

JINENDER SONI
Founder, MISSION GYAN**Chapter- 4 | Psychological Disorders****Worksheet-2****Multiple Choice Questions**

1. **Perceptions in absence of external stimuli are called:**
(a) Illusions (b) Delusions
(c) Hallucinations (d) Compulsions
2. **The delusion where a person believes they are being watched or harmed is:**
(a) Grandeur (b) Reference
(c) Control (d) Persecution
3. **The diagnostic manual published by WHO is:**
(a) DSM-5 (b) ICD-10
(c) APA Guide (d) MMPI
4. **A person who picks their skin repeatedly may have:**
(a) Hoarding disorder
(b) Skin picking disorder
(c) Trichotillomania
(d) PTSD
5. **Which of the following is a dissociative disorder?**
(a) OCD (b) Dissociative identity disorder
(c) Panic disorder (d) Phobia
6. **In OCD, obsessions are:**
(a) Repetitive behaviours (b) Intrusive thoughts
(c) Motor symptoms (d) None of the above
7. **The term "Alogia" means:**
(a) Excess speech (b) Flat emotions
(c) Poverty of speech (d) Incoherent speech
8. **Avolition is a symptom seen in:**
(a) Bipolar disorder (b) Schizophrenia
(c) OCD (d) PTSD
9. **Who prepares the DSM-5?**
(a) WHO (b) APA
(c) NIMH (d) BPS

10. Autism is categorized under:

- | | |
|----------------------------------|---------------------------|
| (a) Mood disorders | (b) Anxiety disorders |
| (c) Neurodevelopmental disorders | (d) Personality disorders |

Fill in the blanks :

11. The compulsive desire to pull hair is called _____.
12. In schizophrenia, _____ symptoms include delusions and hallucinations.

True / False

13. Depression is only caused by genetic factors.
14. PTSD occurs after experiencing a traumatic event

Very Short Type Questions

15. What is meant by derealisation?
16. Define somatic symptom disorder.

Short Type Questions

17. State symptoms of PTSD.
18. Differentiate between delusion and hallucination.

Essay Type Questions

19. Describe symptoms and types of phobias.
20. Explain any three psychological models of abnormal behaviour.

HOTS

21. **Assertion (A):** Schizophrenia is a type of neurodevelopmental disorder.

Reason (R): It appears early in life and affects brain development.

- a) Both A and R are true and R is the correct explanation
- b) Both A and R are true but R is not the correct explanation
- c) A is true, R is false
- d) A is false, R is true



Chapter- 4| Psychological Disorders

Worksheet-2 Answer & Solution

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1. (c) false perceptions.
2. (d) belief of being harmed or watched.
3. (b) published by WHO.
4. (b) compulsive behaviour.
5. (b) two or more personalities.
6. (c) unwanted, repetitive.
7. (c) limited speech output.
8. (b) negative symptom.
9. (b) American Psychiatric Association.
10. (c) including autism and ADHD.
11. Trichotillomania
12. Positive
13. **False**
It involves biological, psychological, and environmental causes.
14. **True**
PTSD follows traumatic experience.
15. Derealisation is a dissociative symptom where the world feels unreal or distorted.
16. A somatic symptom disorder causes physical symptoms without medical explanation.
17. Flashbacks
 - Hypervigilance
 - Nightmares
 - Avoidance of trauma cues
18. Delusion: False belief (e.g., being followed).
 - Hallucination: False sensory perception (e.g., hearing voices).

19. Phobia is an intense, irrational, and persistent fear of a specific object, activity, or situation. The fear is out of proportion to the actual danger and often leads to avoidance behaviour. Phobias are classified as anxiety disorders in the DSM-5
 1. **Specific Phobia:**
Fear of particular objects or situations (e.g., spiders, heights, flying, blood).
 2. **Social Phobia (Social Anxiety Disorder):**
Intense fear of social situations where the individual might be judged or embarrassed (e.g., public speaking).
 3. **Agoraphobia:**
Fear of being in places where escape might be difficult, such as crowded places, open spaces, or being outside alone. Phobias can significantly impair a person's daily functioning, relationships, and mental health. Treatment may involve cognitive-behavioural therapy, exposure therapy, and relaxation techniques.
20. (i) **Psychodynamic Model:**
 - Developed by Sigmund Freud.
 - Abnormal behaviour arises from unresolved unconscious conflicts, often originating in childhood.
 - For example, anxiety may result from repressed traumatic experiences.

- Defence mechanisms (e.g., repression, denial) are used to cope but may lead to maladaptive patterns.
- Therapy (e.g., psychoanalysis) aims to uncover and resolve these unconscious conflicts.

(ii) Behavioural Model:

- Proposed by John Watson and B.F. Skinner.
- Views abnormal behaviour as learned through conditioning:
- Classical conditioning (e.g., phobias formed by association)
- Operant conditioning (e.g., behaviours reinforced by consequences)

Example: A person who gets attention from acting sick may continue doing so.

- Focuses on observable behaviour and environment, not inner thoughts.

(iii) Cognitive Model:

- Developed by Aaron Beck and Albert Ellis.
- Abnormal behaviour is caused by distorted, irrational, or faulty thinking.

Example: Depression may result from persistent negative thoughts about the self, world, and future.

- Cognitive therapy focuses on identifying and changing these faulty thought patterns to improve emotions and behaviour.

21. d) A is false, R is true

Schizophrenia is a psychotic disorder, not neurodevelopmental, though it can have early onset.

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