



Chhatrapati Shahu Ji Maharaj
University, Kanpur

Answer Script Details
Barcode 10710142

Roll No. 24039000085

Exam MA-III_ODD_EXAM_NOV_2025

Total Mark 57.50/75.00

Subject A090901T - Psychopathology

Question wise Mark Summary

Q.No Mark Q.No Mark Q.No Mark Q.No Mark

1A 4/5

1B 4/5

1C 3.5/5

1D 4/5

1E 3.5/5

1F 4/5

1G 3.5/5

1H 4/5

1I 3/5

2 12/15

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7 12/15

8 0/15

9 0/15

Chhatrapati Shahu Ji Maharaj University Kanpur, Uttar Pradesh

Date of Exam : 11/11/25 Shift : Psychopathology Year/Semester : 3
 Paper Code : A090901T
 Name of Candidate : AREEBA AFTAB

Room No. :
 Roll No. : 24039000085


 Signature of Candidate
 COE Facsimile

 Signature of Investigator

 Signature of Candidate
 COE Facsimile

PART-II

MARKS OBTAINED										
Q	1	2	3	4	5	6	7	8	9	10
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A090901T

Paper Code

Signature of Evaluator

Course : **M.A. PSYCHOLOGY**
 Session : 2025-26 Year/Semester : 3
 Subject : **PSYCHOPATHOLOGY**
 Paper Code : 090901T
 Exam Date : 1112025
 Name of Candidate : AREEBA AFTAB
 Father's Name : FTAB AHMAD

कॉलेज कोड का कोड
College Code

K N O 4 -

A	A	0	0
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परीक्षा केंद्र का कोड
Exam Centre Code

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परीक्षा का प्रकार
Type of Exam


Regular Ex. Student
 Private Ex. Student

ANSWER BOOKLET NO.

10710142

Paper Code

A090901T



Enrollment Number : **C S J M A 2 4 0 0 0 1 2 9 8 6 1**

परीक्षार्थी अनुक्रमांक संख्या Candidate's Roll Number

पेपर कोड Paper Code

24039000085 A090901T

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 Signature of Candidate


 Signature of Investigator

CS Facsimile

COE Facsimile

नोट : 1. परीक्षाओं को निर्दिष्ट किया जाता है कि आवेदन पत्रों को पुराना माना पर अंकित सभी निर्देशों को सावधानीपूर्वक पढ़ें।
 2. बोलों में गरी जाने वाली प्रतिक्रियाएँ सभी तरफ से शुरू की जाएँ। 3. बोलों को काले या नीले सॉल्वेन से भरा जाएँ।

INSTRUCTIONS TO THE CANDIDATE FOR FILLING PART-I

1. Read the instructions carefully given on the answer script and admit card.
2. Write Date of Exam, Shift, Paper Code & Name of Subject Correctly.
3. Write Name & Roll No. Correctly.
4. Write Semester & Branch Correctly.

INSTRUCTIONS TO THE CANDIDATE FOR FILLING PART-III

1. Use blue or black ball point pen for writing alphabets & numerals in Boxes.
2. Carefully study the example before you start marking.
3. As shown in the example below blacken the circles completely.



4. Make no Stray marks on this sheet.
5. DO NOT WRITE OR MARK ON THE BAR CODE.

IN ORDER TO AVOID UFM (UNFAIR MEANS) :

1. The Roll No. and Answer Book no. found elsewhere or any other symbol found in the answer book will be treated as unfair means.
2. Any tempering of Bar Code and Booklet no shall be treated as Unfair Means.
3. Do Not bring the materials like slip of paper/mobile/digital diaries/ study material/ revision notes in examination hall. Possession of the mobiles/ digital diaries/ electronic watch and any other electronic gadget except memory less scientific calculator shall be considered as UFM case.
4. Do not keep or paste currency note in answer script it shall be consider as UFM.

