Tutorial Letter 202/1/2016
Abnormal Behaviour and Mental Health

PYC3702

Semester 1

Department of Psychology

- Feedback – Assignment 02
- The Examination
- Assignment 03 – Module Evaluation Survey

Bar code

PYC3702

ABNORMAL BEHAVIOUR AND MENTAL HEALTH

TUTORIAL LETTER 202/2016

Dear Student

This is the last tutorial letter you will receive from your PYC3702 lecturers. We trust that you have found this module interesting and that by now you not only have a thorough knowledge and understanding of abnormal behaviour, but will also play a proactive role in your community and will cooperate to prevent abnormal behaviour.

The examination is almost upon us and we trust that this tutorial letter will help you with your final preparations for the examination. We wish you all the best for the examination and hope that your hard work will be rewarded with good marks. If you are still experiencing any problems, or if there is anything about the contents of the course that is not clear, we appeal to you to contact one of your lecturers without delay.

1. Feedback on Assignment 02

As stated in Tutorial Letter 101/3/2016, Assignment 02 is a second compulsory assignment that helped you to prepare for the examination. The following chapters should have been studied in the prescribed book and Tutorial Letter:

Trauma- and Stress-Related Disorders (Chapter 6, p. 165; Tutorial Letter 502/3/2016, p.28)
Somatic and Dissociative Disorders (Chapter 7, p. 197; Tutorial Letter 502/3/2016; p. 3)
Depressive and Bipolar Disorders (Chapter 8, p. 229; Tutorial Letter 502/3/2016, p. 76)
Suicide (Chapter 9, p. 267; Tutorial Letter 502/3/2016; p. 100)
Substance-Use Disorders and Other Addictive Disorders (Chapter 11, p. 327; Tutorial Letter 502/3/2016, p. 43)
Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders (Chapter 14, p. 443; Tutorial Letter 502/3/2016, p.60)

This assignment is based on Learning Unit 8, 9, 10, 11, 12, and 13 of the Unisa Study Guide and the corresponding chapters in the prescribed book, 6, 7, 8, 9, 11 and 14 respectively.

By now those of you who have submitted Assignment 02, will have received a printout in which the correct answers, your answers and your marks are recorded. If you have submitted Assignment 02 and have not yet received a printout, please contact Mrs C Nel immediately, either by telephone 012 – 4298233 or e-mail, nelc1@unisa.ac.za.

Compare your answers carefully with the following correct answers. The aim of the answers is to give you the correct information concerning each question and to explain the correct answers to you in case you

have problems with them. Should you still experience problems and feel unsure about the learning material, we encourage you to contact one of the lecturers so that these problems can be resolved.

This assignment is based on **learning units 8 to 13 of the Tutorial Letter 502** and the corresponding **chapters 6, 7, 8, 9, 11, and 14 in the prescribed book.**

Read the following case study carefully and answer questions 1 and 2.

Arthur is the CEO of a multinational corporation in the mining industry in Johannesburg. His wife is called by her husband's doctor to say that he has just had a heart attack at work and is now in surgery. Tearfully, his wife describes to the doctor how she has been very worried about her Arthur as he has been very stressed and short-tempered both at home and at work. She describes her husband as driven to succeed and always impatient to get things done properly and effectively! So much so that even though Arthur has reached the top as CEO he finds it hard to let the financial manager do the financial statements as he doesn't trust that the accounts will balance properly, so he takes this extra work home to do late into the night and weekends. She finds that it is difficult to know how he is feeling and spend recreational time with him as he seems constantly preoccupied with being the best mining company and beating the competition.

Question 1

According to the psychological dimension of the Multipath Model in relation to the diagnosis of Psychological Factors Affecting Medical Conditions, the aspects of Arthur's personality that his wife is describing are characteristic of a - - - - -.

1. Type-A personality
2. Type-B personality
3. Type-C personality
4. Type-D personality

Feedback: The correct answer is alternative **1.**

Explanation: Alternative 1 is the correct answer as Friedman and Rosenman in the 1970's (both cardiologists) developed the theory of Type-A personality based on an observation of the patients with heart conditions (Refer to Sue et al., 2016, pp. 189-190) to learn about the relationship between coronary heart disease (CHD), hostility and stress.

Alternative 2 is incorrect as individuals with Type B personality tend to be more tolerant of others, are more relaxed, more reflective, experience lower levels of anxiety and are likely to display higher level of imagination and creativity.

Alternative 3 is incorrect as individuals with Type C personality are seen as experiencing difficulty expressing emotions and tend to suppress emotions, particularly negative ones such as anger. Individual also are seen to display avoid conflict trying their best to be compliant.

Alternative 4 is incorrect as individuals with Type D personality are seen to experience increased negative emotions across time and situations and tend not to share these emotions with others, because of fear of rejection or disapproval.

Question 2

Arthur's doctor investigates the hardiness of Arthur's personality. A hardy personality refers to - - - - -.

1. traits of stubbornness and drive to achieve
2. levels of high conscientiousness and low agreeableness
3. an approach of commitment, control and challenge
4. a tough-minded character

Feedback: The correct answer is alternative **3.**

Explanation: Alternative 3 is the correct answer as according to Hamer et al, 2010 (cited in Sue et al., 2016 p. 190) hardiness is a trait that protects people from the harmful effects of stressors. To investigate the hardiness of Arthur's personality the psychologist would look at the levels of three characteristics, namely, commitment, control and openness to challenge (refer to Sue et al., 2016, pp. 189-190).

Alternatives 1, 2 and 4 do not explain the research on hardiness in relation to the prevention of psychopathology.

Question 3

- - - - - is defined as recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving acts in which the psychological or physical suffering of a victim is sexually exciting to a person. Whereas, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving acts of being humiliated, beaten, bound, or otherwise made to suffer is characteristic of - - - - -.

