

University of Fort Hare
Department of Psychology
Alice Campus

PSY 511
Psychopathology

HONOURS MAIN EXAMINATION
JUNE 2023

Time: 3 hours
Subject: Psychopathology
Total Marks: 100

This examination paper consists of 7 pages, including the cover page.

Internal Examiners

Miss L Jarana
Prof J Kheswa

External Examiner

Dr. M. Mushwana (UNIVEN)

INSTRUCTIONS

1. Write your student number, surname and initials on the Examination Booklet provided.
2. SECTION A is compulsory
3. (QUESTION 1 and 2) Answer both questions.
4. In SECTION B: Questions 3, 4 and 5 you have a choice. Answer only one question

SECTION A (COMPULSORY)

QUESTION 1

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

CASE STUDY

Presenting the Problem and Relevant History

Asa Lewis is a 10-year-old female doing Grade 3 at George Randall Primary School. She speaks both Xhosa and English fluently. She was seen for 8 sessions including the intake interview and assessment sessions.

Reason for referral

Asa was referred for therapeutic assistance regarding her current behaviour at school and home since her parent's separation. She has begun to tease and bully other children and is often cheeky and talks back to her teacher. She is having difficulties concentrating in class, often distracting the other children. Subsequently, her schoolwork has begun to deteriorate. Asa's parents note that since the separation she alternates between being angry and tearful; often asking why her parents cannot stop fighting and get back together. They also feel that she has been increasingly anxious since the separation.

History of the presenting problem

Asa's parents, Themba and Zodwa, have had increasing marital concerns since 2010; often shouting and fighting in front of Asa. Subsequently, Asa would often get very tearful, repeatedly saying that if they loved her they would stop fighting. The fighting largely revolved around, Themba's drinking/partying and his infidelity, finances are also noted as a large concern (since January 2010, Zodwa has been studying education at UFH). During this time, Zodwa got increasingly depressed and was diagnosed and treated for depression in mid-2011.

When Zodwa and Themba separated (December 2012), Zodwa moved into a small one-roomed, "shack". Asa was given the choice as to who she would like to live with. She opted to remain in the house and live with her father, expressing that this was due to her fear of being teased by her peers if she lives in a shack. Asa's decision was supported by her parents due to the fact that her home is closer to school and Themba, who works night shifts, can care for Asa during the day; thus allowing Zodwa to continue with her studies. Financially, Asa is able to walk to school, thus no taxi fare.

In January 2013, Asa's paternal granny moved into the household to help care for Asa. Zodwa feels that she is a loving and kind granny to Asa. However, Asa consistently describes her as not being a good granny and that she is always complaining/moaning. The relationship between Granny and Zodwa is strained. Zodwa feels that she does not recognise the importance of Asa attending and doing well in school and maintaining a routine in the household. Zodwa has repeatedly often noted that she feels guilty about separating from Themba because it has negatively affected Asa.

Before her parent's separation, Asa performed consistently throughout her school career. Her grade 2 teacher describes her as an enthusiastic, sociable learner. She was considered a bright and articulate child. Due to concerns regarding Asa's deteriorating school work, Asa now spends the afternoons with her mother. This provides the opportunity to complete Asa's homework and for Zodwa to spend time with Asa. Asa is then taken home around 20:30 every evening. When taken home, Asa will often get tearful but hides this and refuses to say why she is feeling sad.

Family Situation

Zodwa describes Themba as a good father, but also a drinker, who parties a great deal, particularly over the weekends. Asa is aware of her father's drinking and partying but notes that it does not bother her because she spends the weekends with her mother. Asa describes her relationship with her father as "good" and that "he loves me so very much".

Zodwa, who has little social support, is currently displaying signs of depression. Contributing to Zodwa's depression are her concerns regarding finances, her marital problems and the fact that she is not coping with her studies (she is failing a number of her courses). Since October 2012, Zodwa was placed back on anti-depressant medication. She was attending therapy at Cecelia Makiwane Hospital's psychological unit. At the time of the intake interview, she has not been seen for three months, putting this down to time constraints and problems with booking an appointment.

Extended familial support

Asa has a close relationship with her two paternal cousins, aged 9 and 11 years. They live within the same neighbourhood. She often spends time with them and feels that it is only with them that she can discuss her parent's fighting and separation.

Childhood and development

Zodwa had an uncomplicated pregnancy and birth, carrying Asa to full term. Asa met all her developmental milestones timeously. Zodwa suspects that she suffered from post-natal depression, but never sought any help for it; finding it difficult to care for Asa and noting that

it took a long time to feel that she loved her. She often feels guilty that she was not a good mother during this time. She feels that she now overcompensates by spoiling Asa and allowing her to do what she wants.

Routine

Currently, Asa has a little consistent routine. She goes to bed between 21:30 – 22:00, when she feels tired. Before her parent's separation, Asa was reportedly in a better routine, including consistent rules. Zodwa indicated that since the separation when boundaries are put into place, for example asking her to make her bed, she ignores the requests. With Zodwa, there are usually no repercussions for her behaviour. When Asa is with her dad, her misbehaviour generally results in her being shouted at or being beaten. However, Themba is reluctant to get involved in the rule/boundary setting at home, noting that is it his mother's duty in the house.