अनुचित साधन से बचने हेतु:

1. उत्तर पुस्तिका के निर्दिष्ट स्थान को छोड़कर अनुक्रमांक एवं उत्तरपुस्तिका का क्रमांक कहीं और न लिखें तथा कोई भी चिन्ह न बनायें क्योंकि यह अनुचित साधन प्रयोग की परिधि में आता है।
2. उत्तर पुस्तिका के बारकोड अथवा उत्तर पुस्तिका संख्या पर छेड़ करने पर अनुचित साधन प्रयोग माना जायेगा।
3. परीक्षा कक्ष में निम्न वस्तुएं साथ न लायें, जैसे लिखे हुए कागज के टुकड़े, मोबाइल, डिजिटल डायरी, कोपी, पुस्तक यह सभी वस्तुएं जो अनुचित साधन के अन्तर्गत आती हैं। केवल संबंधित प्रश्नपत्र में ही मेमोरी लैस साइटफिक कैल्कुलेटर ले जाने की अनुमति होगी।
4. उत्तर पुस्तिकाओं में रूपरे न रखें न ही उत्तर पुस्तिका में विपकार्य। ऐसा करना अनुचित साधन प्रयोग की परिधि में आता है।

परीक्षार्थी के लिए निर्देश

1. प्रवेश पत्र एवं उत्तर पुस्तिका पर दिये गये निर्देशों को ध्यान से पढ़ें।
2. कवर पृष्ठ के दूसरी तरफ कुछ न लिखें।
3. उत्तर पुस्तिका के पृष्ठों पर दोनों तरफ लिखें।
4. प्रश्न पत्र पर अपने अनुक्रमांक के अतिरिक्त कुछ न लिखें।
5. प्रश्न पत्र कोड एवं प्रश्न पत्र कोड सावधानी पूर्वक लिखें।
6. अपनी स्थिति स्पष्ट लिखें।
7. उत्तर पुस्तिका के पृष्ठों की संख्या देखें। अगर उत्तर पुस्तिका (1-24) से कम है या फटे हुए है, तो परीक्षा शुरू होने के पूर्व दूसरी पुस्तिका ले लें।
8. प्रश्नपत्र को देख, यदि प्रश्नपत्र के विषय कोड, विषय का नाम तब में कोई त्रुटि है तो उसके परीक्षा शुरू होने के 30 मिनट के अन्दर निरीक्षक को तत्काल सूचित करें, उसके बाद विश्वविद्यालय द्वारा कार्यवाही नहीं की जायेगी।
9. प्रश्नों के उत्तर लिखने के लिये पैसिल का प्रयोग न करें।
10. B कोपी या अतिरिक्त ग्राफ नहीं दिया जायेगा।

INSTRUCTIONS TO THE CANDIDATE

1. Read the instructions carefully given on the Question Admit Card & Answer Script.
2. Do not write anything on back side of the cover page.
3. Write on both sides of pages of answer book.
4. Do not write anything on question paper except Roll Number.
5. Write Paper Code & Question Paper Id carefully.
6. CHECK the number of pages (1-32) or any other kind of discrepancy in your answer script, if found than change the answer immediately before the commencement of examination.
7. CHECK the Question Paper for any kind of discrepancy in Subject Code, Subject Name and Question of the Question Paper during first THIRTY MINUTES of the commencement of the exam, so that it can be corrected in TIME. After the corrections shall be entertained by the university.
8. Do not use pencil for answering the question.
9. Write status correctly e.g. those appearing in carry over paper should fill in status as Carry Over. Those appearing in normal paper should fill in status as ex.
10. No supplementary answer book & graph paper will be provided.

INSTRUCTIONS TO THE CANDIDATE FOR FILLING PART-III

1. Use blue or black ball point pen for writing alphabets & numerals in Boxes.
2. Use blue or black ball point pen for filling the circles.

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Note - If your Roll No. is of 10 digits, Please leave first three columns blank.



Paper Code

A090901T



01

1.

Section A

1. a) Psychopathology refers to the scientific study of mental disorders, including their symptoms, course, development, diagnosis, causes and treatment.

Psychopathology : Nature

- i) It is scientific and descriptive in nature, relying on systematic observation to understand abnormal behaviour.
- ii) It is multi-dimensional, taking into account the biological, psychological, social and cognitive factors associated with a disorder.
- iii) It is dynamic, as definitions of abnormality vary across cultures and time.
- iv) It is based upon diagnosis and treatment of a disorder using classification systems like the DSM-IV-TR and ICD-10.