1. Sadistic Rape; Sexual Sadism Disorder
2. Sexual Sadism Disorder; Sexual Masochism Disorder
3. Sexual Masochism Disorder; Sadistic Rape
4. Sadistic Rape; Sexual Masochism Disorder

Feedback: The correct answer is alternative **2.**

Explanation: Alternative 2 is the correct answer because both Sexual Sadism Disorder and Sexual Masochism Disorder are Paraphilias (Sexual Disorders) in which a person has either acted on or is severely distressed by recurrent urges or fantasies involving any of the following :- sexually arousing urges, fantasies or acts associated with inflicting physical or psychological suffering of a victim (Sexual Sadism Disorder) or sexually arousing urges, fantasies or acts associated with being humiliated, bound or made to suffer (Sexual Masochism Disorder). Sadistic Rape is not considered as a disorder on its own according to the DSM-5 classification system. However, rape is regarded as a crime and a form of sexual aggression that refers to sexual activity that is performed against a person's will through the use of force, argument, pressure, alcohol or drugs, or authority. Therefore, alternatives 1, 3 and 4 are eliminated.

Read the following case study carefully and answer question 4.

Talitha, a 16-year-old young woman, was continually sexually abused by her father and her paternal uncle. She was threatened with perpetration of sexual abuse on her younger 10-year-old sister if she disclosed the abuse to anyone. Talitha had thoughts of wanting to die but felt that she had to stay alive to protect her sister. Three weeks ago, she ran away from home after being gang-raped by her father and a group of his friends one night. She travelled to another province, where she had lived before the age of five, with the hope that she would find her maternal grandmother with whom she had spent much of her time with as a young child. Talitha travelled by bus and when her money ran out she walked the streets, apparently, without attracting attention at first. However, when she was sitting on a street corner oblivious to the pouring rain and lightning staring at passer byers, she was taken to the police station by a shopkeeper.

When questioned, Talitha could not recall recent events or give her current address, insisting that she lived with her maternal grandmother. When the psychiatrist at the hospital evaluated her she was aware that her name was Talitha, but she believed that it was 2013, giving her age as three years younger and insisting that none of the events of recent years had occurred.

According to the DSM-5 classification system, Talitha's abnormal behaviour could be classified as - - - - -

1. Post-traumatic Stress Disorder
2. Bipolar Disorder, Manic Episode
3. Dissociative Amnesia with dissociative fugue
4. Dissociative Identity Disorder

Feedback: The correct answer is alternative **3.**

Explanation: Alternative 3 is correct as according to the DSM 5 classification system Talitha meets the criteria for Dissociative Amnesia with dissociative fugue. Dissociative Amnesia refers to an inability to recall important autobiographical information; usually of a traumatic nature, that is inconsistent with ordinary forgetting. Talitha experienced trauma in her childhood in the form of sexual abuse and later being gang-raped and this trauma could have possibly resulted in her sudden partial loss of important information and recent memory events. In Talitha's case she could no longer remember her past nor recall recent events associated with her trauma. A specifier "with Dissociative fugue" refers to purposeful travel or bewildered wandering that is associated with amnesia related to one's identity or other important autobiographical information, this can be seen in that Talitha moved to another province with the hope that she would find her maternal grandmother with whom she had spent much of her time with as a young child.

Alternative 1 is incorrect because although one of the symptoms of Post-traumatic Stress Disorder is an inability to remember an important aspect of the traumatic event(s) typically due to dissociative amnesia in some instances, Talitha's case does not meet all the necessary symptoms for PTSD. In contrast, in Talitha's case the symptoms also involves fugue.

Alternative 2 is incorrect since Talitha's symptoms are not consistent with a DSM-5 classification system diagnosis for Bipolar Disorder, Manic Episode as Talitha, does not have a distinct period during which she displays symptoms of abnormally and persistently elevated, expansive or irritable mood and persistently increased goal-directed activity or energy, that is present for most of the day, nearly every day, for a period of at least a week.

Alternative 4 is incorrect since Talitha does not present with the presence of two or more distinct personality states or an experience of spirit possession which characterises the diagnosis of Dissociative Identity Disorder.

Question 5

Gender Dysphoria is primarily characterised by - - - - - .

1. conflict between one's anatomical sex and one's psychological feeling of being male or female.
2. sexual urges which are not part of the usual pattern leading to reciprocal and affectionate sexual activity.
3. sexual attraction towards people of the same sex.
4. sexual arousal by wearing clothing appropriate for the opposite sex.

Feedback: The correct answer is alternative **1.**

Explanation: Alternative 1 is the correct answer because, Gender Dysphoria is characterised by distress and impairment in functioning that results from a marked incongruence between one's experienced or expressed gender and one's assigned gender as a male or a female therefore, a conflict between one's anatomical sex and one's psychological feeling of being male or female.

Alternative 2 is incorrect as the alternative refers to the main characteristics of paraphilia. Paraphilias can become Paraphilic Disorders if the symptoms are currently causing distress or impairment to the individual.

Alternative 3 is incorrect because it is defining Homosexuality. Homosexuality is not a disorder according to the DSM- 5 classification system. Homosexuality is not a mental disorder; it is an individual's sexual orientation.

Alternative 4 is incorrect, because the alternative contains the main characteristics of Transvestic Disorder and not of Gender Dysphoria. Transvestic Disorder is when a person is sexually aroused by wearing clothing traditionally appropriate for the opposite sex (Refer to page 449 of the prescribed textbook).

Question 6

Tolerance for a substance can be seen when - - - - -.

1. repeated consumption of the same amount of the substance produces diminishing effects.
2. significant others are more and more accepting of a substance user's problem.
3. the substance user experiences shaking and irritability after he or she stops using the substance.
4. increased amounts of the substance leads to stronger psychological effects.

Feedback: The correct answer is alternative **1.**

Explanation: Alternative 1 is the correct answer because alcohol tolerance is described as markedly diminished effect with the continued use of the same amount of the alcohol to achieve intoxication or desired effect.

Alternative 3 is eliminated because the substance user's symptoms, illustrates symptoms of withdrawal from Alcohol Use Disorder. The main symptoms are autonomic hyperactivity (such shaking and irritability) after cessation of use of the substance.

Alternative 2 is eliminated because the perception of significant others is not recognised as the criteria Alcohol tolerance.

Alternative 4 is eliminated, because increased amounts of the substance do not lead to stronger psychological effects as individual users develops tolerance (a need for increased amount of a substance to get the desired effect).

Question 7

Jan, a 23-year-old, university student who had never used dagga before was given two "joints" by his roommate. Jan smoked the first of the two joints in the same manner that he normally smoked a cigarette (in about three to five minutes). Noting no major impact, Jan immediately smoked the second joint in five minutes. Within a half an hour, he began to experiencing his heart beating fast, dryness in his mouth and increased anxiety, and the belief that his throat was closing up and that he was going to die. He became more panicked which led to him presenting at the casualty ward of the hospital. Reassurance that he would not die had no effect.

