, and the present test is conducted to find out if the child faces any problem in the area of education, personal and family. The results show that the child is having major problems in all three areas. Some of the major problems were- weaker linguistic and academic abilities, fear of failing in exams, feeling tensed during regular classes and having a sense of inferiority. She is not very expressive in front of her parents; this could be due to tensed environment and excess of criticism at home. Adding to sibling quarrels.

4.8. Depression scale

➢ Description of the test: Depression scale was constructed and standardized by Dr. Shamin Karimand Dr. Rama Tiwari (1986). It a 96 item scale measuring depression. It is highly reliable and valid.

• Interpretation: After noticing so many issues with the child, depression scale was conducted and it was pleasant to see that the child falls under mild category. This shows that her coping mechanism is strong enough to fight with daily hassles. She mostly shows least interest in other affairs. Though she is dejected by the peers but ultimately, she enjoys time alone.

4.9. Parental Attitude Research Instrument (PARI)

➢ Description of the test: The present study uses the Indian adaptation of PARI (mother form) constructed Dr. Uma Saxena. It is 115 items scale with high reliability and validity it measures mother's attitude on 23 dimensions

S.No.	Dimensions	Score	Category
1	Encouraging verbalization	14	Medium
2	Fostering dependency	11	Medium
3	Seclusion of mother	10	Medium
4	Breaking the will	07	Low
5	Martyrdom	11	Medium
6	Fear of harming the baby	11	Medium
7	Marital conflict	09	Medium
8	Strictness	13	Medium
9	Irritability	12	Medium
10	Exclusion of outside influences	09	Low
11	Deification	10	Low
12	Suppression of aggression	10	Medium
13	Rejection of home making role	12	Medium
14	Equalitarianism	11	Medium
15	Approval of activity	11	Medium
16	Avoidance of communication	06	Low
17	Inconsiderateness of the husband	12	Medium
18	Suppression of sexuality	15	High
19	Ascendancy of the mother	13	Medium
20	Intrusiveness	15	Medium
21	Comradeship and sharing	14	Medium
22	Acceleration of development	11	Medium
23	Dependency of mother	12	Medium

Table 1: It shows the result of PARI- mother form

• Interpretation: This test measures the attitude of the mother on various aspects (mentioned above). The table 8 shows that majority of the dimensions fall under medium category. Mother's responses show that she is supportive and wants her children to

excel in all the spears of life. But a lot many responses even show that she doesn't have the authority to do so. The mother is bound between her work and home leaving her no time for other activities. She believes that every mother should have an active social life and regrets not being able to do so. She also believes that having kids leaves you with no opportunity to have entertainment. The mother also feels that she is unable to spend quality time with her husband as she has disagrees with the statement that husbands generally like to take their wives out for recreational activities. Although she has a positive attitude towards healthy parenting but she has not been able to accomplish it.

4.10. Home Environment Scale (HES)
➢ Description of the test: HES is given by Dr. Meenu Agarwal. The scale has been constructed to study the home environment that influences the life values, personality and behavior pattern of the child. It is a 60 items test, 30 items are favorable and remaining 30 are unfavorable. The reliability coefficient correlation was found 0.82 and validity was found to be 0.69 and 0.71.

• Interpretation: The home is the primary group of society. Its characteristics features is the effective bonds among the members in the home and concern for each other in home, family relations are broadly of two types – the parent – child relations and husband – wife relations. The present test shows that home environment of the child is neither good nor poor, that is, it falls under moderate category. This shows that when the members of the home are disunited; tension, distress, and misery are the natural outcomes. Most problems in home relations have been identified to result from misunderstanding which is the layman's term for lack of communication.

4.11. Parent Child Relationship Scale (PCRS)
➢ Description of the test: PCRS is constructed by Late NaliniRao (1971).It is a 100 item scale which is scored separately for each of the parent. PCRS measures the relationship of the child with mother and father on 10 dimensions.

S.No.	Dimensions	Raw Score	Z Score	Grade	Category
1	Protection	31	-0.19	D	Moderate favorable
2	Symbolic punishment*	38	+2.50	G	Extremely negative
3	Rejection *	35	+2.04	G	Extremely negative
4	Object punishment*	37	+2.34	G	Extremely negative
5	Demanding *	49	+2.80	G	Extremely negative
6	Indifferent	34	+0.19	D	Moderate favorable
7	Symbolic reward	33	+0.06	D	Moderate favorable
8	Loving	27	-0.71	D	Moderate favorable
9	Object reward	24	-1.10	E	Below average favorable
10	Neglecting*	36	+2.19	G	Extremely negative