Psychopathology : Criteria

Psychopathology ranks behaviour as abnormal if it shows one or more of the following signs:

- i) Deviance : Straying away from cultural norms and practices. (e.g. talking to oneself in public).



- ii) Distress: The behaviour causes emotional pain or suffering to the person.
- iii) Dysfunction: Impairment at work, home, relationships, etc.
- iv) Danger: Posing threat to oneself or others with the behaviour. (E.g: suicidal ideation, aggression towards others).

Ans. B) The main classification systems used in psychopathology are the:

- i) DSM-IV-TR - Only focuses on mental disorders
- ii) ICD-10 - classification of all known diseases

DSM-IV-TR: The Diagnostic and Statistical manual of Mental disorders was created by the American Psychiatric association. It has many editions, the latest being DSM-V-TR, however, the DSM-IV-TR is used in educational setups due to clarity of concepts. The DSM-IV-TR was published in 2000. It contains a multi-axial format to classify mental and behavioural disorders across five axes. A patient's well-being is assessed across all five axes to assess their condition. The five axes are:



- i) Axis I : Clinical Disorders and Other Conditions That May Be a Subject of Clinical Attention
It includes anxiety, mood, somatoform, factitious, schizophrenia, etc.
- ii) Axis II : Personality Disorders and Mental Retardation.
- iii) Axis III : General Medical Conditions
- iv) Axis IV : Psychosocial and Environmental Problems
- v) Axis V : Global Assessment of functioning (GAF).

ICD-10 : The International Classification of Diseases is a global, consensus based classification of all known diseases in the world. It was published by the World Health Organization in 1992 and includes mental and behavioural disorders under Chapter V (F00 - F99). It defines mental disorders as "clinically recognizable syndromes associated with distress and interference of interpersonal functioning." It promotes international consistency in diagnosis and epidemiological research. It has divided mental disorders into ~~the~~ categories under Chapter V. Example: F20 - F29 : Schizophrenia and other psychotic disorders, F70 - 79: Mental Retardation.



Ans: C) Two famous approaches to psychopathology are the:

- i) Psychodynamic approach
- ii) Behaviourist approach

Psychodynamic Approach

This approach was propounded by Sigmund Freud who gave the concepts of:

- i) Structures of Personality (Id, Ego, Superego)
- ii) Psychosexual stages of development
- iii) Defence mechanisms (Repression, denial, projection, etc.)
- iv) Unconscious, Subconscious, Conscious mind
- v) Psychotherapy, Free association, Dream Analysis, etc.

Freud stated that abnormal behaviour results due to the repression of unconscious beliefs and motives which is expressed in the form of physical symptoms (anxiety, panic attack, seizures, etc.)

Early childhood experiences shape adult behaviour and personality. Neglect, abuse (physical, sexual, emotional), anxious/disorganized attachment with caregivers can create maladaptive coping strategies (avoidance and suppression) leading to neurosis or in severe cases, psychotic conditions.



Behaviourist Approach

This approach states that classical conditioning can contribute to development of phobias (learning by association). Individual may associate a neutral stimulus (eg: injections) to pain, because of prior negative experience or learning from others observing others' behaviour (eg: watching another child cry in hospital after receiving a shot). Learning by observing others is observational learning / imitation (given by Albert Bandura).

Operant conditioning given by B.F. Skinner which increases desirable behaviour with reward (reinforcement) or diminishes behaviour with punishment / negative reinforcement can also create maladaptive behaviour.

For eg: If a child is repeatedly reinforced positively for hitting other children, maladaptive tendencies can be developed in them (aggression, violence) etc. which can affect their life later.





Ans: D) The symptoms of GAD or Generalized Anxiety Disorder are:

- i) Excessive, persistent worry about multiple life events (work, family, relationships, etc.)
- ii) The person finds it difficult to control the worry.
- iii) At least 3 symptoms (in adults; 2 in children) out of the following:
 - a) Restlessness / Feeling "on edge"
 - b) Easy fatigue
 - c) Sleep disturbance (difficulty falling/staying asleep; unsatisfying sleep).
 - d) Muscle tension
 - e) Appetite imbalance (eating too much / too little)
 - f) Difficulty concentrating / Mind going "blank"
- iv) The condition is not better explained by substance use, another disorder or a medical condition.
- v) It causes significant distress and impairment in daily functioning.