Which **one** of the following diagnoses would be considered by the psychiatrist in Jan's case - - - - - according to the DSM-5 classification system?

1. Nonproblematic use of cannabis
2. Cannabis Intoxication
3. Cannabis Use Disorder, Moderate
4. Addiction to Stimulants

Feedback: The correct answer is alternative **2.**

Explanation: Alternative 2 is correct because Cannabis Intoxication "is the presence of clinically significant problematic behavioural or psychological changes that develop during, or shortly after, cannabis use" (APA, 2013, p. 516). It is indicative of an episode of intoxication shortly after cannabis is ingested. The case study above, describe a single episode of cannabis use as Jan never used dagga before he was given two joints by his roommate (Refer to page 47 of Tutorial Letter 502/3/2016).

Alternative 1 is incorrect because use of cannabis *is problematic* since it is affecting Jan's daily functioning. According to the DSM-5 (APA, 2013, p. 515) Non-problematic use of cannabis is difficult to identify when other substances are also used and individuals often deny heavy usage. Individuals who use cannabis heavily are referred by others for treatment as often it is other individuals who are more aware of the impact of the cannabis use on their impaired functioning.

Alternative 3 is incorrect. For Cannabis Use Disorder to be diagnosed, two symptoms need to occur within a twelve month period. Jan's case does not indicate the duration required to diagnose Cannabis Use Disorder, as only an isolated incident is described.

Alternative 4 is incorrect since Addiction to Stimulants is not a diagnosis according to the DSM-5 classification system.

Question 8

Which **one** of the following statements is **inaccurate** about the regular use of cannabis (dagga)?

1. Mild hallucinations may occur.
2. Prolonged use increases the risk for heart attack and chronic bronchitis.
3. Cannabis is used successfully to ward off the nausea associated with chemotherapy.
4. The potential for dependency is low in all age groups.

Feedback: The correct answer is alternative **4.**

Explanation: Alternative 4 is the correct answer because cannabis is not a stimulant but a mild hallucinogen and an individual who is using cannabis does not show signs of withdrawal and tolerance, so the potential for dependency is minimal across all age groups. Alternatives 1,2 and 3 are all accurate statements about the regular use of cannabis (dagga).

Question 9

The condition called delirium *tremens* involves hallucinations and body tremors during withdrawal from - - - - -.

1. heroin
2. cocaine
3. alcohol
4. cannabis (dagga)

Feedback: The correct answer is alternative **3.**

Explanation: Alternative 3 is correct since delirium tremens describes "life-threatening withdrawal symptoms that can result from chronic alcohol use" (Sue, et al., 2013, p. 283). It "begins with profound anxiety, agitation, and confusion followed by seizures, disorientation, hallucinations, or extreme lethargy" (Sue, et al., 2013, p. 282).

Question 10

Bandile suddenly notices that the world looks weird to him. Some objects look bigger than normal and others look smaller. Cars and people passing by seem oddly shaped. Even the reflection he sees in the mirror does not seem to be his. Bandile is petrified by these symptoms. Two days ago, Bandile was hijacked and suffered severe distress.

Which **one** of the following DSM-5 diagnoses is most appropriate in Bandile's case?

1. Depersonalisation/Derealisation Disorder.
2. Delusional Disorder.
3. Post-Traumatic Stress Disorder.
4. Dissociative Identity Disorder.

Feedback: The correct answer is alternative **1.**

Explanation: Alternative 1 is correct because depersonalisation is the experiences of unreality, detachment or being an outside observer with respect to one's thoughts, feelings, sensations, body or actions, whilst derealisation involves the individual having experiences of unreality or detachment with respect to surroundings.

Alternatives 2 is incorrect as a delusion is a *false belief* based upon an incorrect inference about external reality. Bandile's symptoms are not linked to his beliefs or thoughts.

Alternatives 3 is incorrect as eventhough being involved in a traumatic event and experiencing depersonalisation/derealisation are two criteria in PTSD. Bandile does not meet sufficient criteria to warrant a diagnosis of PTSD

Alternative 4 is eliminated because the defining feature of Dissociative Identity Disorder is the presence of two or more distinct personality states appearing to exist in one person. The disruption in identity, in DID, involves marked discontinuity in sense of self and sense of agency, accompanied by related alterations in affect, behaviour, consciousness, memory, perception, cognition, and/or sensory-motor functioning. These signs and symptoms may be observed by others or reported by the individual.

Question 11

Ntombi, a six-year-old, has been repeatedly brought into the casualty ward at the hospital, by her recently divorced mother, for a persistent ear infection. Whilst the hospital staff had always been sympathetic and supportive to Ntombi and her mother, they have begun to suspect that Ntombi's reoccuring ear infection is a result of Ntombi's mother failing to give Ntombi her prescribed medication. Ntombi's mother, following her divorce, moved to a new town to resume working as a teacher. Following all the recent life changes, Ntombi's mother reports feeling overwhelmed and unsupported in her life,

According to the DSM-5 classification system, Ntombi's mother is most likely to be diagnosed with - - - - -, and Notmbi is likely to be diagnosed with - - - - -.

1. Malingering; Child Physical Abuse
2. Factitious Disorder Imposed on Self; Illness Anxiety Disorder
3. Factitious Disorder Imposed on Another; Child Neglect
4. Antisocial Personality Disorder; Maladaptive Health Behaviours affecting Ear Infection

Feedback: The correct answer is alternative **3.**

Explanation: Alternative 3 is the correct alternative since Ntombi's mother's persistent presentation of Ntombi at the hospital under now suspicious pretexts is consistent with a DSM-5 diagnosis of Factitious Disorder Imposed on Another, defined according to Sue et al. (2016), as "a pattern of falsification or production of physical or psychological symptoms in another individual" (p. 204). Ntombi received a diagnosis of child neglect (refer to page 49 of Tutorial Letter 501/3/2016 *Other Conditions That May Be a Focus of Clinical Attention)* because her mother did not give her the prescribed medication for her ear infection.

Alternative 1 is incorrect since Ntombi's mother did not feign illness on herself (but on her daughter) for any external purpose as is consistent with Malingering (Sue et al., 2016, p. 203). Ntombi did not receive a diagnosis of Child Physical Abuse since her mother's actions indicate neglect rather than abuse.

