



UNIVERSITY OF JOHANNESBURG

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MEMO

COURSE: BA PSYCHOLOGY

TIME: 180 MINS

QUESTION PAPER: PSYCHOPATHOLOGY 3D

MARKS: 100

SUBJECT CODE: PSY3D21/PSY3DB3

QUESTION 1

- 1.1 Provide detailed contribution of Emile Kraepelin to the understanding and development of schizophrenia as psychological disorder as we know it today. In your answer, provide a clear motivation why as why you think his contribution to the understanding and development of this disorder is significant. **[15]**

Possible answer

Two important contributions

He combined several symptoms of insanity under the term dementia praecox to describe schizophrenic syndrome.

First Contribution

He went further to identify three (3) distinct early subtypes of schizophrenia, namely, catatonia, hebephrenia and paranoia.

1. **Catatonia:** a gross disturbance of mobility, characterized by immobility or excited, frenzied agitation.

2. **Hebephrenia:** silly immature emotionality & behavioural disorganization.

3. Paranoia: referential thinking, typically manifested by delusions of grandeur or persecution.

He thought that these symptoms shared similar underlying features and all are characterized by early onset that leads to “*mental weakness*” and he included them under the term **dementia praecox**.

Second Contribution

- His second contribution was to distinguish dementia praecox from manic-depressive illness (now called bipolar disorder).
- It was important cause he managed to **separate two acute disorders** (i.e., schizophrenic psychosis and manic psychosis), which both are a predominant clinical picture of disorganization.
- **Dementia praecox** – characterized by early age of onset, poor prognosis and progressive degeneration with time.
- Kraepelin – dementia praecox further presents with hallucinations, delusions, negative or deficit symptoms & stereotypic behavior.
- **Manic-Depression** - a combination of psychomotor agitation, elevated and expansive mood and flight of ideas and depressed mood, characterized by catatonic stupor (psychomotor retardation), lack of motivation and suicidal ideations.

QUESTION 2

2.1 With the use of clear and appropriate examples, discuss ten (10) key signs and/or symptoms of autism in adult as can be deduced from their clinical presentation. [20]

Possible answer

Symptoms/Signs of autism in adults can be divided into communication challenges and emotional and behavioural difficulties as well as other signs. These include:

Communication Challenges

- They have difficulties reading social cues
- They find it difficult to participate in a conversation
- It is generally difficult or hard to read their body language and facial expressions (you might not be able to tell whether someone is pleased or unhappy with you or in particular situation).

- They use flat, monotone, or robotic speaking patterns that do not communicate what they are feeling. This also include talking in the same pattern(s) and tone in all settings such as at home, with friends, or at work.
- They invent their descriptive words and phrases
- They have difficulties understanding figures of speech or phrases (e.g., the early bird catches the worm).
- They do not look at someone in the eyes when talking to them.
- They tend to talk a lot about one or two topics.
- They are unable and/or finds it difficult to build and maintain close friendships.

Emotional and Behavioural Difficulties

- They have difficulties and/or trouble regulating their emotions and their response to them.
- Changes in routines and expectations cause outburst and sometimes emotional break down.
- They get upset when their things are moved or rearranged.
- They rigidly adhere to routine, schedules, and daily patterns and they maintain them steadfastly.
- They tend to have repetitive behaviours and rituals.
- They tend to make noises in places where quietness is expected.
- They tend to be clumsy and difficulty with coordination.

Other Signs

- They care deeply and are knowledgeable about few specific areas of interest (historical periods, book series, film or field of study).
- They are sometime very smart in one or two challenging academic subject areas, but have great difficulty doing well in others.
- They either experience hypersensitivity or impaired sensitivity to sensory input such as pain, sound, touch, or smell).
- They tend to prefer to work and play by themselves rather than with others.
- They are generally perceived as eccentric or nerdish by others.

QUESTION 3

- 3.1 With the clear use of relevant and appropriate examples, discuss the positive and negative symptoms of psychotic disorders. [20]**

Possible answer:

Positive Symptoms (Cluster) of Psychosis

- Include delusions and hallucinations.
- **Delusions:** 'The basic feature of madness' (Gross misrepresentations of reality).
- *Most common Delusions of grandeur and Delusions of persecution.*
- **Hallucinations:** Experience of sensory events without environmental input.
- Can involve all senses (e.g. tasting something when not eating, having skin sensations when not being touched).
- **Most common:** Auditory and visual hallucinations.