For diagnosis, the symptoms must persist for at least 6 months.



Ans E) Panic disorder is a condition where an individual feels intense surge of anxiety / discomfort. It includes symptoms like shortness of breath, trembling, sweating, palpitations, choking, chest pain, etc.

Phobia is marked, recurrent, ~~per~~ excessive fear of a specific object (animals, injections), places (heights, darkness) or situations (social event, crowded places). Exposure to these situations / objects evokes panic-like symptoms. P

Panic disorder is broader and has no specific anxiety provoking stimulus (except when occurring with Agoraphobia). It can occur anywhere and at anytime.

Phobia is specific to the object / situation and will only create panic when anxiety provoking stimulus is present.

To diagnose panic disorder, symptoms must persist for at least 1 month.

To diagnose a phobia, symptoms must persist for at least 6 months.



Ans. F) Obsessive-Compulsive disorder, as per the DSM-IV-TR framework, is a type of anxiety disorder. In this condition, there is the presence of:

- i) **Obsessions**: Recurrent, excessive, intrusive thoughts/images/urges that cause distress and impairment in daily life. (Examples are contamination, symmetry, taboo thoughts, etc.)
- ii) **Compulsions**: Actions aimed at reducing the anxiety caused by the obsessions. These are rigid and excessive in nature. (Eg: Washing continuously for hours (compulsion) to remove any contamination (obsessive thought).)
- iii) OCD is time-consuming (at least one hour per day).
- iv) The obsessions and compulsions must cause significant distress and impairment at work, family, relationships, etc.
- v) For diagnosis, the condition must also not be explained by another disorder, substance-use, medical condition.



Ans. 9) Somatoform disorders are psychological disorders wherein an individual has physical health complaints (stomach pain, digestive issues, neurological problems, etc.) but upon medical tests and investigation, no medical cause is found.

There are four types of Somatoform disorders, as per the DSM-IV-TR. They are:

- i) Pain Disorder : Excessive pain in various body parts without medical cause.
- ii) Hypochondriasis : Excessive worry about developing an illness even when medical results are normal.
- iii) Conversion Disorder : Neurological deficits (loss of voice, blindness, seizures) without neurological damage.
- iv) Somatization Disorder : Pain, digestion, skin related problems without medical cause.

The cause of Somatoform disorders is psychological. Emotional conflict and stress is manifested in the form of physical symptoms. These conditions worsen during heightened stressful periods.



Ans. H) Schizophrenia is ~~an~~ one of the most disabling psychotic disorders which leads to a loss of contact with reality and affects a person's thinking, judgement, language and personality. It affects 1% of the worldwide population.

Its symptoms are categorized as positive, negative and cognitive symptoms.

Positive Symptoms: Delusions (fixed false beliefs not based on reality) and Hallucinations (sensory perception without external stimuli) are prominent positive symptoms.

Examples:

i) **Delusion:** Delusion of persecution
"My neighbours are planning to kill me with poison."

ii) **Hallucination:** Auditory hallucination (hearing voices) and visual hallucination ("I saw someone in my room who was walking towards me")

Negative Symptoms: They are a loss of normal functioning. These include:

- i) Alogia (poverty of thought & speech)
- ii) Avolition (lack of motivation)



- iii) Anhedonia (loss of pleasure)
iv) Social withdrawal (isolation, lack of interest in building relationships), etc.

Cognitive symptoms include memory problems, difficulty concentrating and lack of decision-making and problem-solving abilities.

Schizophrenia is treated using psychotherapy, hypnotherapy, antipsychotics, electro-convulsive therapy and so on.

Ans J) Difference between Neurosis and Psychosis

Neurosis	Psychosis
i) The individual is <u>aware</u> of their reality - they can differentiate between the real world and fantasy.	Loss of touch with reality - the person is no longer able to distinguish between reality and inner fantasy.
ii) <u>Insight is present</u> . The individual recognizes that their thoughts or behaviours are problematic.	Insight is absent. The person does not know that they have a problem.
iii) Examples: OCD, Depression, Anxiety, etc.	Examples: Schizophrenia, Delusional disorder.