Alternative 2 is incorrect since Ntombi's mother did not deliberately induce symptoms of illness on herself (as is consistent with a diagnosis of Factitious Disorder Imposed on Self) but instead on her child (Sue et al., 2016, p. 204-205). Ntombi could not be diagnosed with Illness Anxiety Disorder since she did not present with concerns of her own symptoms.

Alternative 4 is incorrect as although Ntombi's mother's behaviour could be interpreted as irresponsible, there is no evidence to show that she has a personality disorder characterised by a failure to conform to social and legal codes accompanied by a lack of anxiety and guilt, and irresponsible behaviour (Sue et al., 2016, p. 475). Ntombi could not be diagnosed with Maladaptive Health Behaviours affecting Ear Infection as it is not a diagnosis according to the DSM-5 classification system.

Question 12

Sienna is a 16-year-old who experienced the traumatic event of a gunman opening fire at the local supermarket. Whilst Sienna was not injured she has since developed a progressive weakness in her muscles that now prevents her from leaving the house to attend school or other activities that she was previously involved in. Sienna is very distressed by her impairment. Doctors have been unable to find a medical reason for her deteriorating muscle weakness despite running a battery of neurological tests. According to the DSM-5 classification system, which **one** of the following diagnoses is likely to be diagnosed by the clinical psychologist?

1. Somatic Symptom Disorder
2. Malingering
3. Factitious Disorder Imposed on Self
4. Conversion Disorder (Functional Neurological Symptom Disorder)

Feedback: The correct answer is alternative **4**.

Explanation: Alternative 4 is correct since Sienna presents with symptoms of Conversion Disorder (Functional Neurological Symptom Disorder) i.e. a progressive weakness in her muscles (motor impairment) that is distressing to the point of her not being able to leave the house, without any underlying medical cause evidenced in the doctors being unable to find a medical reason for her deteriorating muscle weakness despite running a battery of neurological tests (Sue et al., 2016, p. 202). Most individuals that present with conversion symptoms do so soon after exposure to a stressor as in Sienna's case.

Alternative 1 is incorrect. Although Sienna presents with one distressing somatic symptom (physical or bodily symptom), she does not present with persistent thoughts, high anxiety and excessive time devoted to symptoms (Sue et al., 2016, p. 198) as is characteristic of Somatic Symptom Disorder.

Alternative 2 is incorrect. Malingering is eliminated as an alternative since there is no indication to suggest that Sienna is feigning her illness for any external purpose (Sue et al., 2016, p. 203).

Alternative 3 is incorrect. Factitious Disorder Imposed on Self is eliminated as an alternative since Sienna appears genuinely distressed by her symptoms suggesting that she is not inducing her muscle weakness for gaining sympathy from medical personnel or others (Sue et al., 2016, p. 203/204).

Read the following case study carefully and then answer question 13, 14, 15 and 16.

Diane, a 40-year-old successful business woman, has been unable to function on almost all levels since the death of her beloved husband four months ago. He was a victim of a hijacking incident while Diane was attending an international conference for business women. Diane is deeply depressed; she suffers severe guilt feelings and has a general sense of worthlessness and hopelessness. She has lost interest in her business and has suffered serious financial losses the past few weeks. She suffers from severe terminal insomnia and her sad and depressed mood is worse in the morning. She has lost a lot of weight and experiences no joy in life. For the past three days she has been lying immobile in bed without paying any attention to her personal hygiene. When her arms and legs are moved by someone to different positions, they just stay there. Diane has stopped speaking and does not appear to hear what is being said to her. Except for a few business associates, Diane has no support systems to support her in times of stress. Her mother and sister were killed in a car accident when she was five years old and her father, who suffered from episode of severe depression, committed suicide several years ago.

Question 13

In diagnosing **Diane's** abnormal behaviour several disorders were considered and some of them were eliminated. Unfortunately **three** of the following differential diagnoses were eliminated for the **wrong** reason. Identify the disorder that was eliminated for the **correct** reason.

1. Bipolar I Disorder: Diane does not manifest any manic symptoms and she has no history of any manic episodes.
2. Mild Neurocognitive Disorder: Diane is too young to suffer from a Neurocognitive Disorder.
3. Schizophrenia: Mood disturbance is uncommon during the prodromal, active and residual phases of Schizophrenia.
4. Persistent Depressive Disorder (Dysthymia): This disorder always has a slow, progressive onset in the absence of clearly identifiable triggers.

Feedback: The correct answer is alternative **1**.

Explanation: *Bipolar I Disorder*, alternative 1, was eliminated for the correct reason because Diane does not manifest any manic symptoms nor does she have a history of any manic episodes. The essential feature of Bipolar I Disorder is the presence or history of a manic episode.

The correct reason why *Mild Neurocognitive Disorder*, alternative 2, should have been eliminated is because Diane does not have a history of declining cognitive functioning. However, keep in mind that Mild Neurocognitive Disorder can also occur at a young age as a result of a medical condition (e.g. head injury, a brain tumour or infections,) a substance or medication.

The correct reasons why *Schizophrenia*, alternative 3, should have been eliminated are: Diane does not manifest any of the characteristic symptoms of Schizophrenia (e.g. hallucinations, delusions, disorganised speech). Schizophrenia also involves the presence of specific symptoms for at least six months. The onset of Diane's disorder can be traced back to the death of her husband four months ago. Before the death of her husband Diane had a successful career as a businesswoman. Remember, mood symptoms are not uncommon during the prodromal, active and residual phases of Schizophrenia.

The correct reason why alternative 4, *Persistent Depressive Disorder (Dysthymia)*, should have been eliminated is because Diane's symptoms have only been present for four months. Persistent Depressive Disorder (Dysthymia) and Major Depressive Disorder are differentiated based on chronicity and persistence. In Major Depressive Disorder, the symptoms are present for a period of at least two weeks (four months in Diane's case) whereas the symptoms of Persistent Depressive Disorder (Dysthymia) should be present for a period of at least two years before the diagnosis can be made. Should a Major Depressive

Episode persist for a two-year period or longer and remain present, then a diagnosis of Persistent Depressive Disorder (Dysthymia) with the specifier *With Persistent Major Depressive Episode* is used.

