

UNIVERSITY OF FORT HARE

PSYCHOPATHOLOGY

PSY 312/E

SUPPLEMENTARY /AEGROTAT EXAMINATION

JULY 2025

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TIME : 3 HOURS  
SUBJECT : PSYCHOLOGY  
MARKS : 100

This paper consists of eight (6) pages including the cover page.

Internal Examiners

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**INSTRUCTIONS**

1. Write your student number, surname and initials on the Examination Booklet.
2. Answer all the questions in the Answer Booklet Provided.
3. This exam paper consists of five questions. **Question 1,2 and 3 are compulsory.**
4. In Question 4 and 5,you have a choice. Answer either Question 4 or Question 5

## QUESTION 1: (COMPULSORY)

Read the case study below and answer the questions that follow

Sipho is a 22-year –old man who is currently in a psychiatric hospital. He was in London at the time that his symptoms appeared, was hospitalized there, and as soon as symptoms stabilized, his father fetched him and brought him back to South Africa. His background is the following ;

- His mother is Italian and his father is a Xhosa-speaking South African from the Eastern Cape in rural areas of Lusikisiki.
- Father is a successful businessman who holds a couple of companies. No history of psychiatric disorders.
- He grew up in a strict Catholic home since his mother never embraced the Xhosa culture and traditions. His mother died when he was 10 years old.
- Due to learning disorders, he was placed in a school for the learners with special needs. But his academic performance remained below average.
- His father took him out of school when he was 16 years old to work in one of his bakeries.
- When he turned 21, Sipho wanted to travel to UK and Europe and his father agreed to this.
- When he arrived in the UK, Sipho found himself various casual jobs for extra pocket money.
- He found a place to stay in commune where he started interacting with other people of his age. They introduced him to clubs and drugs.

After about eight months in London, Sipho's behaviour started changing and started to display the following symptoms:

- He woke up one evening and saw a bright light and heard the voice of God. The voice told him that he was special and that he was "special".
- Unsure of what the message meant, Sipho started looking for more special signs. When sitting on a bench, waiting for the underground train, a woman walked past and knocked on the bench.
- Sipho also discovered that he could communicate with world leaders via telepathy. He would often go into long conversations with them, suggesting ways and means for bringing about world peace.
- He also realized that Beyonce (the singer) was in love with him, and they started a relationship on a spiritual plane, communicating with each other via telepathy.
- Sipho's personal hygiene deteriorated; he withdrew into his own room and became socially isolated. As a result, he lost his job and became dependent on other people in the commune for financial assistance.

- *Many of Sipho's symptoms correspond with manic episode (e.g he slept very little).*
- *He continued to claim that God was talking to him and gave him instructions.*

- 1.1. Identify and discuss any three theories which could better explain the causes of Sipho's learning disorders (6)
- 1.2. What is telepathy? (2)
- 1.3 Discuss the aetiology of Sipho 's condition under the following perspectives:
  - 1.3.1 Social and socio-cultural (4)
- 1.4. Identify Sipho's condition and describe the symptoms that he has exemplified (5)
- 1.5. What you say about Sipho's alcohol and drug abuse in relation to his mental and sexual health ? (5)
- 1.6 How does Sipho's condition differ from catatonic schizophrenia ? (3)

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## **QUESTION 2 (COMPULSORY)**

### **Question 2 A**

Read the case study below and answer the questions that follow:

*Twelve –year –old Fundiswa is the apple of her mother's eye. Although she does not say much, she is lovable and well-behaved child. In comparison to her peers, she does not seem much different as she waits in her school uniform for the taxi which will take her to her special school quite far from her home. Quite recently her school hired a new teacher, who was given the responsibility of supervising the education and training of a small group of children that included Fundiswa. Her first task was to assess the children in the group and formulate special education plans for each.*

*She started her assessment of Fundiswa by observing her in the classroom and noticed that she rarely made eye –contact with anyone. She was also quite non-responsive to others. When left alone, she would often stand, put her hands over her throat, stick out her tongue and make strange, soft noises that did not necessarily*

