

## CHAPTER 4

# Psychological Disorders

CBSE Class 12 · Psychology · Chapter 4

CBSE · Psychology · Class 12

### WHAT THIS CHAPTER DOES



Define abnormality using the 4 Ds (Deviance, Distress, Dysfunction, Danger).



Master anxiety disorders (GAD, panic, phobia, OCD).

Boards prep that builds confidence, not anxiety.

## TODAY'S MISSION

# Today's mission

**1** Define abnormality using the 4 Ds (Deviance, Distress, Dysfunction, Danger).

**2** Master anxiety disorders (GAD, panic, phobia, OCD).

**3** Distinguish positive vs negative symptoms of schizophrenia.

**4** Score 7/8 marks on this chapter's slice.

## WHY THIS MATTERS

# Why this chapter matters

1

6-8 marks every CBSE board paper — the heaviest chapter in the syllabus.

2

Schizophrenia + anxiety disorder questions appear almost annually.

3

Real-world value: recognising signs of mental illness in self and others — and reducing stigma.

TOPIC

**A**

# Defining abnormality + the 4 Ds

**THEOREM · LOAD-BEARING RESULT**

# What is a psychological disorder?



A **PSYCHOLOGICAL DISORDER** is a pattern of behaviour, thinking, or emotion that is associated with significant **DISTRESS**, **IMPAIRMENT** in functioning, or **RISK** of harm, and that **DEPARTS** from accepted social/cultural norms (Comer, NCERT 2025-26).

## STATEMENT

Modern psychology identifies abnormality using the **FOUR Ds**: (1) **DEVIANCE** (departure from social, cultural, or statistical norms), (2) **DISTRESS** (personal suffering), (3) **DYSFUNCTION**

## WHY THIS MATTERS

- Statistical rarity alone is not enough — geniuses are rare but not abnormal
- The 4 Ds anchor a **MULTI-DIMENSIONAL** judgement that respects context (cultural variation in 'norms') while protecting against over-pathologising.

## WATCH OUT FOR

**NOTE** Cultural context matters. A behaviour 'deviant' in one culture may be normal in another (e.g. trance states in some religious traditions). Always weigh the 4 Ds together.

## TOPIC

# Historical + modern views of abnormality

## SUPERNATURAL VIEW

The earliest view attributed abnormality to SUPERNATURAL forces — possession by evil spirits, witchcraft, curses, divine displeasure. 'Treatment' included exorcism, prayer, trepanation (drilling holes in the skull to release evil spirits). and during the

## BIOLOGICAL VIEW (ORGANIC)

Hippocrates (4th c BCE) first argued that mental illness has BIOLOGICAL causes, not supernatural — proposing imbalance of the four HUMOURS (blood, phlegm, yellow + black bile) produced different disorders. Modern biology has replaced humours with

## PSYCHOLOGICAL + SOCIO-CULTURAL VIEWS

The PSYCHOLOGICAL view holds that disorders arise from inner mental processes. FREUD's psychodynamic model traced them to unconscious conflicts and early childhood. BEHAVIOURIST models (Watson, Skinner) saw them

**THEOREM · LOAD-BEARING RESULT**

# Classification — ICD-11 vs DSM-5

Modern psychology uses two major CLASSIFICATION systems to diagnose disorders consistently. ICD-11 (International Classification of Diseases, 11th revision) is published by the World Health Organisation and used INTERNATIONALLY for ALL diseases including mental disorders. DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th edition) is published by the

## STATEMENT

Both systems give each disorder a **NAME, CRITERIA** (specific symptoms + duration + impairment), and a **CODE** — enabling clinicians worldwide to communicate, research to compare findings,

## WHY THIS MATTERS

- Without standard classification, the same behaviour would be diagnosed differently across hospitals — undermining research, treatment, and statistics
- Classification also reduces stigma by treating mental illness as a definable medical category.

## WATCH OUT FOR

**NOTE** Classification does NOT explain CAUSES — it only categorises symptoms. A diagnosis is a starting point, not the whole picture of a person.