Question 14

According to the DSM-5 classification system, **Diane's** abnormal behaviour can be classified as - - - - - as principal diagnosis.

1. Bereavement
2. Posttraumatic Stress Disorder
3. Adjustment Disorder with Depressed Mood
4. Major Depressive Disorder

Feedback: The correct answer is alternative **4**.

Explanation: Diane fulfils the criteria for *Major Depressive Disorder*. Since the death of her husband four months ago, Diane has been experiencing depressed mood, loss of interest and pleasure in all activities, insomnia, psychomotor retardation, loss of energy, feelings of worthlessness and excessive inappropriate guilt and significant weight loss. These symptoms cause clinically significant distress and impairment in her functioning.

Bereavement, alternative 1, is eliminated because Diane manifests symptoms of pathology (persistent, severe depressed mood, acute psychological and physical discomfort as well as diminished functioning) in addition to the normal expected response to a significant loss. Please refer to page 79 of Tutorial Letter 502/3/2016, *Distinction between grief and Major Depressive Disorder* and make sure that you are able to distinguish between bereavement and Major Depressive Disorder.

Posttraumatic Stress Disorder, alternative 2, is eliminated because Diane's symptoms do not meet the criteria for the diagnosis of Posttraumatic Stress Disorder. Refer to pages 28 and 29 of Tutorial Letter 502/3/2016 for the DSM-5 diagnostic criteria for Posttraumatic Stress Disorder and familiarise yourself with the DSM-5 criteria for Posttraumatic Stress Disorder.

Alternative 3, *Adjustment Disorder with Depressed Mood*, is eliminated because Diane's symptoms meet the full criteria for Major Depressive Disorder. Adjustment Disorder, which falls within the Trauma- and Stressor-Related Disorders, is not used when the symptom pattern meets the criteria for another mental disorder (e.g. Major Depressive Disorder). Refer to pages 34 and 35 of Tutorial Letter 502/3/2016 and familiarise yourself with the DSM-5 criteria for Adjustment Disorder.

Question 15

Diane's symptoms of loss of appetite and insomnia illustrate the - - - - - symptoms of her principal diagnosis, the symptoms of apathy and depressed mood illustrate the - - - - - domain and the psychomotor retardation illustrates the - - - - - domain of her principal diagnosis.

1. behavioural; physiological; cognitive.
2. physiological; affective; behavioural.
3. somatic; cognitive; behavioural.
4. affective; behavioural; physiological.

Feedback: The correct answer is alternative **2**.

Explanation: Diane's symptoms of loss of appetite and insomnia illustrate the physiological domain of her mental disorder, the symptoms of apathy and depressed mood illustrate the affective domain and the psychomotor retardation illustrates the behavioural domain of her mental disorder. Refer to pages 230 to 232 of the prescribed book, *Symptoms of Depression,* for a detailed description of the behavioural; physiological; cognitive and emotional symptoms of a Depressive Disorder.

Question 16

According to Behavioural explanations of abnormal behaviour, the development of Diane's principal diagnosis can mainly be attributed to - - - - -.

1. arbitrary inference
2. the loss of a positive reinforcer
3. her current negative life situation
4. thinking patterns associated with learned helplessness

Feedback: The correct answer is alternative **2**.

Explanation: Alternative 2 is correct as the Behavioural perspective suggests that a Depressive Disorder like Diane's Major Depressive Disorder is mainly attributed to *the loss of a very important positive reinforcer*, such as a beloved spouse (the loss of Diane's husband).

Alternative 1, *arbitrary inferences*, refers to one of Beck's, (a cognitive psychologist) proposed types of faulty thinking and is eliminated because it does not represent the Behavioural explanation of a Depressive Disorder.

Alternative 3, *her current negative life situation*, refers to a social explanation of Major Depressive Disorder and is therefore eliminated.

Alternative 4 is eliminated as it explains Diane's principle diagnosis from a cognitive-learning perspective. Refer to pages 243 and 244 of the prescribed book for information on the cognitive-learning perspective.

Question 17

Amy has been diagnosed with Factitious Disorder Imposed on Self which involves - - - - - while **Marius** has been diagnosed with Malingering which involves - - - - -

1. a display of physical or psychological symptoms with the purpose of pretending to be ill; deliberate displays of false or exaggerated physical or psychological symptoms that are induced by a clear external motive.
2. unawareness of fabricating psychological or physical symptoms; fabricating physical or psychological symptoms simply to pretend to be ill.
3. experiences of actual physical or psychological symptoms but expressed in an exaggerated manner; deliberate steps to make his child ill and attempts to convince a doctor that the child is really ill.
4. motivation to fabricate physical or psychological symptoms by the possibility of financial reward; fabricating physical and psychological symptoms as a result of inner conflict.

Feedback: The correct answer is alternative **1.**

Explanation: To familiarise yourself with this category of Somatic-Related Disorders please refer to page 198 of Sue et al. (2016) and pages 5-7 of Tutorial Letter 502/3/2016.

Alternative 1 is correct since Factitious Disorder Imposed on Self is defined as "symptoms of illness deliberately induced, stimulated, or exaggerated, with no apparent external incentive" (Sue et al., 2016, p. 204), whilst malingering "is feigning of illness for an external reward" (Sue at al., 2016, p. 203).

Alternative 2 is incorrect since Malingering implies presenting with psychological or physical symptoms in order to illicit concern from the practitioner and is characterised by the person wanting to assume the sick role. Pretending to be ill is more consistent with a diagnosis of Factitious Disorder.

Alternative 3 is incorrect. The second part of the statement is more incorrect since it describes Factitious

Disorder imposed on Another which is characterised by sabotaging a vulnerable person or child's illness for sympathy (Sue at al., 2016, p. 203).

Alternative 4 is incorrect since feigning illness for financial reward is consistent with Malingering and not Factitious Disorder Imposed on Self as the first part of the statement suggests.

Read the following short case study carefully and then answer question 18 and 19.

A distraught wife brings her husband, Mr. Jansen, 46-years-old, to the clinical psychologist at the psychiatric hospital after she finds him writing a suicide note and planning to shoot himself in the veld with a rifle. Mr. Jansen is subdued, shows minimal emotional expression, and his breath smells of alcohol. When asked about his suicidal thoughts, Mr. Jansen states that he feels worthless and that his wife and family would be better off if he were dead.

