ANSWER KEY & MARKING SCHEME · CBSE CLASS 12

Psychological Disorders

Psychology · Chapter 4 · Use this with the Board Paper · Companion to Quick Drill

HOW TO USE

Attempt the Board Paper first (closed-book, full time). Then come here. For 2-mark+ questions, compare your answer to the model. For 3-4 mark questions, also consult the **Topper Templates** below — these show the exact step-by-step structure that scores full marks per CBSE marking-scheme conventions.

MODEL ANSWERS · BOARD PAPER

Section A — VSA (1 mark × 4)

Q1. Name the four 'Ds' used as criteria of abnormal behaviour. [1 mark]

Ans: Deviance, Distress, Dysfunction, Danger.

Q2. Differentiate between an obsession and a compulsion. [1 mark]

Ans: An OBSESSION is an unwanted, intrusive thought/image; a COMPULSION is a repetitive behaviour/ mental act performed to reduce the anxiety the obsession creates.

Q3. Name the classification systems published by the WHO and the APA. [1 mark]

Ans: ICD-11 (WHO) and DSM-5 (APA).

Q4. Name any two negative symptoms of schizophrenia. [1 mark]

Ans: Alogia (poverty of speech) and avolition (loss of motivation). [Other valid: anhedonia, flat affect, social withdrawal.]

Section B — SA-I (3 marks × 2)

Q5. What are the criteria of abnormal behaviour? Explain the 4 Ds. [3 marks]

Ans: Abnormal behaviour is identified by FOUR criteria — the 4 Ds. (1) DEVIANCE — the behaviour DEPARTS from social, cultural, or statistical norms (talking to people who aren't there, severe withdrawal). (2) DISTRESS — it causes the person significant personal SUFFERING (intense anxiety, persistent sadness). (3) DYSFUNCTION — it IMPAIRS daily functioning in work, relationships, self-care, or education. (4) DANGER — it poses a RISK of harm to the self (self-injury, suicide) or to others. A behaviour usually needs to meet SEVERAL of these — not just one — to be classified as a psychological disorder; statistical rarity alone is insufficient (geniuses are rare but not abnormal).

Q6. Explain the substance-use disorders covered in NCERT. [3 marks]

Ans: Substance-use disorders involve harmful use of psychoactive substances. NCERT covers THREE categories. (1) ALCOHOL — a depressant; chronic abuse damages the liver, causes memory deficits (Korsakoff's syndrome), and disrupts social/occupational life; dependence brings tolerance and severe withdrawal (tremors, hallucinations). (2) OPIOIDS (heroin, morphine) — produce euphoria and pain relief; dependence develops rapidly; withdrawal is intensely uncomfortable but rarely fatal. (3) CANNABIS (marijuana, hashish) — produces relaxation, altered perception, and distorted time-sense; long-term use is linked to amotivational syndrome and can trigger psychosis in vulnerable users. The key distinction is between ABUSE (recurrent problems from use) and DEPENDENCE (tolerance + withdrawal + loss of control).

Section C — SA-II (5 marks × 2)

Q7. Explain the symptoms of schizophrenia, distinguishing positive, negative, and disorganised symptoms. [5 marks]

Ans: SCHIZOPHRENIA is a severe PSYCHOTIC disorder of late adolescence/early adulthood, with profound disruption of thinking, perception, emotion, and behaviour. Symptoms fall in three clusters. POSITIVE SYMPTOMS are ADDITIONS. DELUSIONS are firmly held false beliefs — PERSECUTION ('people conspire against me'), GRANDEUR ('I have special powers'), REFERENCE ('the TV sends me messages'). HALLUCINATIONS are perceptions without a real stimulus, most commonly AUDITORY (voices). DISORGANISED SPEECH shows loosening of associations and 'word salad'. NEGATIVE SYMPTOMS are SUBTRACTIONS: ALOGIA (poverty of speech), AVOLITION (loss of motivation), ANHEDONIA (loss of pleasure), FLAT/BLUNTED AFFECT, social withdrawal. DISORGANISED SYMPTOMS include grossly disorganised behaviour (unpredictable agitation, child-like silliness, inappropriate dress) and CATATONIC motor symptoms (rigid immobility or excited movement). Causes: genetic vulnerability, the DOPAMINE hypothesis (excess dopamine activity), prefrontal/temporal abnormalities, and stress triggers (diathesis-stress). Schizophrenia is NOT 'split personality' — that is Dissociative Identity Disorder.