TOPIC

**B**

# Anxiety disorders

TOPIC

# Four types of anxiety disorder

## GENERALISED ANXIETY DISORDER (GAD)

GAD is CHRONIC, EXCESSIVE, UNCONTROLLABLE WORRY about everyday events — health, work, family — lasting at least SIX MONTHS. The anxiety is 'FREE-FLOATING' — not tied to one trigger. Symptoms include restlessness, fatigue, irritability, muscle

## PANIC DISORDER

PANIC DISORDER involves recurrent, UNEXPECTED PANIC ATTACKS — abrupt surges of intense fear peaking within MINUTES, with palpitations, sweating, trembling, shortness of breath, choking, chest pain, dizziness, numbness, and a terrifying sense of impending doom or

## PHOBIAS (SPECIFIC, SOCIAL, AGORAPHOBIA)

A PHOBIA is an IRRATIONAL, PERSISTENT, EXCESSIVE fear of a specific object/situation, out of proportion to the danger, leading to AVOIDANCE that impairs functioning. NCERT names THREE types. (1) SPECIFIC phobia — heights (acrophobia), spiders,

## OBSESSIVE-COMPULSIVE DISORDER

OCD has TWO components. OBSESSIONS are UNWANTED, INTRUSIVE thoughts/images causing anxiety — themes of contamination, harm, symmetry, doubt ('did I lock the door?'). COMPULSIONS are REPETITIVE behaviours/mental acts the person

TOPIC

C

# Somatic- symptom + dissociative disorders

TOPIC

# Body symptoms without medical cause + breaks in identity

## SOMATIC SYMPTOM DISORDERS

SOMATIC-SYMPTOM disorders involve PHYSICAL symptoms causing real distress but lacking a clear medical explanation. NCERT names four. (1) SOMATIC SYMPTOM DISORDER — multiple recurring physical complaints + excessive anxiety about them. (2) ILLNESS

## DISSOCIATIVE DISORDERS

DISSOCIATIVE disorders disrupt the normal integration of consciousness, memory, identity, and perception. NCERT names four. (1) DISSOCIATIVE AMNESIA — sudden inability to recall important personal information after trauma; far beyond ordinary forgetting. (2) DISSOCIATIVE FLIGHT —

## BODY DYSMORPHIC DISORDER

BODY DYSMORPHIC DISORDER (BDD), now in DSM-5's obsessive-compulsive spectrum, is preoccupation with an IMAGINED or GREATLY EXAGGERATED defect in appearance — usually face, skin, or hair — that drives repetitive checking/grooming and causes severe distress

## DIATHESIS-STRESS IN THESE DISORDERS

The DIATHESIS-STRESS model integrates causes. A biological/psychological VULNERABILITY (genetic predisposition, dysregulated stress response, childhood trauma) provides the diathesis; an environmental STRESSOR triggers the

TOPIC

**D**

# Mood + schizophrenic disorders

TOPIC

# Depressive + bipolar disorders

## MAJOR DEPRESSIVE DISORDER

MDD is marked by persistent SAD/EMPTY mood OR marked LOSS of interest/pleasure (ANHEDONIA) for AT LEAST TWO WEEKS, plus  $\geq 5$  additional symptoms: appetite/weight change, sleep disturbance, fatigue, psychomotor agitation/retardation, feelings of

## MANIA + BIPOLAR DISORDER

MANIA is the opposite pole — abnormally ELEVATED, expansive or irritable mood for at least a week, with grandiosity, decreased need for sleep, pressured speech, racing thoughts, distractibility, increased goal-directed activity, and reckless behaviour (spending sprees, risky

## SCHIZOPHRENIA — POSITIVE SYMPTOMS

SCHIZOPHRENIA is a severe PSYCHOTIC disorder of late adolescence/early adulthood, with profound disruption of thinking, perception, emotion, behaviour. POSITIVE symptoms are ADDITIONS. DELUSIONS are firmly held FALSE BELIEFS: PERSECUTION

## SCHIZOPHRENIA — NEGATIVE + DISORGANISED

NEGATIVE symptoms are SUBTRACTIONS — things missing. ALOGIA (poverty of speech), AVOLITION (loss of motivation), ANHEDONIA (loss of pleasure), FLAT/BLUNTED AFFECT (reduced emotional expression), SOCIAL WITHDRAWAL. DISORGANISED

TOPIC

**E**

# Childhood + substance-use disorders

## TOPIC

# Behavioural + neurodevelopmental disorders

### ADHD

ADHD has TWO core clusters. (1) **INATTENTION** — difficulty sustaining attention, careless errors, not listening, poor organisation, losing things, distractibility, forgetfulness. (2) **HYPERACTIVITY-IMPULSIVITY** — fidgeting, leaving the seat, running inappropriately talking

### AUTISM SPECTRUM DISORDER (ASD)

ASD is a **NEURODEVELOPMENTAL** disorder with onset in early childhood. Two diagnostic domains. (1) **Persistent DEFICITS in SOCIAL COMMUNICATION and INTERACTION** — reduced social-emotional reciprocity, poor eye contact and gestures,

### ODD + CONDUCT DISORDER

**OPPOSITIONAL DEFIANT DISORDER (ODD)** is a  $\geq 6$ -month pattern of angry/irritable mood, **ARGUMENTATIVE/DEFIANT** behaviour, and vindictiveness toward authority — frequent loss of temper, arguing with adults, refusing rules, deliberately annoying others, blaming others.

