BLOGS

Passage-Based Questions on English for CLAT UG [Part 4]

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Passage 1 (P.1)

Modern societies often celebrate choice as the ultimate expression of individual freedom. From education and careers to consumption and personal relationships, people are repeatedly told that more options mean better lives. This narrative is deeply embedded in cultural ideals of autonomy and self-determination, portraying the ability to choose as both a privilege and a responsibility.

However, the abundance of options can become a source of psychological strain. When faced with numerous alternatives, individuals must invest significant cognitive and emotional effort into decision-making. This process can be exhausting, especially when choices are framed as irreversible or life-defining. Rather than experiencing empowerment, people may feel overwhelmed and paralysed by the fear of making the wrong decision.

The pressure to choose wisely is intensified by social comparison. In an age of constant visibility, individuals are frequently exposed to curated portrayals of others' lives. Successes are highlighted, while failures remain largely invisible. This creates the impression that better choices are always being made by others, deepening dissatisfaction with one's own decisions.

Importantly, the rhetoric of choice often obscures structural constraints. Economic inequality, social background, and institutional barriers limit the range of realistic options available to different individuals. Yet when outcomes are framed purely as consequences of personal choice, these constraints are rendered invisible. Responsibility for failure is shifted onto the individual, even when systemic factors play a decisive role.

Philosophers have long argued that freedom does not simply consist in the absence of limits. Meaningful freedom may require guidance, stability, and shared norms that reduce the burden of constant decision-making. Without such supports, the obligation to choose can feel less like liberty and more like a source of continuous anxiety.

Recognising the limits of choice does not require rejecting autonomy altogether. Instead, it calls for a more nuanced understanding of freedom—one that acknowledges human vulnerability and the value of collective structures in enabling individuals to live well.

Q1. According to the passage, why can an abundance of choice become psychologically burdensome?

a. People are incapable of making rational decisions

b. Choices often involve financial risk

c. Decision-making demands emotional and cognitive effort

d. Society discourages experimentation and failure

Q2. What is the main idea of the passage?

a. While modern society glorifies choice as freedom, excessive and unequal choice often creates anxiety

b. People today lack sufficient freedom in personal decision-making

c. Social media is the main cause of individual dissatisfaction

d. Structural inequality completely eliminates individual autonomy

Q3. The author discusses social comparison mainly to show that?

a. As it encourages people to make better choices

b. It exposes the failures of others

c. It increases satisfaction with one’s decisions

d. It increases dissatisfaction by only presenting ideal choices

Q4. Which situation most clearly reflects the author’s idea of individual responsibility?

a. A person regrets choosing one career over another

b. A consumer compares products before purchase

c. A worker is blamed for unemployment despite systemic job shortages

d. An individual seeks advice before making decisions

Q5. What does the phrase “rhetoric of choice” as used in the passage refer to?

a. Philosophical debates on free will

b. Political arguments favouring individualism

c. The idea that outcomes result purely from personal decisions

d. Cultural rejection of social norms

Passage 2 (P.2)

Advances in digital communication have reshaped social interaction in profound ways. Platforms that allow instant messaging, video calls, and social networking promise to bridge geographical distance and sustain relationships over time. In theory, such technologies should reduce isolation by making connection easier and more accessible than ever before.

Yet empirical research suggests that feelings of loneliness have increased in parallel with digital connectivity. This apparent contradiction has prompted psychologists to examine the quality, rather than the quantity, of modern social interactions. Online communication often favours speed and efficiency, leaving little room for emotional depth or sustained attention.

The performative nature of social media further complicates matters. Individuals are encouraged to present idealised versions of themselves, carefully curating images and experiences for public consumption. While this may generate social approval, it can also create a sense of disconnection from one's authentic self. Interaction becomes a matter of display rather than mutual understanding.

Moreover, the constant presence of digital communication can erode the value of solitude. Moments of quiet reflection are increasingly interrupted by notifications and demands for responsiveness. As a result, people may feel pressured to remain socially engaged at all times, even when such engagement lacks meaningful substance.

Loneliness in the digital age is therefore not simply a consequence of isolation, but of shallow connection. Being surrounded by communication does not guarantee emotional closeness. In fact, the absence of deep, reciprocal relationships may become more visible against a backdrop of constant interaction.

Addressing modern loneliness requires re-evaluating social priorities. Encouraging slower forms of communication, fostering spaces for genuine dialogue, and recognising the importance of presence may help restore a sense of connection that technology alone cannot provide.

