

CUET · PSYCHOLOGY · CLASS XII · CODE 324

Psychological Disorders

CUET unit: Psychological Disorders / Abnormal Behaviour and Mental Health

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Snapshot

- Establishes the conceptual basis of abnormality through the "four Ds" — deviance, distress, dysfunction and danger — and the two competing definitions (deviation from social norms vs. maladaptive behaviour).
- Traces the historical evolution of abnormal psychology from supernatural/demonological explanations through Hippocrates's four humours and the Reform Movement, to the modern bio-psycho-social (interactional) approach.
- Introduces the two major classificatory systems — DSM-5 (APA) and ICD-10 (WHO) — that students must distinguish for CUET.
- Surveys all major DSM-5 disorder categories: anxiety, OCD, trauma-/stressor-related, somatic symptom, dissociative, depressive, bipolar, schizophrenia spectrum, neurodevelopmental, disruptive/impulse-control, feeding and eating, and substance-related disorders.
- A high-yield CUET chapter — definitional precision (e.g., obsession vs. compulsion, positive vs. negative symptoms, anorexia vs. bulimia) and match-the-symptom items are perennial favourites.



Detailed Notes

2.1 Core concepts

NCERT opens with **Carl Jung's** observation — "How can I be substantial without casting a shadow? I must have a dark side, too, if I am to be whole" — to remind the student that psychological distress is part of the human condition, and that **adaptation** (the ability to modify one's behaviour in response to changing environmental requirements) is the central yardstick by which normality is judged (NCERT §Introduction, p. 70). When behaviour cannot be modified to meet the situation, it is **maladaptive**, and the study of such behaviour, its causes, consequences and treatment is called **Abnormal Psychology**.

Most definitions of abnormality share the "**four Ds**" — Deviance (behaviour is different, extreme, unusual, even bizarre), Distress (unpleasant and upsetting to the person and to others), Dysfunction (interferes with the person's ability to carry out daily activities in a constructive way) and Danger (to the person or to others) (NCERT §Concepts of Abnormality and Psychological Disorders, p. 70). Two basic and conflicting views emerge from this. The **first** views abnormality as **deviation from social norms** —

behaviour that breaks a society's culturally-grounded norms is labelled abnormal; a society valuing competition will accept aggression, while one valuing cooperation (like India) may treat it as abnormal (NCERT p. 71). NCERT criticises this view because it assumes that socially accepted behaviour is normal, equating normality with conformity. The **second** view defines abnormality as **maladaptive** — behaviour is abnormal if it interferes with the **well-being** of the individual and the group, where well-being is not mere maintenance but includes growth and fulfilment, i.e., **self-actualisation** in Maslow's need-hierarchy theory (NCERT p. 71). NCERT also flags **stigma** — the "mark of shame" attached to mental illness that prevents people from seeking help.

There are **three recurring historical perspectives** (NCERT §Historical Background, pp. 71–72). The **supernatural** approach attributes abnormality to magical or evil forces — **bhoot-pret, shaitan** (the devil) — and prescribes **exorcism** by countermagic and prayer, with the **shaman** or **ojha** serving as the human medium for spirits. The **biological/organic** approach was developed by the philosopher-physicians of ancient Greece — **Hippocrates, Socrates** and especially **Plato**, who developed the **organismic approach** viewing disturbed behaviour as arising out of conflict between emotion and reason. **Galen** elaborated **Hippocrates's** doctrine of the **four humours** — **blood, black bile, yellow bile and phlegm** — derived from the four elements earth, air, fire and water; imbalance among these humours was believed to cause disorders. NCERT explicitly parallels this with the Indian **Ayurvedic notion of three doshas** — **vata, pitta and kapha** — mentioned in the **Atharva Veda** (NCERT p. 72). The third recurring perspective is the **psychological** approach, attributing disorders to inadequacies in the way an individual thinks, feels or perceives the world.

The **Middle Ages** revived demonology with witch-hunts, though early Middle Ages also saw **St. Augustine** writing extensively about feelings, mental anguish and conflict — laying the groundwork for modern psychodynamic theories. The **Renaissance** brought humanism: **Johann Weyer** emphasised psychological conflict and disturbed interpersonal relationships as causes, and insisted 'witches' were mentally disturbed and required medical, not theological, treatment (NCERT p. 72). The seventeenth-eighteenth centuries — the **Age of Reason and Enlightenment** — saw scientific method replace faith and dogma, leading to the **Reform Movement**, asylum reforms across Europe and America, and ultimately **deinstitutionalisation**, the inclination to provide community care for recovered mental patients (NCERT pp. 72–73). The modern convergence is the **interactional or bio-psycho-social approach** in which biological, psychological and social factors jointly play roles in the expression and outcome of disorders.