*disturb anyone else in the classroom. However, everytime her teacher noticed her doing this, she would gently take her to her seat, where Fundiswa would sit and rock backwards and forwards. Although Fundiswa rarely disturbed anyone and was generally a very well- behaved child, she would occasionally become quite aggressive when introduced to something or someone new. As she appeared to struggle to speak and only made soft noises, she expressed her anger by pulling her own hair. As part of her assessment of Fundiswa, the new teacher also studied that her history and noted that Fundiswa's mother initially thought her child was deaf as she did not speak until after the age of three years. She also preferred to play alone and did not appear to seek physical contact with others. Fundiswa was enrolled at her current school when her mother realized that she was not developing as fast as her friends and appeared not to understand simple commands such as "don't touch that".*

2. 1. Identify and define the psychological disorder displayed by Fundiswa (3)

2. 2. Describe any 6 symptoms exemplified by Fundiswa. (3)

2. 3. How does Fundiswa's condition differ from mental retardation? (4)

2. 4. How different is Fundiswa's condition from Attention- Deficit Hyperactivity Disorder (ADHD )? (5)

[15]

### **Question 2 B**

a) Differentiate among posttraumatic stress disorder, generalized anxiety disorder and obsessive- compulsive disorder. (6)

b) Distinguish between postpartum depression and major depression. (4)

[10]

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### QUESTION 3 (COMPULSORY)

Read the case study below and answer the questions that follow:

*“Lehlohonolo is a 28-year-old male teacher who recently moved to a rural town in Lesotho to begin a new teaching post. Three months ago, he was violently mugged while walking home after school. During the attack, he was physically assaulted and threatened with a weapon. Since the incident, Lehlohonolo has experienced frequent nightmares, intense flashbacks, and hypervigilance. He avoids areas that remind him of the incident and has stopped attending community events and staff meetings.*

*He reports emotional numbness, sleep disturbances, irritability, and an overwhelming sense of fear and helplessness. He says he sometimes feels 'outside of his body' and describes periods of feeling disconnected from his surroundings. Recently, he has also been experiencing persistent headaches and gastrointestinal discomfort, but medical tests revealed no physical causes.*

*Lehlohonolo's family believes the trauma is a spiritual punishment from the ancestors and recommends a cleansing ritual. His principal encouraged him to consult a psychologist, and Lehlohonolo now finds himself torn between seeking professional help and respecting his family's traditional beliefs.*

- 3.1 Using the diathesis-stress model, explain what the model is, and identify four contributing factors to Lehlohonolo's mental health condition. (6)
- 3.2 Apply the biopsychosocial model to Lehlohonolo's case by identifying and explaining one factor from each domain. (6)
- 3.3 Discuss how African cultural beliefs about illness and healing might influence Lehlohonolo's understanding of his condition and choice of treatment. (5)
- 3.4 Describe the clinical features of an anxiety-related disorder consistent with Lehlohonolo's symptoms. (4)
- 3.5 Explain the importance of culturally competent care when working with clients like Lehlohonolo. (4)

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**ANSWER EITHER QUESTION 4 OR QUESTION 5**

**QUESTION 4**

Eating disorders are generally blamed on culture and society. Discuss anorexia nervosa and bulimia nervosa using the following guidelines.

- (a) The clinical features. (10)
- (b) The causes/aetiology of eating disorders from the social perspective. (5)
- (c) Medical consequences (5)
- (d) Treatment using the Cognitive Behavioural Therapy (CBT). (5)

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**OR**

**QUESTION 5**

- (a) Define oppositional defiant disorder? (3)
- (b) Using Sigmund Freud's psychodynamic approach, what contributes towards an oppositional defiant disorder among children? (6)
- (c) Substance abuse has become common among pregnant women in developing countries. Discuss the 5 effects/dangers on their health and/or unborn baby. (10)
- (d) Differentiate among echolalia and echopraxia (6)

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**TOTAL=100**