### SUBSTANCE-USE DISORDERS

**SUBSTANCE-USE** disorders involve harmful use of psychoactive substances. NCERT covers three. **ALCOHOL** — depressant; chronic abuse causes liver damage, memory deficits (Korsakoff's), social decline; dependence brings tolerance + severe withdrawal (tremors,

TOPIC

# Abnormality criterion

## TRAP → TRUTH

× **MISTAKE** A behaviour is abnormal if it is statistically rare or simply unusual.

✓ **CORRECT** Statistical rarity ALONE is not enough — geniuses are rare but not abnormal. Modern psychology uses the FOUR Ds: (1) DEVIANCE (the behaviour departs from social/statistical norms), (2) DISTRESS (it causes the person personal suffering), (3) DYSFUNCTION (it impairs daily functioning — work, relationships, self-care), (4) DANGER (it poses risk of harm to self or others). A behaviour usually needs to meet SEVERAL of these — not just one — to be classified as a psychological disorder.

## TOPIC

# Schizophrenia ≠ split personality

### TRAP → TRUTH

× **MISTAKE** Schizophrenia is the same as 'split personality' or multiple personalities.

✓ **CORRECT** Schizophrenia and Dissociative Identity Disorder (DID, formerly 'multiple personality') are TOTALLY DIFFERENT disorders. SCHIZOPHRENIA is a psychotic disorder marked by a break from reality — POSITIVE symptoms (delusions, hallucinations, disorganised speech) and NEGATIVE symptoms (alogia, avolition, anhedonia, flat affect). DID is a DISSOCIATIVE disorder in which two or more distinct identities alternate within one person. Confusing the two is the single most common board error.

## TOPIC

# Positive vs negative symptoms

### TRAP → TRUTH

× **MISTAKE** Positive symptoms of schizophrenia are 'good' and negative symptoms are 'bad'.

✓ **CORRECT** In schizophrenia, 'positive' and 'negative' are DESCRIPTIVE not evaluative. POSITIVE symptoms are ADDITIONS to normal experience (things that should not be there — delusions, hallucinations, disorganised speech and behaviour). NEGATIVE symptoms are SUBTRACTIONS from normal experience (things that should be there but are missing — alogia/poverty of speech, avolition/loss of motivation, anhedonia/loss of pleasure, flat affect/emotional blunting). Both are pathological.

## TOPIC

# Depression vs sadness

### TRAP → TRUTH

× **MISTAKE** Major Depressive Disorder is just feeling very sad.

✓ **CORRECT** MAJOR DEPRESSIVE DISORDER is a clinical disorder, not ordinary sadness. NCERT/DSM-5 requires  $\geq 5$  symptoms for  $\geq 2$  weeks, including either persistent SAD/EMPTY MOOD or marked LOSS OF INTEREST (anhedonia), plus changes in sleep, appetite, energy, concentration, feelings of worthlessness/guilt, psychomotor changes, and recurrent thoughts of death. It is a serious medical condition causing significant dysfunction — far beyond a low mood.

## TOPIC

# Phobia vs fear

## TRAP → TRUTH

× **MISTAKE** A phobia is the same as an ordinary fear.

✓ **CORRECT** Normal FEAR is proportionate to the threat. A PHOBIA is an IRRATIONAL, PERSISTENT, EXCESSIVE fear of a specific object or situation that is OUT OF PROPORTION to the actual danger, leading to active AVOIDANCE that impairs functioning. NCERT recognises THREE main types: SPECIFIC phobia (heights, animals, blood), SOCIAL phobia (fear of social scrutiny / embarrassment), and AGORAPHOBIA (fear of being in places from which escape is difficult — open spaces, crowds, public transport).

## TOPIC

# OCD obsessions vs compulsions

### TRAP → TRUTH

× **MISTAKE** OCD is just being neat or liking things organised.

✓ **CORRECT** OBSESSIVE-COMPULSIVE DISORDER has two components. OBSESSIONS are UNWANTED, INTRUSIVE thoughts, images, or impulses that cause distress (contamination, harm, symmetry). COMPULSIONS are REPETITIVE behaviours or mental acts the person feels driven to perform (washing, checking, counting) to reduce the anxiety the obsession creates. The compulsion gives only TEMPORARY relief, locking the person into a cycle. Liking tidiness is not OCD — the disorder requires significant distress and time-consuming impairment.