Classification systems are essential because they enable communication among psychologists, psychiatrists and social workers and help in identifying causes and processes of disorders (NCERT §Classification, p. 73). The American Psychiatric Association has published the **Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)**, which presents discrete clinical criteria for the presence or absence of disorders. The classification scheme officially used in India and

elsewhere is the tenth revision of the **International Classification of Diseases (ICD-10)** known as the **ICD-10 Classification of Behavioural and Mental Disorders**, prepared by the **World Health Organisation (WHO)**.

Factors underlying abnormal behaviour are presented through several converging models (NCERT §Factors Underlying Abnormal Behaviour, pp. 73–75). **Biological factors** include faulty genes, endocrine imbalances, malnutrition, injuries and abnormal activity by certain neurotransmitters — anxiety disorders are linked to low GABA activity, schizophrenia to excess dopamine activity, and depression to low serotonin activity. Genetic factors are linked to bipolar disorder, schizophrenia and intellectual disability — though many genes combine rather than any single gene producing a disorder. The **psychodynamic model** (Freud) holds that behaviour is determined by unconscious psychological forces — **id** (instinctual needs/drives/impulses), **ego** (rational thinking) and **superego** (moral standards) — and abnormal symptoms are a symbolic expression of unconscious mental conflicts traceable to early childhood or infancy. The **behavioural model** holds that both normal and abnormal behaviours are learned through **classical conditioning** (temporal association), **operant conditioning** (behaviour followed by a reward) and **social learning** (imitation). The **cognitive model** holds that abnormal functioning results from cognitive problems — irrational assumptions, illogical thinking and **overgeneralisation** (broad negative conclusions on the basis of a single insignificant event). The **humanistic-existential model** holds that human beings are born with a natural tendency to be friendly and constructive and a drive to **self-actualise**; existentialists add that we have the freedom to give meaning to our existence and those who shirk this responsibility live empty, inauthentic, dysfunctional lives.

The **socio-cultural model** highlights family systems (the **enmeshed** family in which members are overinvolved in each other's activities, thoughts and feelings), social networks (isolation and lack of social support increase and prolong depression), and societal labels and roles — labels of 'deviant' or 'mentally ill' tend to stick, and the person learns to accept and play the sick role (NCERT p. 75). One of the most widely accepted explanations is the **diathesis-stress model**: psychopathology develops when a biological **diathesis** (inherited predisposition/aberration) carrying a vulnerability to disorder is set off by pathogenic **stressors**; the model has been applied to anxiety, depression and schizophrenia (NCERT p. 75).

The **major psychological disorders** follow DSM-5. **Anxiety Disorders** are the most common category (NCERT pp. 76–77; Table 4.1). **Generalised Anxiety Disorder** features prolonged, vague, unexplained intense fears not attached to any particular object, accompanied by **hypervigilance** (constantly scanning the environment for dangers) and **motor tension** (restless, shaky). **Panic Disorder** consists of recurrent unpredictable anxiety attacks — abrupt surges of intense terror with shortness of breath, dizziness, trembling, palpitations, choking, nausea, chest pain and fear of going crazy, losing control or dying. **Phobias** are irrational fears attached to specific objects, people or situations: **specific phobias** (animals, enclosed spaces), **social anxiety**

disorder (social phobia) (intense fear in interactions with others) and **agoraphobia** (fear of entering unfamiliar situations, often making the person unable to leave home). **Separation Anxiety Disorder (SAD)** features developmentally inappropriate fear and anxiety about separation from attachment figures.

Obsessive-Compulsive and Related Disorders (NCERT pp. 77–78). **Obsessive behaviour** is the inability to stop thinking about a particular idea or topic — the person finds these thoughts unpleasant and shameful. **Compulsive behaviour** is the need to perform certain behaviours over and over again — counting, ordering, checking, touching, washing. The category also includes **hoarding**, **trichotillomania** (hair-pulling disorder) and **excoriation** (skin-picking disorder).

Trauma- and Stressor-Related Disorders include **post-traumatic stress disorder (PTSD)** — recurrent dreams, flashbacks, impaired concentration, emotional numbing after natural disasters, terrorist bomb blasts, accidents or war — plus Adjustment Disorders and Acute Stress Disorder (NCERT p. 78).

Somatic Symptom and Related Disorders are conditions with physical symptoms in the absence of physical disease (NCERT p. 78). **Somatic Symptom Disorder** involves persistent body-related symptoms with overpreoccupation and frequent doctor visits. **Illness Anxiety Disorder** involves persistent preoccupation about developing a serious illness — concern is the anxiety itself rather than actual symptoms. **Conversion Disorder** features sudden loss of motor or sensory function — paralysis, blindness, deafness, difficulty walking — with no physical cause, often following a stressful experience.