Q6. What is the main idea of the passage?

a. Digital communication has reduced geographical distance but increased emotional isolation

b. Online platforms discourage social interaction altogether

c. Technology promotes isolation over communication

d. People prefer virtual relationships to real ones

Q7. According to the passage, psychologists focus on the "quality" of interactions because?

a. Online communication is cheaper than in-person communication

b. Increased communication has not reduced loneliness

c. Digital platforms discourage emotional expression

d. Technology has replaced traditional friendships

Q8. The author uses the term "performative" primarily to suggest that social media?

a. Encourages creativity and self-expression

b. Rewards exaggerated emotional displays

c. Promotes self-presentation over authentic connection

d. Enables users to experiment with different identities

Q9. Which of the following would the author most likely agree with?

a. Reducing digital communication will eliminate loneliness

b. Technology must be replaced by face-to-face interaction

c. Meaningful connection depends on depth rather than frequency

d. Social media is the primary cause of modern loneliness

Q10. According to the passage, how does constant digital presence affect solitude?

a. It eliminates the need for self-reflection

b. It increases productivity

c. It strengthens interpersonal bonds

d. It disrupts quiet moments necessary for reflection

Passage 3 (P.3)

Medicine occupies a unique position in society, combining scientific expertise with intimate human vulnerability. Patients entrust their bodies and lives to healthcare professionals, often at moments of fear and uncertainty. This trust forms the foundation of the doctor–patient relationship and is essential for effective treatment.

Despite advances in medical technology, errors remain an inevitable part of healthcare systems. Misdiagnosis, delayed treatment, and procedural mistakes can arise from a range of factors, including time pressures, inadequate communication, and systemic resource constraints. While individual negligence is sometimes involved, many errors reflect broader institutional

shortcomings rather than isolated lapses in competence.

The way medical systems respond to error plays a crucial role in shaping public trust. In environments where mistakes are concealed or defensively denied, patients and families may feel dismissed and alienated. Such responses not only intensify emotional harm but also prevent learning and improvement within the system.

Healthcare professionals often operate under intense pressure, balancing heavy workloads with the emotional demands of patient care. Fear of blame or litigation can discourage open discussion of mistakes, fostering a culture of silence. This atmosphere may protect institutions in the short term but ultimately undermines patient safety.

Ethicists argue that transparency and accountability are essential components of ethical medical practice. Acknowledging errors, offering explanations, and providing remedies can help restore trust, even in difficult circumstances. Importantly, accountability need not be punitive; it can instead focus on identifying systemic weaknesses and preventing recurrence.

As medical care becomes increasingly complex, sustaining trust requires more than technical excellence. It demands honesty, empathy, and institutional commitment to learning from failure. In recognising error as a shared challenge rather than a personal disgrace, healthcare systems can move closer to their fundamental purpose: the care and protection of human life.

Q11. What is the central theme of the passage?

a. Medical negligence should always lead to punishment

b. Medical errors are unavoidable and should be ignored

c. Trust in healthcare depends on how systems respond to errors

d. Technology has eliminated medical mistakes

Q12. According to the passage, medical errors most often arise due to?

a. Systemic and institutional factors

b. Intentional misconduct by healthcare professionals

c. Lack of training among doctors

d. Overreliance on patients' consent

Q13. Why does the author criticise the concealment or denial of medical mistakes?

a. It increases legal liability

b. It worsens emotional harm and blocks learning

c. It damages professional reputation

d. It discourages medical innovation

Q14. What does the passage suggest about accountability in medical ethics?

a. It should always involve punishment

b. It should prioritise protecting institutions

c. It is incompatible with empathy

d. It should focus on learning and prevention

Q15. What is the author's tone throughout the passage?

a. Accusatory

b. Cynical

c. Reform-oriented

d. Detached

Answers

1. C – As given in the passage, in modern world decision making demands cognitive and emotional effort, and is not only affected by a single factor
2. A – As given in the passage, the central argument here is that more choice here doesn't necessarily mean more choice. The author discussed that more choice comes with anxiety, cognitive and emotional effort
3. D – This option is correct as it shows how others success stories make people feel that others are making better decisions. This selective presentation increases dissatisfaction with one's own choices.
4. C – This option is correct as author discusses how a choice made by an individual noy purely his but also other factors like systemic failure or any other factor
5. C – "Rhetoric of choice" refers to the narrative that outcomes are solely the result of individual decisions. The passage argues that this hides economic and social constraints as well
6. A – As inferred from the passage, it highlights that while distance has reduced, emotional closeness has not necessarily improved.
7. B – This option is correct as the passage clearly states that quantity of interaction has failed to reduce loneliness.
8. C – Here "Performative" is used to describe how people show idealised versions of themselves.

9. C – This option is correct as the author repeatedly stresses that loneliness stems from shallow interaction, not lack of communication.
10. D – As given in the passage it explains that constant notifications interrupt moments of quiet reflection.
11. C – The passage focuses on how trust in healthcare is shaped by institutional responses to error, transparency and accountability,
12. A – As given in the passage , the author emphasises that most medical errors arise from systemic issues such as workload pressure, poor communication, and resource constraints.
13. B – As given in the passage it clearly criticises concealment and denial as responses for undermining trust and safety.
14. D – The passage clarifies that accountability need not be punitive but should focus on identifying systemic weaknesses and preventing future errors.
15. C – The author adopts a reform-oriented tone by acknowledging problems while proposing solutions like transparency, empathy, and systemic improvement rather than blame.