Q8. Explain the four types of anxiety disorders. [5 marks]

Ans: ANXIETY DISORDERS share excessive, persistent fear/anxiety that impairs functioning. (1) GAD — chronic, EXCESSIVE, UNCONTROLLABLE worry about everyday events lasting ⩾6 months, with restlessness, fatigue, muscle tension, disturbed sleep. The anxiety is 'free-floating'. (2) PANIC DISORDER — recurrent UNEXPECTED panic attacks peaking within MINUTES, with palpitations, sweating, trembling, chest pain, choking, dizziness, and terror of impending doom; between attacks, ANTICIPATORY anxiety. (3) PHOBIAS — irrational, persistent, EXCESSIVE fear of an object/situation leading to AVOIDANCE. Three types: SPECIFIC (heights/acrophobia, animals, blood, claustrophobia), SOCIAL (fear of scrutiny), AGORAPHOBIA (fear of places hard to escape — crowds, open spaces, public transport). (4) OCD — OBSESSIONS (intrusive thoughts about contamination, harm, symmetry) + COMPULSIONS (repetitive acts — washing, checking, counting) performed to reduce the obsession's anxiety; relief is temporary, locking the person in a cycle. All four share excessive irrational anxiety and respond to CBT and SSRIs where needed.

Section D — LA (6 marks × 1)

Q9. Explain the mood disorders (MDD and Bipolar) along with the dissociative disorders. Note how schizophrenia differs from DID. [6 marks]

Ans: MOOD DISORDERS are disturbances of emotion. MDD shows persistent SAD/EMPTY mood OR LOSS of interest (ANHEDONIA) for ⩾2 WEEKS plus ⩾5 additional symptoms: appetite/weight change, sleep disturbance, fatigue, psychomotor agitation/retardation, WORTHLESSNESS/guilt, poor concentration, recurrent thoughts of death. Biological: reduced serotonin + norepinephrine. MANIA is the opposite pole — abnormally ELEVATED/irritable mood with grandiosity, decreased need for sleep, pressured speech, racing thoughts, distractibility, reckless behaviour. BIPOLAR DISORDER cycles between manic and depressive episodes; Type I = full mania, Type II = hypomania + depression. DISSOCIATIVE DISORDERS disrupt integration of consciousness, memory, identity, perception. (a) DISSOCIATIVE AMNESIA — sudden inability to recall personal information after trauma. (b) DISSOCIATIVE FUGUE — amnesia + flight from home + sometimes a NEW IDENTITY. (c) DISSOCIATIVE IDENTITY DISORDER (DID, formerly 'multiple personality') — two or more DISTINCT identities alternately control behaviour, with memory gaps. (d) DEPERSONALISATION-DEREALISATION — feeling detached from one's body/thoughts or from the world. Critically, SCHIZOPHRENIA is NOT DID — schizophrenia is psychotic (delusions, hallucinations, break from reality); DID is dissociative (fragmented identity within ONE mind). Confusing the two is the most common board error.

★ TOPPER TEMPLATE — 5-mark: 'Explain the symptoms of schizophrenia.'