Dissociative Disorders involve severance of connections between ideas and emotions (NCERT pp. 78–79; Box 4.1). **Dissociative Amnesia** is extensive but selective memory loss without organic cause; its subtype **dissociative fugue** features unexpected travel away from home, assumption of a new identity and inability to recall the previous one. **Dissociative Identity Disorder (multiple personality disorder)** — the most dramatic — involves two or more separate and contrasting personalities, often associated with a history of childhood abuse. **Depersonalisation/Derealisation Disorder** is a dreamlike state of being separated from self and reality.

Depressive Disorders (NCERT pp. 79–80). **Major Depressive Disorder** is a period of depressed mood and/or loss of interest or pleasure in most activities, with changes in body weight, sleep problems, tiredness, slowed behaviour, agitation, thoughts of death and suicide, and feelings of worthlessness or excessive guilt. Risk factors include genetic make-up, age (women at higher risk in young adulthood; men in early middle age), gender, negative life events and lack of social support.

Bipolar and Related Disorders include **Bipolar I** (mania alternating with depression — manic episodes rarely appear alone, hence the older name "manic-depressive disorder"), **Bipolar II** and **Cyclothymic Disorder** (NCERT p. 80). NCERT discusses **suicide** here as a multi-causal phenomenon, the strongest risk factor being a previous suicidal attempt; WHO-recommended measures include limiting access to the means of suicide,

responsible media reporting, alcohol-related policies, early identification and training of health workers.

Schizophrenia Spectrum and Other Psychotic Disorders (NCERT pp. 81–82).

Symptoms group into three categories — **positive**, **negative** and **psychomotor**.

Positive symptoms are pathological excesses or bizarre additions: **delusions** (firmly held false beliefs without basis in reality), with subtypes — **persecution** (most common — being plotted against), **reference** (special meaning attached to others' actions), **grandeur** (specially empowered) and **control** (thoughts/actions controlled by others); **formal thought disorders** — loosening of associations/derailment, neologisms (inventing new words/phrases) and **perseveration** (persistent inappropriate repetition); **hallucinations** (perceptions in the absence of external stimuli) — **auditory hallucinations** are most common (second-person addressed to the patient; third-person referring to the patient), and there are also **tactile** (tingling, burning), **somatic** (e.g., snake crawling inside the stomach), **visual**, **gustatory** (food tastes strange) and **olfactory** (smell of poison/smoke) hallucinations; and **inappropriate affect** (emotions unsuited to the situation). **Negative symptoms** are pathological deficits: **alogia** (poverty of speech), **blunted affect** (less emotion), **flat affect** (no emotion at all), **avolition** (apathy/inability to start or complete a course of action), and social withdrawal. **Psychomotor symptoms** appear as reduced spontaneous movement, odd grimaces and **catatonia** — **catatonic stupor** (motionless and silent for long stretches), **catatonic rigidity** (rigid upright posture for hours) and **catatonic posturing** (assuming awkward, bizarre positions).

Neurodevelopmental Disorders manifest in the early stage of development (NCERT pp. 82–83). **Attention-Deficit/Hyperactivity Disorder (ADHD)** has two main features — **inattention** (difficulty sustaining mental effort, disorganisation, forgetfulness, distractibility) and **hyperactivity-impulsivity** (constant motion, inability to wait/take turns, acting before thinking). **Autism Spectrum Disorder** features widespread impairments in social interaction and communication and stereotyped patterns of behaviour and interests; about **70 per cent of children with autism spectrum disorder have intellectual disabilities**. **Intellectual Disability** refers to below average intellectual functioning with IQ of approximately 70 or below and deficits in adaptive behaviour (communication, self-care, home living, social/interpersonal skills, etc.) manifested **before the age of 18 years** (Table 4.2 details mild/moderate/severe/profound levels by IQ range and area of functioning). **Specific Learning Disorder** involves difficulty in perceiving or processing information efficiently — problems in reading, writing or mathematics.

Disruptive, Impulse-Control and Conduct Disorders include **Oppositional Defiant Disorder (ODD)** (age-inappropriate stubbornness, irritability, defiance, hostility) and **Conduct Disorder/antisocial behaviour** (actions that violate family and social norms — verbal, physical, hostile and proactive aggression) (NCERT p. 84).

Feeding and Eating Disorders include **Anorexia Nervosa** (distorted body image leading to refusal to eat and starvation), **Bulimia Nervosa** (excessive eating followed

by purging through laxatives or vomiting, feelings of disgust) and **Binge Eating** (frequent out-of-control eating at higher than normal speed without purging) (NCERT p. 84).