Education

Asa is currently in grade 3 at George Randall Primary. Her teacher describes her as not concentrating or paying attention in class and that her behaviour this year has changed significantly. This includes bullying and fighting with others. At the beginning of this year, she physically pushed and punched a classmate who had bumped into her. She often resorts to attention-seeking behaviours, including being disrespectful towards her teacher, refusing to listen and repeatedly talking in class. Her teacher has highlighted concerns regarding Asa's anger, particularly towards the other children. She feels that Asa currently has little routine and boundaries.

Friendships and relationships with others

Asa is described by her mother and teacher as a clear leader, who may be domineering at times. However, she maintains good friendships and does not lose friends easily. She seldom fights with her friends, instead choosing other children to focus her anger on. Asa has maintained three best friends since Grade R. She notes that they always play together and share secrets. However, she has not told them about her parent's marital problems and separation since she is still hoping that her parents will get back together. As a result, it is only the teacher that is aware of Asa's recent changing home situation.

Emotional Development

During our therapeutic engagement, Asa reported when she is with her parents, particularly her mother she tries to hide her feelings, such as by trying not to cry. During one therapy session she noted, If I don't live with her [mom] and if I cry, it will make mom and dad

worried". Asa has told her parents to stop fighting and to get back together. As a result of her pleading to her parents for their reunion, her mother has said that maybe in the future they will get back together.

QUESTION 1

1.1 Is there any other information that you would like to know about Asa? Mention only one additional piece of information that you would require to fill in some of the gaps you have observed. (2)

1.2 Write the aetiological factors on this case by utilizing the Bio-psycho-social model under the following factors:

1.2.1 predisposing (5)

1.2.2 precipitating (5)

1.2.3 perpetuating (5)

1.2.4 protective (5)

1.3. What is Asa's primary diagnosis, justify why this diagnosis. (2)

1.4 Write four (4) differential diagnoses for Asa and give reasons for your choice (8)

1.4 Choose any four (4) problems that you would consider as a priority in treating Asa. Why did you choose these problems, and how will treating them benefit Asa's general mental health? (8)

[40]

QUESTION 2

(Compulsory)

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

During a visit to his lecturer, who is also a counselling psychologist, Mpho shares the following information with her. He explains to her that his academic performance is suffering because his girlfriend has recently ended their three-year relationship and she immediately started seeing someone new. The lecturer convinces Mpho to come and see her in her capacity as a counselling psychologist to address his emotional distress.

After four counselling sessions, Mpho shares enough detail of his past-relationship behaviour with the lecturer for her to make the following conclusions: Mpho is obsessed with

his girlfriend, he shows self-mutilating behaviour, stalks his girlfriend, photographs her against her wishes, telephones her repeatedly, and makes threats to kill her and commit suicide. This type of behaviour can be seen as potentially harmful to others. Mpho is diagnosed as suffering from Borderline Personality disorder.

2.1 Briefly discuss five (5) ethical dilemmas that the lecturer is facing in this case. (10)

2.2 Mpho is advised by his friend to lodge a complaint against the lecturer. Briefly discuss or map up a process that the HPSCA follows from the time a complaint is lodged by a client/patient against the health professional until the case is closed. (10)

[20]

SECTION B

Answer only ONE question from the following:

QUESTION 3

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

3.1 The clinical features (10)

3.2 The aetiology (causes) (10)

2.3 Medical consequences and (10)

2.4 Treatment (10)

[40]

OR

QUESTION 4

Somatic symptom disorders refer to the tendency to experience bodily or somatic distress in the face of psychological stress. Discuss

4.1.1 the general aetiology, and (8)

4.1.2 treatment of somatic symptom disorders (3)

4.2 Briefly discuss the clinical presentation of :

4.2.1 Somatisation Disorder (Somatic Symptom Disorder) (5)

4.2.2 Hypochondriasis (Illness Anxiety Disorder) (5)

4.2.3 Conversion Disorder (Functional Neurological Disorder) (5)

4.3 In a state of mental health, a person has a unitary sense of self as a single human being, with a single basic personality. Dissociative disorders result in a loss of that unitary state of consciousness.

Discuss dissociative amnesia under the following headings:

4.3.1 The clinical description (5)

4.3.2 types of dissociative amnesia (6)

4.3.3 treatment of dissociative amnesia (3)

[40]

OR

QUESTION 5

Schizophrenia has been a focus of attention and research. It results in lifelong impairment and disability.

5.1 Discuss the 'positive' and 'negative' symptoms of schizophrenia. (15)

5.2 The ICD-10 categorizes schizophrenia into five subtypes. Discuss the clinical features of each of the five subtypes of schizophrenia.

(15)

5.3 Based on your understanding of schizophrenia from a Western and clinical perspective, reflect on how schizophrenia could manifest itself according to the African perspective and the treatment methods used. (10)

[40]

**TOTAL: 100 MARKS
ALL THE BEST!
END OF EXAMINATION**