Table 2: It shows the result of the PCRS- Father
Note: Dimensions are Negative*

S.No.	Dimensions	Raw Score	Z Score	Grade	Category
1	Protection	38	-0.71	E	Below average favorable
2	Symbolic punishment*	31	+1.43	F	Highly negative
3	Rejection*	31	+1.43	F	Highly negative
4	Object punishment*	35	+1.89	F	Highly negative
5	Demanding *	38	+2.50	G	Extremely negative
6	Indifferent	26	-0.84	E	Below average favorable
7	Symbolic reward	35	+0.32	D	Moderate favorable
8	Loving	27	-0.71	E	Below average favorable
9	Object reward	25	-0.97	E	Below average favorable
10	Neglecting*	27	+0.83	E	Below average favorable

Table 3: It shows the result of the PCRS- Mother
*Note: Dimensions * are Negative*

S.No.	Dimensions	Raw Score	Z score	Grade	Category
1	Positive	300	+1.28	F	Unfavorable
2	Negative*	357	+2.74	G	Extremely negative

Table 4: It shows the total positive and negative scores of PCRS

• Interpretation: PCRS aims to measure the relationship between the parents (both mother and father) and the child. Tables 9, 10 and 11 show an unfavorable and extremely negative relationship shared between the case and her parents. From table 9 it can be clearly seen that all the negative dimensions fall under the category of extremely negative. This is because the child feels that he is

sometimes not wanted by his father, the child believes that her father does not spend much time with the family, he taunts her for small little things, finds faults even when she is correct. He does not let her out for play and even scolds her when he is not happy with her. On the other hand she believes that her father takes her side when she is opposed by somebody and generally doesn't question about her going out and coming in home. Similarly, from table 10 it can be seen that mother – child relationship is also highly negative on all the negative aspects. The child believes that her mother pushes her to do well in school and when she is unable to do so is scolded and sometimes even beaten.

Her mother keeps a regular check on her and even takes away her books and play things as punishment. But she likes that her mother sometimes praises in front of others, and even teaches things that she wants to learn. From the above interpretation it can be concluded that the parent – child relationship is not satisfactory and steps should be taken to build a healthy environment in the family.

5. Conclusion
This study was conducted to analyze the psychological profile of a consistent low performer. On the basis of various tests conducted and their results, it can be concluded that major causes of the concerned behavior of the child could be prenatal and perinatal issues like hypertension of the mother or seizers that occurred during early childhood. Some of the other psychosocial factors could be poor parent–child relationship, unhealthy home environment, low IQ, insecure attachment style, poor mental health, high level of school, family and personal problems. Though it has been difficult to find out that which of these factors are the causes and which are the effects.

6. Limitations
    i.   The subject's lack of concentration and attention made the conduction of tests difficult.
    ii.   The subject was very much dependent on her grandmother, sister and mother for any query that she had.
    iii.   Also a decision making delay made it difficult to finish any questionnaire on time.
    iv.   The parents were also reluctant to share the information in the beginning as it took time to build the rapport.

7. Suggestions
    i.   The parents should consult a psychologist and show a little bit more concern for the betterment of the child.
    ii.   The parents should also try and improve not only the parents-child relationship but also the relationship among themselves.
    iii.   The home environment came to be moderate which shows that it could be improved upon, by giving more quality time to the children.
    iv.   Also considering the child's mental health the parents should not only be less demanding but also be rather polite and affectionate.

8. References
    i.   Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61, 226-244.
    ii.   Beck, A.T. (1988), " An Inventory for measuring clinical anxiety: psychometric properties" Journal of Consulting and Clinical Psychology.
    iii.   Jagdish & Srivastava, A. K. (1996). Manual of Mental Health Inventory. Manovaigyanik Parikshan Sansthan, Vranasi, pp. 1-9.
    iv.   Kapur, M. (1995).Mental Health of Indian Children. Sage, New Delhi.
    v.   Karim, S. &Tiwari, R. (1986).Manual of Depression Scale. Agra Psychological Research Cell, Agra.
    vi.   Kronenberger, W. G., & Meyer, R. G. (2001).The child clinician's handbook. Prentice Hall.
    vii.   Rao, N. (1971). Manual of Parent Child Relationship Scale – RN. National Psychological Corporation, Agra.
    viii.   Raven, J., Raven, J.C. and Court, J.H. (2000). Raven manual: Standard Progressive Matrices. 2000 Edition, Oxford: Oxford Psychologists Press.
    ix.   Stake, R. E. (1995).The art of case study research. Thousand Oaks, CA: Sage.
    x.   Vaidya, T. P. Manual of Student Problem Scale. ArohiManovigyan Kendra, Jabalpur.
    xi.   Van Oudenhoven, J. P., Hofstra, J., &Bakker, W. (2003). Ontwikkeling en evaluatie van de Hechting stijlvragen lijst (HSL) [Development and evaluation of the Attachment Styles Questionnaire]. Nederlands Tijdschriftvoor de Psychologie, 58,95-102.
    xii.   Yin, R. K. (2003).Case study research: Design and methods (3rd ed.). Thousand Oaks, CA: Sage.