Substance-Related and Addictive Disorders cover problems associated with regular and consistent use of alcohol, heroin, cocaine, tobacco and opioids that alter the way people think, feel and behave (NCERT pp. 84–86). **Alcohol** abuse leads to social and occupational dysfunction, tolerance, withdrawal and damages family and physical health (Box 4.2). **Heroin** overdose can paralyse breathing and cause death. **Cocaine** dependence dominates the person's life and produces depression, fatigue and irritability on withdrawal. Box 4.3 lists DSM-5 **commonly abused substances** — Alcohol; **Stimulants** (dextroamphetamines, metaamphetamines, cocaine); **Caffeine** (coffee, tea, chocolate); **Cannabis** (marijuana, bhang); **Hallucinogens** (LSD, mescaline); **Inhalants** (gasoline, glue, paint thinners); **Tobacco** (cigarettes, bidi); **Opioids** (morphine, heroin, cough syrup, painkillers); **Sedatives, Hypnotics or Anxiolytics** (sleeping pills, anti-anxiety medication).

2.2 Definitions to memorise

Term	Definition	Page
Four Ds	Deviance, Distress, Dysfunction, Danger — common features of abnormality	70
Maladaptive	Behaviour that cannot be modified to meet environmental requirements; interferes with well-being	70-71
Stigma	Mark of shame attached to mental illness causing people to hide problems	71
Exorcism	Removal of evil spirits through countermagic and prayer	72
Four Humours	Blood, black bile, yellow bile, phlegm (Hippocrates/Galen)	72
Three Doshas	Vata, pitta, kapha — Ayurvedic parallel to four humours	72
Deinstitutionalisation	Reform movement emphasising community care over asylums	72-73
Bio-psycho-social / interactional approach	Combines biological, psychological and social factors	73
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (APA)	73
ICD-10	International Classification of Behavioural and Mental Disorders (WHO) — used in India	73
Neurotransmitter		74

Term	Definition	Page
	Chemical released at nerve ending to cross the synapse	
Diathesis-stress model	Biological predisposition + pathogenic stressor → disorder	75
Enmeshed family	Family system where members are overinvolved in each other's activities	75
Generalised Anxiety Disorder	Prolonged, vague, unexplained fears with hypervigilance and motor tension	76
Panic Disorder	Recurrent abrupt anxiety attacks of intense terror	76
Agoraphobia	Fear of entering unfamiliar situations; afraid to leave home	76-77
Obsession	Inability to stop thinking a particular idea/topic	77
Compulsion	Need to perform certain behaviours over and over	77
PTSD	Post-Traumatic Stress Disorder — recurrent dreams, flashbacks, numbing after trauma	78
Conversion Disorder	Loss of motor/sensory function (paralysis, blindness) without physical cause	78
Dissociative Amnesia	Extensive but selective memory loss without organic cause	78-79
Dissociative Identity Disorder	Two or more separate, contrasting personalities (multiple personality)	79
Major Depressive Disorder	Depressed mood and/or loss of interest plus sleep/weight/cognitive symptoms	79
Bipolar I Disorder	Mania alternating with depression	80
Delusion	Firmly held false belief with no basis in reality	81
Hallucination	Perception that occurs in absence of external stimuli	82
Alogia	Poverty of speech (a negative symptom of schizophrenia)	82
Catatonia	Extreme psychomotor symptoms — stupor, rigidity, posturing	82
Autism Spectrum Disorder	Impairments in social interaction and communication + stereotyped behaviour	82-83
Intellectual Disability	IQ ≈70 or below with adaptive deficits manifest before age 18	83
Anorexia Nervosa	Distorted body image leading to starvation	84
Bulimia Nervosa	Binge eating followed by purging (laxatives/vomiting)	84

2.3 Diagrams / processes to remember

- **Table 4.1 — Major Anxiety Disorders and their Symptoms** (p. 77): GAD (prolonged vague intense fears with hypervigilance and motor tension), Panic Disorder (frequent attacks with breathlessness, palpitations, dizziness, sense of losing control or dying), Specific Phobia (irrational fears of specific objects/situations), Separation Anxiety Disorder (extreme distress on separation from significant figures), plus Selective Mutism, Substance-/Medication-Induced Anxiety Disorder, and Anxiety Disorder Due to Another Medical Condition.
- **Box 4.1 — Salient Features of Somatic Symptom and Related Disorders and Dissociative Disorders** (p. 79): pairs each disorder with its defining feature side by side.
- **Table 4.2 — Characteristics of Individuals with Different Levels of Intellectual Disability** (p. 85): Mild (IQ 55–70), Moderate (35–40 to 50–55), Severe (20–25 to 35–40), Profound (below 20–25) — compares self-help, speech/communication, academics, social, vocational and adult-living domains.
- **Box 4.2 — Effects of Alcohol: Some Facts** (p. 86): ethyl alcohol is absorbed into the blood and carried to the CNS where it depresses functioning of areas controlling judgment and inhibition.
- **Box 4.3 — Commonly Abused Substances (DSM-5)** (p. 86): Alcohol, Stimulants, Caffeine, Cannabis, Hallucinogens, Inhalants, Tobacco, Opioids, Sedatives/Hypnotics/Anxiolytics.
- **Three-symptom schema for schizophrenia** (pp. 81–82): Positive (excesses) | Negative (deficits) | Psychomotor — with delusions, hallucinations, formal thought disorders, alogia, blunted/flat affect, avolition, catatonia mapped to each.