Mr Jansen is a construction contractor who went overseas to do construction during the Iraq War. He lost half his construction team from a roadside bombing, narrowly escaping with his life. He walks with a permanent limp due to the attack. Upon returning to South Africa he refused to attend psychotherapy stating, "I was in a war, I can handle stress."

But six months after his return, Mrs. Jansen noticed that her husband had trouble sleeping, his mood was at times irritable or withdrawn, he avoided the news reports on television, and he started drinking daily. He complained of nightmares but would not talk about his fears to anyone, including his wife. Tearfully, Mrs Jansen expressed how their relationship was non-existent as she felt she was living with a "man she did not recognise". Mr Jansen only agreed to go to his General Practitioner, to request sleeping medication.

Now at the hospital, the clinical psychologist notes that Mr Jansen is quiet and passive as he is oriented but that he looks around vigilantly and is easily startled by sounds on the ward.

Question 18

According to the DSM-5 classification system Mr Jansen's abnormal behaviour could be classified as - - - - -.

1. Posttraumatic Stress Disorder with delayed expression; Alcohol Use Disorder
2. Posttraumatic Stress Disorder; Alcohol Use Disorder
3. Acute Stress Disorder; Alcohol Use Disorder
4. Adjustment Disorder with Mixed Emotions

Feedback: The correct answer is alternative **1.**

Explanation: Alternative 1 Posttraumatic Stress Disorder with delayed expression; Alcohol Use Disorder is the correct answer because Mr Jansen's symptoms meet the criteria for the diagnosis of Posttraumatic Stress Disorder (PTSD). Mr Jansen directly experienced the trauma of war (Criterion A1). He had recurrent nightmares related to the traumatic events of the war (Criterion B2). He actively avoided external reminders of the war such as television news reports and any conversation related to his experiences (Criterion C2). Mr Jansen also shows estrangement from others, for example his wife, (Criterion D6) and marked alterations in arousal such as irritability (Criterion E1), self-destructive behaviour (Criterion E2), an exaggerated startle response (Criterion E4) and sleep disturbance (Criterion E6). The specifier of *With delayed expression,* is included as the criteria where only met when he started exhibiting symptoms six months after returning from the war. Refer to pages 28 and 29 of Tutorial Letter 502/3/2016 for the DSM-5 diagnostic criteria for Posttraumatic Stress Disorder and familiarise yourself with the DSM-5 criteria for Posttraumatic Stress Disorder.

In addition, Mr Jansen has been abusing alcohol six month after returning to South Africa (the war was in 2014, so Mr Jansen has been abusing alcohol longer than the duration requirement of a 12-month period. Mr Jansen's maladaptive pattern of alcohol has alongside his trauma, contributed to clinically significant distress as evidenced by his suicidal intent. His alcohol misuse continues despite having psychological trauma, from his exposure to war, which is exacerbated by the alcohol. Mr Jansen has also not cut down on

the use of alcohol despite it impacting his relationship with his wife (he continues to use alcohol despite persistent interpersonal problems). Importantly, his PTSD was not due to alcohol misuse, rather Mr Jansen uses alcohol to numb the symptoms of his PTSD. Alcohol Use Disorder in Mr Jansen's case is a comorbid diagnosis.

Alternative 2 is incorrect as Acute Stress Disorder is only diagnosed if the symptoms after a trauma last only between a time period of 3 days and a month.

Alternative 4 is incorrect as Adjustment Disorder with Mixed Emotions can only be diagnosed if the symptoms do not fit another disorder more accurately. Adjustment Disorder, which falls within the Trauma- and Stressor-Related Disorders, is not used when the symptom pattern meets the criteria for another mental disorder (e.g. Posttraumatic Stress Disorder with delayed expression). Refer to pages 34 and 35 of Tutorial Letter 502/3/2016 and familiarise yourself with the DSM-5 criteria for Adjustment Disorder.

Question 19

In addition to the principal diagnosis(es) Mr Jansen's clinical psychologist would consider the following diagnosis/es from the category of Other Conditions That May Be a Focus of Clinical Attention according to the DSM-5 classification system - - - - -.

1. None
2. Relationship Distress with Spouse
3. Spouse or Partner Neglect
4. Insomnia

Feedback: The correct answer is alternative **2.**

Explanation: Alternative 2 is correct as the quality of the relationship between Mr and Mrs Jansen needs to be addressed as Mr Jansen is displaying significant withdrawal from his marriage which is causing distress and impairment in functioning (To answer this question correctly, please familiarise yourself with page 49 of Tutorial Letter 501/3/2016 *Other Conditions That May Be a Focus of Clinical Attention)*

Alternative 1 is incorrect as there is a need for the Jansens' intimate relationship to receive clinical attention.

Alternative 3 is incorrect as although the Jansens are experiencing problems in their relationship, Spouse or Partner Neglect refers to one partner depriving their partner of basic needs.

Alternative 4 is incorrect as Insomnia is not listed under the category of Other Conditions That May Be a Focus of Clinical Attention according to the DSM-5 classification system.

Question 20

Norman wakes up in Cape Town, some hundred kilometers from his home in Colesberg. He cannot remember how he got there and he has no memory of his former life. He establishes a new identity in Cape Town. **Joe** has an intense and terrifying feeling that he is no longer real and that he is looking at himself and the world from a distance. Although he has not lost contact with reality, these feelings have caused major impairment in his work and personal life.

According to the DSM-5 classification system, **Norman's** abnormal behaviour could be classified as - - - - - and **Joe's** abnormal behaviour as - - - - -.

1. Dissociative Identity Disorder; Dissociative Amnesia with dissociative fugue
2. Dissociative Amnesia with dissociative fugue; Dissociative Identity Disorder
3. Depersonalisation/Derealisation Disorder; Conversion Disorder (Functional Neurological Symptom Disorder
4. Dissociative Amnesia with dissociative fugue; Depersonalisation/Derealisation Disorder

Feedback: The correct answer is alternative **4.**

Explanation: Norman unexpectedly travelled away from home, he cannot remember his past and as a result has adopted a new identity. He fulfils the criteria of Dissociative Amnesia with dissociative fugue as indicated in Alternative 4 (and for his part also Alternative 2).
Norman does not suffer from multiple personalities which are characteristic of Dissociative Identity Disorder (alternative 1) as his new identity replaced his previous/original identity.