- iv) In comparison to psychotic disorders, the conditions are less severe and more susceptible to treatment effectively. Severe conditions wherein treatment may not guarantee restoration to previous functioning.
- v) The ego uses maladaptive coping strategies to manage the clash between the Id and the Superego. The ego, under severe overwhelm, has shut down, leading to loss of reality contact.

Section B

Ans
2.)

Psychopathology predominantly relies on the ICD-10 and the DSM-IV-TR to classify mental disorders. The classification systems are ~~two~~ thoroughly discussed below:

- i) ICD-10: Published by the World Health Organization in 1992, it contains mental and behavioural disorders under Chapter V (F00 - F99). The classification is as follows:

F00 - F09: Organic, including symptomatic conditions. Dementia, Delirium, amnesic.

F09 - F11: Mental and behavioural disorders due to the use of psychoactive

Do Not Write anything in this Portion



- Substances: Alcohol, cocaine, tobacco.
- F20 - F29 : Schizophrenia & other psychotic disorders
- F30 - F39 - Mood disorders - Manic, bipolar, depressive
- F40 - F48 - Neurotic, somatoform: Phobia, OCD, ~~and~~ adjustment, dissociative disorders
- F50 - F59 - Eating, sleep, sexual disorders
- F60 - F69 - Personality disorders & ~~mental~~ retardation
- F70 - F79 - Mental Retardation, etc.

- ii) DSM-IV-TR: Published by American Psychiatric Association in the year 2000. Contains 5 axes to assess a person's mental health:
- i) Axis I: Clinical Disorders and other conditions of Clinical Focus. This includes 16 categories. Disorders included are:
- Anxiety, somatoform, Substance-related, factitious, dissociative, sexual and identity disorder, adjustment, schizophrenia, etc.



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- ii) Axis II - Personality Disorders & Mental Retardation
- iii) Axis III - General medical conditions (hypothyroidism can lead to major depression) that directly cause mental disorders or indirectly influence treatment (heart conditions, for example).
- iv) Axis IV: Psychosocial & Environmental Problems such as family, peers, academic upbringing, parental styles, early childhood experiences, poverty, discrimination, etc. that can affect mental health.
- v) Axis V: Global Assessment of functioning compares a person's current functioning to their highest level of functioning in the previous year to restore the health back to that level.



Axis II - Personality Disorders Classification

Cluster A - Schizoid Personality Disorder
- Paranoid
- Schizotypal

Cluster B - Antisocial PD
- Borderline PD
- Histrionic PD
- Narcissistic PD

Cluster C - Dependent Personality Disorder
- Avoidant
- Obsessive-Compulsive Personality Disorder

Personality Disorder Not Otherwise Specified





Section C

Ans. 7) Dissociative disorders are psychological disorders where person uses dissociation as an extreme type of defense mechanism to cope with severe stress, trauma, and painful memories.

Multiple personality disorder -

- i) It involves the presence of two or more distinct identities called "alters" in a person. Each identity has its own enduring patterns of thinking, behaving and perceiving.
- ii) As per the Trauma model, a person creates multiple identities to cope with the unbearable trauma and stress, often developed in early childhood due to abuse (physical, sexual, emotional) and neglect. Each personality has a portion of painful memories and experiences.
- iii) "Switching" or transitioning from one alter to another can occur at any time due to stress or trauma reminders.



- iv) For example: A woman in her 30s speaks like a little girl and is shy then switches into an angry, aggressive adult trying to protect children.
- v) The "host personality" (dominant identity) may not be aware of ~~the~~ other identities and complain about memory gaps or lost time.

Dissociative Fugue - is a situation where a person forgets their identity and travels away from home. It can be caused due to head injury / stroke or severe psychological trauma.

The person may disappear from days to months and may also take up a new identity with a new name and occupation. This period is called "Fugue". Once the fugue is over, the person may not remember what happened during the fugue episode.

They may remember their pre-fugue identity but not the "fugue" episode itself.

Eg: A man who loses his job is under severe stress and suddenly gets on a train, travels to a new place, changes his name and gets another job. He may not remember why or how he left.



Multiple Personality Disorder can be treated through psychotherapy, hypnotherapy, cognitive-behavioural approach and dialectical behavioural therapy (DBT) for emotional regulation.

Psychoeducation to family must also be provided.



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19

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21

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24

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