2.4 Common confusions / NTA trap points

- **DSM-5 vs ICD-10** — DSM-5 is APA (American); ICD-10 is WHO and is the system officially used in India. NTA often swaps the publishing body.
- **Obsession vs compulsion** — obsession is the unwanted thought; compulsion is the repeated act. Both occur in OCD.
- **Somatic Symptom Disorder vs Illness Anxiety Disorder** — Somatic Symptom = physical complaints expressed; Illness Anxiety = worry/anxiety about getting ill (no actual symptoms).
- **Conversion Disorder** — falls under somatic symptom category, not dissociative — it involves loss of motor/sensory function with no physical cause.
- **Dissociative fugue** — is a subtype of Dissociative Amnesia, not a separate disorder.
- **Anorexia vs bulimia vs binge eating** — anorexia involves refusal to eat and starvation; bulimia involves binge eating followed by purging; binge eating involves out-of-control eating without purging.

- **Positive vs negative symptoms of schizophrenia** — positive = excesses/ additions (delusions, hallucinations, inappropriate affect); negative = deficits (alogia, flat affect, avolition). Many students reverse them.
- **Auditory hallucinations are most common** — not visual. Visual hallucinations are vague perceptions of colour or distinct visions.
- **Neurotransmitter links** — Anxiety ↔ low GABA, Schizophrenia ↔ excess dopamine, Depression ↔ low serotonin (frequent matching question).
- **Bipolar I vs MDD** — Bipolar I requires mania; depression alone (without mania) is MDD. Manic episodes "rarely appear alone".
- **70% of autism children have intellectual disability** — exact figure tested.
- **Intellectual disability cutoff age** — before age 18, IQ approximately 70 or below.
- **Hippocrates vs Plato vs Weyer** — Hippocrates (four humours), Plato (organismic approach), Weyer (psychological causation in Renaissance). Distractors swap them.

2.5 Thinkers / Theories cited in this chapter

Thinker / Construct	Theory or Concept	Where in NCERT
Carl Jung	Opening quote on the "shadow" — analytical psychologist invoked to frame psychological distress	§Introduction, p. 70
Hippocrates	Four humours (blood, black bile, yellow bile, phlegm) as causes of temperament and disorder	p. 72
Plato	Organismic approach — disturbed behaviour arises from conflict between emotion and reason	p. 72
Galen	Elaborated Hippocrates's four-humours doctrine	p. 72
Atharva Veda / Ayurvedic tradition	Three doshas — vata, pitta, kapha — Indian parallel to humours	p. 72
St. Augustine	Wrote on feelings, mental anguish, conflict — groundwork for modern psychodynamic theory	p. 72
Johann Weyer	Renaissance — psychological conflict and disturbed interpersonal relationships as causes; 'witches' as mentally disturbed	p. 72
Age of Reason / Enlightenment thinkers (no individual named)	Replaced faith/dogma with scientific method; led to Reform Movement and deinstitutionalisation	pp. 72-73
Sigmund Freud		p. 74

Thinker / Construct	Theory or Concept	Where in NCERT
	Psychodynamic model — id, ego, superego; abnormality as symbolic expression of unconscious conflicts from early childhood	
Behavioural model (no individual named)	Classical conditioning, operant conditioning, social learning as routes to learned maladaptive behaviour	pp. 74–75
Cognitive model (no individual named)	Irrational assumptions, illogical thinking, overgeneralisation	p. 75
Humanistic-Existential model (no individual named; Maslow's actualisation referenced)	Self-actualisation drive; existential responsibility for meaning	pp. 71, 75
Diathesis-Stress model	Biological predisposition + pathogenic stressor → psychopathology; applied to anxiety, depression, schizophrenia	p. 75
American Psychiatric Association (APA)	Published DSM-5 — the official classification used in the United States	p. 73
World Health Organisation (WHO)	Published ICD-10 — the classification scheme officially used in India	p. 73

Note: NCERT does not name individual authors for the behavioural, cognitive or humanistic-existential models, or for many specific symptoms/disorders. Only thinkers explicitly mentioned in this chapter are listed.