Alternative 3 is incorrect Depersonalisation/Derealisation Disorder, is eliminated due to the fact that Norman totally lost his identity due to an inability to recall his past. He does not experience a feeling of detachment or estrangement from himself as if he is an outside observer of himself.

Joe on the other hand fulfils the criteria of Depersonalisation/Derealisation Disorder. He is suffering from the experience of feeling detached from himself, as if he were an outside observer of himself. During the depersonalisation experiences, reality testing remains intact yet the depersonalisation causes impairment in his social and occupational functioning.

Alternative 1, Dissociative Amnesia with dissociative fugue, is eliminated as Joe shows no signs of memory loss. The primary characteristic of Dissociative Amnesia is one or more episodes of amnesia with regards to important personal information.

Alternative 2, Dissociative Identity Disorder is eliminated as Joe does not show more than one identity or personality state, which is the essential feature of Dissociative Identity Disorder.

Alternative 3, Conversion Disorder (Functional Neurological Symptom Disorder is eliminated as Joe does not show any symptoms of a Conversion Disorder (Functional Neurological Symptom Disorder) such as the reporting of physical symptoms that suggest a general medical condition but that cannot be explained by medical tests indicating the presence of a general medical condition.

Read the following case study carefully and answer question 21 and 22.

Mercia's mother severely abused her from the time she was four years old. At the age of 26, Mercia manifests eight different personalities, each with its own distinct identity, name and self-image. The shifts from one personality to another are triggered by psychosocial stress and occurs abruptly. Some of the personalities are aware of the existence of the other personalities. Mercia experiences frequent gaps in memory for personal history, both remote and recent.

Question 21

Which **one** of the following DSM-5 diagnoses is the most appropriate diagnosis in Mercia's case?

1. Dissociative Amnesia
2. Depersonalisation Disorder
3. Dissociative Identity Disorder
4. Bipolar I Disorder With Rapid Cycling

Feedback: The correct answer is alternative **3.**

Explanation: Dissociative Identity Disorder is diagnosed as principal diagnosis in the case of **Mercia**. The fact that Mercia manifests two or more (in fact eight) distinct personalities each with its own identity, name and self-image, as well as the gaps in her memory, indicate that the disorder she suffers from has to do with both personality and memory and not merely memory alone.

The lapses in memory that Mercia exhibits are furthermore related to her personal history and are attributable to the alternating personalities and not primarily due to difficulties with memory or amnesia alone. Therefore alternative 1 is incorrect. The information regarding Mercia's severe abuse by her mother, commencing at an early age, serves to reiterate the diagnosis of a Dissociative Personality Disorder as severe early childhood abuse has been shown to correlate highly as an etiological factor in the development of this disorder.

Alternative 2 is also eliminated as the symptoms do not involve a "feeling of being detached from her body and thoughts" and feeling "as if in a dreamlike state". Mercia's symptoms involve definite separate personalities and when these personalities are manifested they do not manifest the depersonalisation symptoms that are central to Depersonalisation/Derealisation Disorder.

Bipolar I Disorder with Rapid Cycling, alternative 4, is also eliminated as this is a mood disorder and although the person's 'personality' may seem as if it cycles from being upbeat and manic to downcast and depressed, it is still the same personality that is involved in Bipolar I Disorder – it is only the mood state that differs.

Question 22

According to the psychodynamic therapist who treats Mercia, the development of separate personalities served the purpose of - - - - -

1. eliciting attention and nurturance from other family members.
2. taking the pain of the abuse in order for the core personality to survive.
3. strengthening the weak superego.
4. protecting Mercia from becoming an abusive mother herself.

Feedback: The correct answer is alternative **2.**

Explanation: According to the psychodynamic theorists an individual's use of repression to block from consciousness unpleasant or traumatic events are important in the development of the Dissociative

Disorders. Severe and prolonged early childhood abuse together with the child's inability to escape this situation, can cause this blocking off to become so extreme that it leads to a dissociation process in which splitting of different aspects of the core personality and mental processes occur. In Dissociative Identity Disorder this dissociation is so severe that these 'fragments' develop into separate personalities. These are then blocked off from each other as it would cause too much conflict within the personality structure if these different personalities where to co-exist. One theory is that one or more of these personalities take on the pain of the abuse in order to protect the other personalities. This unconscious process is exacerbated by a lack of social support from the environment which in the case of Dissociative Identity Disorder usually refers to the family (as these painful and traumatic events are often experienced in the family).

Question 23

Which **one** of the following statements is **most accurate** in relation to individuals with a DSM-5 diagnosis Paraphilic Disorder?

1. They have weaker than normal sexual desires.
2. They are only aroused by bizarre imagery or actions.
3. They are able to become sexually aroused under normal conditions.
4. They are not distressed by their sexual fantasies and urges.

This question was deleted due to the ambiguous nature of the question.

Question 24

Lebo, a 32-year-old woman, has been married for five years. Since the birth of her last child one year ago, she has lost interest in either fantasising or engaging in any sexual activity. In fact, she does whatever she can to avoid situations where sexual intercourse is a possibility. This state of events has put significant strain on her marital relationship to an extent that her husband is threatening to leave her.

Based on the information above, Lebo will most likely receive a DSM-5 diagnosis of - - - - -.

1. Sexual Arousal Disorder
2. Secondary Frigidity
3. Female Sexual Interest/Arousal Disorder
4. Secondary Orgasmic Dysfunction

Feedback: The correct answer is alternative **3.**

Explanation: Alternative 3 is the correct answer because Lebo fulfils the criteria for a diagnosis of a Female Sexual Interest/Arousal Disorder which is characterised by a persistent or recurrent deficiency or absent sexual fantasies and desire for sexual activity.

Alternative 1 can be eliminated because Lebo does not move out of the appetitive phase (characterised by a person's desire for sexual activity) of the female sexual response cycle as she does not desire sexual contact and as such there is no possibility of sexual arousal associated with physiological changes involving sexual excitement.

Alternative 2 is eliminated because Secondary frigidity (term that is not recognised in the DSM-5 classification system) is an old term for Sexual Arousal Disorder which is often experienced as loss of sexual desire which could be secondary to either poor sexual arousal or lack of orgasm. It occurs when a woman has previously enjoyed sex to orgasmic level, but, currently does not attain orgasms or if she does, it happens very infrequently. In Lebo's case she lacks the desire for sexual activity.