Annual

Step 1 [1 mark]	**Define**	SCHIZOPHRENIA is a severe PSYCHOTIC disorder marked by a break from reality, in which thinking, perception, emotion, and behaviour are profoundly disrupted. It typically appears in late adolescence/early adulthood and is described through three broad symptom clusters: POSITIVE, NEGATIVE, and DISORGANISED.
Step 2 [1.5 marks]	**Positive symptoms**	POSITIVE SYMPTOMS are ADDITIONS to normal experience — things that should NOT be there. DELUSIONS are firmly held false beliefs (of persecution — 'people are out to harm me'; of grandeur — 'I have special powers'; of reference — 'the TV is sending me messages'). HALLUCINATIONS are perceptions without a real stimulus, most commonly AUDITORY (voices). DISORGANISED SPEECH includes loosening of associations and 'word salad'.
Step 3 [1.5 marks]	**Negative symptoms**	NEGATIVE SYMPTOMS are SUBTRACTIONS — things that should be there but are missing. ALOGIA (poverty of speech), AVOLITION (loss of motivation and inability to initiate activities), ANHEDONIA (loss of pleasure in formerly enjoyed activities), FLAT or BLUNTED AFFECT (reduced emotional expression), and SOCIAL WITHDRAWAL. Negative symptoms often predict a poorer long-term course than positive symptoms.
Step 4 [0.5 mark]	**Disorganised symptoms**	DISORGANISED SYMPTOMS include grossly disorganised behaviour (unpredictable agitation, child-like silliness, inappropriate dress) and catatonic motor symptoms (immobility, rigid posturing or excited motor activity).
Step 5 [0.5 mark]	**Causes + significance**	Causes are multi-factorial — genetic vulnerability, the DOPAMINE hypothesis (excess dopamine activity), prefrontal/ temporal brain abnormalities, and stress as a trigger (diathesis-stress). The key examiner point is that POSITIVE = additions, NEGATIVE = absences — both are pathological.

COMMON LOSS OF MARKS:

- Confusing schizophrenia with DID/split personality.
- Treating 'positive' as 'good' and 'negative' as 'bad'.
- Missing the negative-symptom cluster entirely.
- Not naming at least 2 delusions + 1 hallucination type.

★ TOPPER TEMPLATE — 5-mark: 'Explain the types of anxiety disorders.'
Annual

Step 1 [1 mark]	**Define + GAD**	ANXIETY DISORDERS share excessive, persistent fear/anxiety that impairs functioning. GENERALISED ANXIETY DISORDER (GAD) is chronic, excessive, uncontrollable WORRY about everyday events (health, work, family), lasting ⩾6 months, accompanied by restlessness, fatigue, muscle tension, and disturbed sleep. The anxiety is 'free-floating' — not tied to one trigger.
Step 2 [1 mark]	**Panic disorder**	PANIC DISORDER involves recurrent, unexpected PANIC ATTACKS — abrupt surges of intense fear with palpitations, sweating, trembling, chest pain, choking sensations, dizziness, and a sense of impending doom or losing control. The attacks peak within minutes. The person then develops persistent worry about more attacks (anticipatory anxiety).
Step 3 [1.5 marks]	**Phobias (3 types)**	A PHOBIA is an IRRATIONAL, EXCESSIVE, PERSISTENT fear of a specific object/ situation, leading to AVOIDANCE. (a) SPECIFIC phobia — heights (acrophobia), animals (zoophobia), blood, enclosed spaces (claustrophobia). (b) SOCIAL phobia / social anxiety — intense fear of social scrutiny, embarrassment, or being judged in social situations. (c) AGORAPHOBIA — fear of being in places from which escape is difficult or help unavailable (crowds, open spaces, public transport); severe cases become housebound.
Step 4 [1 mark]	**OCD**	OBSESSIVE-COMPULSIVE DISORDER has two components. OBSESSIONS are UNWANTED, INTRUSIVE thoughts (contamination, harm, symmetry, doubt). COMPULSIONS are REPETITIVE behaviours/mental acts (handwashing, checking, counting, ordering) performed to reduce the obsession's anxiety. The compulsion gives only temporary relief, trapping the person in a cycle that is time-consuming and impairs functioning.
Step 5 [0.5 mark]	**Conclusion**	All four share excessive, irrational anxiety. Treatment combines cognitive behavioural therapy (especially exposure and response prevention for phobias/OCD) and, where needed, medication (SSRIs, anxiolytics).