Practice MCQs

PYQ Alignment

This chapter is one of the heaviest scorers in CUET Psychology — typically 8-10 MCQs per year. Recurring patterns include definitional items on the four Ds, DSM-5/ICD-10 attribution, matching disorders to symptoms (anxiety subtypes, positive vs negative schizophrenia symptoms), neurotransmitter-disorder pairings, and case-based items on eating, dissociative or somatic symptom disorders.

CUET 2023 — Actual PYQs from this chapter

Q.21 (CUET 2023) Chemicals that carry messages across the synapse to the dendrite of the receiving neuron are called:

- A) Axons B) Cell body C) Neurotransmitters D) Dendrites **Tests:** Biological model — neurotransmitters **Answer:** Not in extracted key

Q.22 (CUET 2023) Schizophrenia is the descriptive term for a group of:

- A) Psychotic disorders B) Neurotic disorders C) Anxiety disorders D) Personality disorders **Tests:** Schizophrenia — psychotic disorders **Answer:** Not in extracted key

Q.23 (CUET 2023) An individual reporting loss of part or some bodily functions is a symptom of:

- A) Dissociative disorder B) Panic disorder C) Mood disorder D) Conversion disorder **Tests:** Dissociative / Conversion disorder **Answer:** Not in extracted key

Q.24 (CUET 2023) Choose the correct statement about Somatic Symptom Disorder: A. A person has persistent body-related symptoms B. Continually worries about the symptoms C. Frequently visits doctors D. Experiences paralysis or blindness E. Preoccupation with developing illness

- A) B, C, D only B) A, B, C only C) A, C, E only D) B, D, E only **Tests:** Somatic Symptom Disorder **Answer:** Not in extracted key

Q.25 (CUET 2023) Match List I with List II. List I (Period) A. Reformation B. Renaissance Period C. Organic Approach D. Middle Ages List II (Description) I. Hippocrates, Socrates and Plato II. Increased humanism and curiosity about behaviour III. Demonology and superstition IV. Age of reason and enlightenment

- A) A-II, B-I, C-III, D-IV B) A-IV, B-I, C-II, D-III C) A-II, B-III, C-I, D-IV D) A-IV, B-II, C-I, D-III
From your uploaded paper (CUET UG Psychology – Section 1), here are the remaining MCQs: Questions 26–50. **Tests:** Historical perspective on abnormality **Answer:** Not in extracted key

Q.26 (CUET 2023) Choose the correct option for identifying the features of a psychological disorder. 1. Deviance, danger, distress, dysfunction 2. Danger, distress, dysfunction, dependent 3. Danger, aggression, deviance, distress 4. Dependent, deviance, delusional, distress

- A) 1 B) 2 C) 3 D) 4 **Tests:** Four Ds — features of psychological disorder **Answer:** Not in extracted key

Q.41 (CUET 2023) Read the passage and answer: Ramesh had an intense fear of reptiles. Once he saw a lizard jump out of a cupboard. Since then he started avoiding rooms where he might encounter reptiles. Identify the disorder.

- A) Generalised Anxiety Disorder B) Separation Anxiety Disorder C) Phobia D) Obsessive Compulsive Disorder **Tests:** Phobia (case-based — Ramesh/Ramak) **Answer:** Not in extracted key

Q.42 (CUET 2023) Match the following disorders with examples. List I A. Specific phobia B. Agoraphobia C. Social anxiety disorder D. Separation anxiety disorder List II I. Fear of

entering unfamiliar situations II. Extreme anxiety about separation from attachment figure III. Intense fear of reptiles IV. Fear and embarrassment while interacting with others
Options: A. A-III, B-I, C-IV, D-II B. A-II, B-IV, C-I, D-III C. A-III, B-II, C-I, D-IV D. A-I, B-III, C-II, D-IV

Comprehension Passage (Questions 41–50) Passage Ramak always used to dislike and be afraid of reptiles. One day while he was trying to wear his shoes when a lizard jumped out of it. Since then he started getting scared of lizards all the time. He could not control his fear whenever he saw a snake or lizard. His heart started pounding, he began sweating badly, and even fainted once when someone told him there was a lizard under his chair. His family thought it was just a fear of reptiles, but gradually his fear became extreme. Because of this intense fear, his mother took him to a doctor who suggested that Ramak should seek help from a psychotherapist. Questions

Question 41. On the basis of the above case study, identify the disorder Ramak might be suffering from. Options: A. Generalised Anxiety Disorder B. Separation Anxiety Disorder C. Phobia D. Obsessive Compulsive Disorder