TOPPER TEMPLATE · MARK-BY-MARK

# 5-mark: 'Explain the symptoms of schizophrenia.'

**1** **DEFINE**  
1 m

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.

**2** **POSITIVE SYMPTOMS**  
1.5 m

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'.

**3** **NEGATIVE SYMPTOMS**  
1.5 m

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.

**4** **DISORGANISED SYMPTOMS**  
0.5 m

DISORGANISED SYMPTOMS include grossly disorganised behaviour (unpredictable agitation, child-like silliness, inappropriate dress) and catatonic motor symptoms (immobility, rigid posturing or excited motor activity).

**5** **CAUSES + SIGNIFICANCE**  
0.5 m

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.

TOPPER TEMPLATE · MARK-BY-MARK

# 5-mark: 'Explain the types of anxiety disorders.'

## 1 DEFINE + GAD

1 m

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  $\geq 6$  months, accompanied by restlessness, fatigue, muscle tension, and disturbed sleep. The anxiety is 'free-floating' — not tied to one trigger.

## 2 PANIC DISORDER

1 m

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).

## 3 PHOBIAS (3 TYPES)

1.5 m

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. 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.

## 4 OCD

1 m

## 5 CONCLUSION

0.5 m

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).

## TOPPER TEMPLATE · MARK-BY-MARK

# 3-mark: 'What are the criteria of abnormal behaviour?'

- 1 DEFINE + 4 DS**  
1 m  
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.
- 2 DEVIANCE + DISTRESS**  
1 m  
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).
- 3 DYSFUNCTION + DANGER**  
1 m  
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.

## PYQ PATTERNS



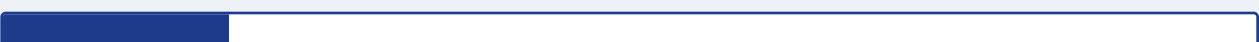
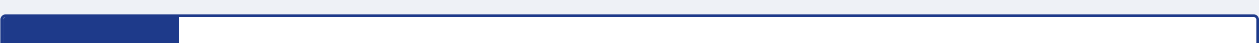




# Top PYQ patterns to drill

<b>#1</b>	Explain the symptoms of schizophrenia (positive vs negative). (5-6 marks)	2018, 2020, 2022, 2024
<b>#2</b>	Explain the types of anxiety disorders (GAD, panic, phobia, OCD). (5 marks)	Annual
<b>#3</b>	What are the criteria (4 Ds) of abnormal behaviour? (3 marks)	2019, 2021, 2023
<b>#4</b>	Differentiate mania and depression / explain bipolar disorder. (3-5 marks)	2018, 2022
<b>#5</b>	Explain the substance-use disorders (alcohol, opioid, cannabis abuse and dependence). (3-5 marks)	2020, 2023, 2024

## MARKS DISTRIBUTION

# 10-year marks distribution

### 10-YEAR PYQ MARKS DISTRIBUTION

Anxiety disorders (GAD, panic, phobia, OCD)		26%
Schizophrenia — positive vs negative symptoms		22%
Criteria of abnormality (4 Ds) + concept of psychological disorder		18%
Mood disorders (depression + bipolar)		14%
Substance-use disorders (alcohol, opioids, cannabis)		12%
Childhood disorders (ADHD, ASD, ODD, conduct)		12%
Dissociative + somatoform disorders		10%
Classification — ICD-11 vs DSM-5		6%

RECAP · MEMORISE THESE

# Recap

**1** Abnormality + classification — 4 Ds: Deviance · Distress · Dysfunction · Danger (need several).  
 Historical views: supernatural → biological (Hippocrates) → psychological.  
 Classification: ICD-11 (WHO) + DSM-5 (APA). Diathesis-

**2** Anxiety + somatic + dissociative + mood — Anxiety: GAD (chronic worry) · panic (sudden attacks) · phobia (specific/social/agoraphobia) · OCD (obsessions + compulsions).  
 Somatic-symptom: incl. CONVERSION (no medical cause).

**3** Schizophrenia + childhood + substance — Schizophrenia ≠ DID. POSITIVE = delusions, hallucinations, disorganised speech. NEGATIVE = alogia, avolition, anhedonia, flat affect. Childhood: ADHD (inattention + hyperactivity, <12) · ASD (social +

## WHAT'S NEXT

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# What's next



→ Chapter 5 — Therapeutic Approaches.

→ Sit the 15-MCQ Quick Drill.

→ Then the full Board-Pattern Paper — 26 marks.

# You've mastered the major psychological disorders.

4 Ds + anxiety + mood + schizophrenia + childhood + substance — now prove it.

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