Negative Symptoms (Cluster) of Psychosis

- Absence or insufficiency of normal behavior.
- Spectrum of negative symptoms.
- Avolition (or apathy) – lack of initiation and persistence.
- Alogia – relative absence of speech.
- Anhedonia – lack of pleasure, or indifference.
- Affective flattening – little expressed emotion.

QUESTION 4

- 4.1 Using clear and appropriate examples, describe hospitalization process of people with severe psychological disorders as described under the Mental Health Care Act of 2002 of the republic of South Africa. [15]**

Possible answer:

Hospitalization process of mental health care patients

1. Patient presents with mental health care problem.

2. If he agrees to treatment and their condition and/or problem is severe enough and warrants hospitalization, the person is admitted for voluntary care, treatment and rehabilitation.
3. If he/she cannot make an informed decision due to his/her mental health status but does not refuse health interventions, hospitalization for assisted mental health care, treatment and rehabilitation will be initiated.
4. However, if the person cannot make an informed decision due to his/her mental health status and refuses health interventions, but requires health care for the safety of self and other and/or property, then the 72-hour assessment in district or regional hospital will be followed.
5. If following the 72-hour assessment, the person still requires further mental health intervention, s/he is admitted for involuntary mental health care, treatment and rehabilitation.
6. On the other hand, if following 72-hour assessment the does not require any further mental health care intervention, s/he is discharged (to the care of his/her guidance if it is minor).

QUESTION 5

5.1 Identify five (5) general criteria for a personality disorder as described and/or summarized in the Section 3 of the DSM-5. [10

Possible answer:

This description summarizes the Section 3 personality trait from DSM-5

- **A.** Moderate or greater impairment in personality as reflected in self and interpersonal functioning (refer table above)
- **B.** One or more psychopathological personality traits (see table below)
- **C.** These impairments are relatively inflexible, pervasive across a range of situations, stable across time, and can be traced back to adolescence or early adulthood.
- **D.** Another psychological disorder does not better explain these impairments, nor are they attributable to the physiological effects of substance or another medical condition.
- **E.** Impairments are not better understood as normal for an individual's developmental level or social and cultural context.

5.2 Name and define five 5 personality domains traits in the DSM-5 Section 3 Rating System. [10]

Possible Answer:

1. **Negative Affectivity:** Experiencing negative emotions frequently and intensely.
2. **Detachment:** Withdrawal from other people and from social interactions.
3. **Antagonism:** Behaviours that put the person at odds with others.
4. **Disinhibition:** Engaging in behaviours on impulse, without reflecting on potential future consequences.
5. **Psychoticism:** Having unusual and bizarre experiences.

5.3 Using clear examples, compare and contrast categorical and dimensional diagnostic systems with regards to personality disorders. [10]

Possible answer:

Like its predecessors DSM-IV and DSM-III, DSM-5 takes a categorical approach to the assessment and diagnosis of personality disorders. Meaning that diagnosis is made on the basis of a specified number of **descriptive yes/no criteria** from a larger set.

Dimensional model: Pathological personality traits and functioning manifest in individual patients along a continuum of severity that the present diagnoses fail to capture.

Problems associated with categorical model:

1. An exclusively categorical approach can lead to problems in that pathology described arbitrary distinctions between patients whose conditions meet criteria for a disorder and those who fall just short of meeting criteria.
2. Furthermore, patients with very different personality characteristics can be grouped within the same diagnostic category.

‘Kind’ vs ‘Degree’- The categorical model assumes that each personality disorder is a separate and distinct category; i.e., separate from other personality disorders, and distinct from "normal" personalities. In contrast, the dimensional model views various personality features along several continuous dimensions (or continuums).

Personality disorders have traditionally been assigned as **all-or-nothing** categories.

DSM-5 retained categorical diagnoses but also introduced additional dimensional model of personality disorders which takes a hybrid, dimensional-categorical approach and addresses associated with categorical classification/models.

ADVANTAGES OF DIMENSIONAL MODELS:

- 1 Retain more information about each individual;
2. It would be more flexible allowing both models to be used; and
3. Avoid arbitrary assigning individuals to diagnostic criteria.

TOTAL [100]

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