Question 42. Match List I with List II. List I (Disorder) A. Specific Phobia B. Agoraphobia C. Social Anxiety Disorder D. Separation Anxiety Disorder List II (Description) I. Extreme anxiety about separation from attachment figure II. Ramak's extreme fear of reptiles III. Fear of entering unfamiliar situations IV. Intense and incapacitating fear and embarrassment when dealing with others Options: A. A-II, B-III, C-IV, D-I B. A-II, B-IV, C-I, D-III C. A-III, B-II, C-I, D-IV D. A-I, B-II, C-III, D-IV

Question 43. Which symptom of anxiety disorder is reflected when Ramak's heart started pounding and he began sweating? Options: A. Physiological symptoms B. Cognitive symptoms C. Behavioural symptoms D. Emotional symptoms

Question 44. The intense fear shown by Ramak toward reptiles represents: Options: A. Social anxiety B. Specific phobia C. Panic disorder D. Mood disorder

Question 45. Avoiding places where reptiles might be present is an example of: Options: A. Avoidance behaviour B. Compulsive behaviour C. Hallucination D. Delusion

Question 46. Which treatment approach is generally used to reduce phobic reactions? Options: A. Psychoanalysis B. Systematic desensitisation C. Aversion therapy D. Humanistic therapy

Question 47. The sweating and fainting experienced by Ramak when seeing reptiles indicates: Options: A. Panic response B. Mood disturbance C. Personality change D. Cognitive bias

Question 48. Which category of disorder does phobia belong to? Options: A. Mood disorder B. Anxiety disorder C. Psychotic disorder D. Personality disorder

Question 49. Seeking help from a psychotherapist suggests the use of: Options: A. Psychological therapy B. Medical surgery C. Neurological testing D. Drug abuse treatment

Question 50. Which of the following best describes Ramak's fear?

- A) Irrational and excessive fear of a specific object B) Temporary sadness C) Mild discomfort D) Normal curiosity
- Tests:** Phobia subtypes — match (passage embeds Q41–50 on Ramak's phobia) **Answer:** Not in extracted key

CUET 2024 — Actual PYQs from this chapter

Q.15 (CUET 2024) A person who fears contamination and repeatedly cleans surfaces is suffering from:

- A) Obsessive-Compulsive Disorder B) Depressive Disorder C) Post-Traumatic Stress Disorder D) Somatic Symptom Disorder
- Tests:** Obsessive-Compulsive Disorder **Answer:** Not in extracted key

Q.30 (CUET 2024) Beth hides food in her room, eats excessively and later induces vomiting. Which disorder is this?

- A) Anorexia Nervosa B) Body Dysmorphic Disorder C) Bulimia Nervosa D) Conduct Disorder
- Tests: Eating disorders — Bulimia Nervosa Answer: Not in extracted key

Q.31 (CUET 2024) Identify the neurodevelopmental disorders: (A) Autism Spectrum Disorder (B) Intellectual Disability (C) Specific Learning Disorder (D) Hallucinations (E) Conduct Disorder

- A) (A), (B) & (C) only B) (A), (B) & (E) only C) (A), (B), (C) & (D) D) (A), (B), (C) only
- Tests: Neurodevelopmental disorders Answer: Not in extracted key

Q.37 (CUET 2024) A person needing more alcohol to feel the same effect is showing:

- A) Withdrawal B) Tolerance C) Poor quality alcohol D) Fixation
- Tests: Substance use disorders — tolerance Answer: Not in extracted key

Q.38 (CUET 2024) Recurrent dreams and flashbacks after seeing the Twin Towers destroyed are symptoms of:

- A) Generalised Anxiety Disorder B) Post-Traumatic Stress Disorder C) Separation Anxiety Disorder D) Pre-Traumatic Stress Disorder
- Tests: PTSD (case-based) Answer: Not in extracted key

Q.46 (CUET 2024) Identify the disorder Major Chandra is suffering from:

- A) Conversion Disorder B) Post-Traumatic Stress Disorder C) Illness Anxiety Disorder D) Generalised Anxiety Disorder
- Tests: PTSD identification Answer: Not in extracted key

Q.47 (CUET 2024) Which of the following is also a Trauma and Stress-Related Disorder?