COMMON LOSS OF MARKS:
- Listing only 2-3 types (need GAD + panic + phobia + OCD).
- Not naming the THREE phobia sub-types.
- Confusing obsessions and compulsions.
- Missing the avoidance feature in phobias.

★ TOPPER TEMPLATE — 3-mark: 'What are the criteria of abnormal behaviour?'
2019, 2021, 2023

Step 1 [1 mark]	**Define + 4 Ds**	ABNORMAL BEHAVIOUR is identified by FOUR criteria — the FOUR Ds: DEVIANCE, DISTRESS, DYSFUNCTION, and DANGER. A behaviour usually needs to meet SEVERAL of these — not just one — to qualify as a psychological disorder.
Step 2 [1 mark]	**Deviance + Distress**	DEVIANCE — the behaviour DEPARTS from social, cultural, or statistical NORMS (talking to people who aren't there, severe withdrawal). DISTRESS — the behaviour causes the person significant personal SUFFERING (intense anxiety, persistent sadness, inability to enjoy life).
Step 3 [1 mark]	**Dysfunction + Danger**	DYSFUNCTION — the behaviour IMPAIRS the person's ability to function in daily life (work, relationships, self-care, education). DANGER — the behaviour poses a RISK of harm to the person themselves (self-injury, suicidal acts) or to others. Together, the 4 Ds give a multi-dimensional definition that no single criterion provides.

COMMON LOSS OF MARKS:
- Naming only 2-3 Ds.
- Treating statistical rarity as sufficient on its own.
- Confusing Distress with Dysfunction.

★ TOPPER TEMPLATE — 3-mark: 'Explain mood / bipolar disorders.'
2018, 2022

Step 1 **[1 mark]**	**Major Depressive Disorder**	MOOD DISORDERS are disturbances of emotion. MAJOR DEPRESSIVE DISORDER is marked by persistent SAD/EMPTY mood OR loss of interest/pleasure (anhedonia) for ⩾2 weeks, plus appetite/sleep disturbances, fatigue, feelings of worthlessness or guilt, poor concentration, psychomotor slowing, and recurrent thoughts of death. Serotonin under-activity is implicated.
Step 2 **[1 mark]**	**Mania**	MANIA is the opposite pole — abnormally ELEVATED, expansive or irritable mood with inflated self-esteem/grandiosity, decreased need for sleep, pressured speech, racing thoughts, distractibility, increased goal-directed activity, and reckless behaviour (spending sprees, risky sex).
Step 3 **[1 mark]**	**Bipolar Disorder**	BIPOLAR DISORDER involves CYCLING between manic and depressive episodes (with periods of normal mood in between). Type I has full manic episodes; Type II has hypomania + depression. It has strong genetic loading and is typically treated with mood stabilisers (lithium) and psychotherapy.

COMMON LOSS OF MARKS:
- Confusing mania with simple happiness.
- Missing the 2-week depression duration criterion.
- Not naming the cycling pattern of bipolar.

MARKING SCHEME — GENERAL NOTES
- Theorist/system names mandatory (Hippocrates for biological view; ICD-11 = WHO; DSM-5 = APA).
- Schizophrenia answers MUST distinguish positive (additions) from negative (subtractions) symptoms — confusing the two loses marks.
- Anxiety answers MUST cover all four types (GAD, panic, phobia, OCD) for full marks; missing any one costs 1-1.5 marks.
- Phobia answers MUST name all three sub-types (specific, social, agoraphobia).
- OCD answers MUST distinguish obsessions (thoughts) from compulsions (acts).
- Schizophrenia ≠ DID. Mixing the two is a hard examiner red flag.
- Substance-use answers should cover all three NCERT substances (alcohol, opioids, cannabis) and distinguish abuse from dependence.
- Examples (named delusions, named phobias, named substances) carry marks.