- A) Adjustment Disorders B) Somatic Symptom Disorder C) Separation Anxiety Disorder D) Social Anxiety Disorder
- Tests: Trauma and Stress-Related Disorders — Adjustment Answer: Not in extracted key

Q.48 (CUET 2024) Pick out other symptoms related to PTSD:

- A) Paralysis B) Depressed mood C) Emotional numbing D) Exfoliation
- Tests: PTSD symptoms — emotional numbing Answer: Not in extracted key

Q.49 (CUET 2024) Identify the category under which PTSD is classified:

- A) Somatic Symptom Disorders B) Dissociative Disorders C) Bipolar Disorders D) Trauma and Stress-Related Disorders
- Tests: DSM classification — Trauma/Stress disorders Answer: Not in extracted key

Q.50 (CUET 2024) Identify the official manual currently used to classify psychological disorders:

- A) DSM-V B) ICD C) GSM-IV D) ISM-V
- Tests: DSM-V classification manual Answer: Not in extracted key

CUET 2025 — Actual PYQs from this chapter

Q.20 (CUET 2025) What is the full form of PTSD?

- A) Post Traumatic Stress Disorder B) Pro Traumatic Stress Disorder C) Pure Traumatic Situational Disorder D) Pre Traumatic Situational Disorder **Tests:** PTSD — full form **Answer:** Not in extracted key

Q.29 (CUET 2025) Anxiety disorders have been linked to low activity of which neurotransmitter?

- A) Gamma-aminobutyric acid B) Serotonin C) Dopamine D) Cortisol **Tests:** Biological model — GABA & anxiety **Answer:** Not in extracted key

Q.30 (CUET 2025) Which model emphasises that psychological disorders result from learning maladaptive ways of behaving?

- A) Psychodynamic model B) Behavioural model C) Cognitive model D) Humanistic-existential model **Tests:** Behavioural model of disorders **Answer:** Not in extracted key

Q.31 (CUET 2025) Pari, who is eight years old now, continues to cling to her parents and refuses to go to school without them. She screams, throws tantrums and General Test PYQ feels fearful when she is left alone in a room by herself. These are characteristic features of:

- A) Panic disorder B) Phobia C) Separation anxiety disorder D) Generalised anxiety disorder **Tests:** Separation Anxiety Disorder **Answer:** Not in extracted key

Q.32 (CUET 2025) Archit works in an office where he feels that he is being spied on. He is sure that people deliberately assign him more work as they want him thrown out on grounds of incompetence. Archit also feels that people tamper with his computer and call him from multiple numbers to attack his personal space. What kind of delusion is Archit suffering from?

- A) Delusion of grandeur B) Delusion of reference C) Delusion of control D) Delusion of persecution **Tests:** Schizophrenia — delusion of persecution **Answer:** Not in extracted key

Q.33 (CUET 2025) Arrange the different levels of Intellectual Disability in order of higher to lower level of dysfunctioning: (A) Mild (B) Moderate (C) Severe (D) Profound

- A) A, B, C, D B) D, C, B, A C) B, A, D, C D) C, B, A, D **Tests:** Intellectual Disability — levels **Answer:** Not in extracted key

Q.34 (CUET 2025) Match List-I with List-II: List-I (Disorder) List-II (Symptom)
Schizophrenia (i) Positive symptoms Bipolar and Related Disorder (ii) Overly preoccupied with bodily symptoms Separation Anxiety Disorder (iii) Fear Somatic Symptom Disorder (iv) Suicidal thoughts

- A) A-i, B-iv, C-iii, D-ii B) A-iii, B-iv, C-i, D-ii C) A-i, B-ii, C-iii, D-iv D) A-ii, B-iv, C-i, D-iii **Tests:** Disorders & symptoms match **Answer:** Not in extracted key

Q.41 (CUET 2025) According to the behavioural model, psychological disorders are the result of:

- A) Learning maladaptive behaviour patterns B) Unconscious conflicts C) Biological abnormalities D) Faulty thinking patterns **Tests:** Behavioural model of disorders

Answer: Not in extracted key

Q.42 (CUET 2025) Which neurotransmitter is associated with anxiety disorders when its activity is low?

- A) Gamma Aminobutyric Acid (GABA) B) Serotonin C) Dopamine D) Cortisol General Test PYQ **Tests:** GABA & anxiety disorders **Answer:** Not in extracted key

Q.43 (CUET 2025) Which of the following disorders is characterised by extreme mood swings?

- A) Schizophrenia B) Bipolar disorder C) Somatic disorder D) Phobia **Tests:** Bipolar disorder **Answer:** Not in extracted key

Q.44 (CUET 2025) Fear of a specific object or situation such as heights or animals is known as:

- A) Panic disorder B) Generalised anxiety disorder C) Phobia D) Obsessive disorder **Tests:** Specific Phobia **Answer:** Not in extracted key

Q.48 (CUET 2025) Which disorder involves persistent fear of social situations?

- A) Social anxiety disorder B) Panic disorder C) Phobia D) OCD **Tests:** Social Anxiety Disorder **Answer:** Not in extracted key