Alternative 4 can be ruled out because Lebo is having problems during the appetitive phase and not with the orgasm phase (characterised by involuntary muscular contractions throughout the body resulting in sexual tension release) of the sexual response cycle. Secondary Orgasmic Dysfunction is not a diagnosis according to the DSM-5 classification system.

Question 25

Bongani, a 30-year-old man always experienced inner conflict about being male. He enjoys dressing in female clothing, has often fantasised about being a woman and has rejected male stereotypical games and activities since childhood. He expresses intense stress due to the fact that he is being stigmatised by people in his community who are unable to accept his preference with regard to his sexual orientation. Two months ago he attempted suicide as he could no longer cope.

According to the DSM-5 classification system, the psychiatrist would consider the diagnosis of - - - - - in Bongani's case.

1. Paraphilic Disorder
2. Gender Dysphoria in Adolescents and Adults
3. Transvestic Disorder
4. Homosexuality

Feedback: The correct answer is alternative **2.**

Explanation: Alternative 2 is correct since Bongani experiences symptoms consistent with a diagnosis of Gender Dysphoria in Adolescents and Adults according to the DSM-5 classification system. The table below should assist you in logically arriving at this diagnosis after referring to the DSM-5 diagnostic criteria for Gender Dysphoria in Adolescents and Adults (Refer to the prescribed textbook, Sue et al., 2016, p. 452 or Tutorial Letter 502/3/2016 page 65).

Symptoms	**DSM-5 Diagnostic Criteria**
"…always experienced inner conflict about being male."	A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration
"…he attempted suicide as he felt he could no longer cope."	The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
"He enjoys dressing in female clothing…"	A strong desire to be of the other gender
"…has rejected male stereotypical games and activities since childhood"	A strong desire to be of the other gender

Alternative 1 is incorrect since Paraphilic Disorder refers to sexual disorders in which the person has either acted on or is severely distressed by recurrent urges or fantasies involving non-human objects, non-consenting individual, or suffering or humiliation (Refer to the prescribed textbook on p. 451).

Alternative 3 is incorrect since Transvestic Disorder according to the DSM-5 classification system is diagnosable when a person is intensely sexually aroused by cross-dressing (Refer to the prescribed textbook on p. 455).

Alternative 4 is incorrect since homosexuality is not a disorder according to the DSM-5 classification system. Homosexuality is not a mental disorder. Homosexuality, bisexuality, heterosexuality are examples of an individual's sexual orientation.

Question 26

Herby has been pessimistic, depressed and fatigued with little interest in food and social activities for the past three years. In fact, his colleagues would not recognise him if he was not down and disinterested in work. His boss noticed that though Herby still did most of his work it was not at the level that the job required.

The most appropriate DSM-5 diagnosis in Herby's case is a - - - - -.

1. Persistent Depressive Disorder (Dysthymia)
2. Personality Disorder
3. Cyclothymic Disorder
4. Major Depressive Disorder

Feedback: The correct answer is alternative **1**.

Explanation: Herby meets the DSM-5 criteria for *Persistent Depressive Disorder (Dysthymia)*. This disorder involves chronic depressive symptoms that are present for a period of at least two years. Herby has been clearly depressed and fatigued with little interest in food for more than two years. His symptoms also cause clinically significant distress and impairment in occupational functioning. These symptoms, together with the fact that Herby has no history of a manic or a hypomanic episode, make a diagnosis of Persistent Depressive Disorder (Dysthymia) very plausible.

Alternative 2, *Personality Disorder*, is eliminated as Herby's symptoms of the past three years are not a reflection of his long-term patterns of functioning and occur exclusively during the Depressive Disorder. The symptoms that Herby manifests also do not meet the DSM-5 criteria of a General Personality Disorder. Refer to page 64 of Tutorial letter 501/3/2016 for more information on Personality Disorder.

Alternative 3, *Cyclothymic Disorder*, is eliminated because Herby does not manifest a chronic, fluctuating mood involving numerous periods of hypomanic symptoms and periods of depressive symptoms. His mood has only been depressed. Refer to page 92 of Tutorial letter 502/3/2016 for the DSM-5 criteria for Cyclothymic Disorder.

Alternative 4, *Major Depressive Disorder*, is eliminated as Herby does not meet the full criteria for Major Depressive Disorder. He however, meets the criteria for Persistent Depressive Disorder (Dysthymia) as described above. Refer to the prescribed book page 235, *Table 8.3* for the DSM-5 criteria for Major Depressive Episode.

Question 27

William is diagnosed with Bipolar I Disorder, recent episode Manic. His symptoms are elevated mood, grandiosity, disjointed talk, excessive sleep and irritability. His occupational and social functioning is severely impaired. Which aspect of William's case is **unusual**? The fact that - - - - -

1. he manifests with disjointed talk.
2. his functioning is severely impaired.
3. he is irritable and grandiose.
4. he sleeps excessively.

Feedback: The correct answer is alternative **4**.

Explanation: An elevated mood, grandiosity, disjointed speech and irritability are characteristic of Bipolar I Disorder, recent episode manic. The fact that William sleeps excessively is unusual as most people who experience a Manic Episode have a decreased need for sleep. They feel rested after only three hours of sleep.

Question 28

Emma's style of functioning in the past 25 years is characterised by fluctuations and instability in self-image, relationships and mood. **Michelle** has had many mild mood swings over the past 26 months. Her functioning is moderately impaired. She has never experienced a manic episode. According to the DSM-5 classification system **Emma's** abnormal behaviour could be classified as - - - - -, and **Michelle's** abnormal behaviour as - - - - - .

1. Dysthymic Disorder; Bipolar II Disorder
2. Histrionic Personality Disorder; Major Depressive Disorder
3. Borderline Personality Disorder; Cyclothymic Disorder
4. Dissociative Identity Disorder; Bipolar I Disorder chronic

Feedback: The correct answer is alternative **3**.

Explanation: **Emma** has an enduring pattern (for 25 years) of inner experiences and behaviour that deviate from the expectations of her culture. She shows the characteristic symptoms of *Borderline Personality Disorder* (fluctuation and instability in self-image, relationships and mood). **Michelle** on the other hand, suffers from a chronic (at least two years), mood disturbance, *Cyclothymic Disorder*. The essential features of Cyclothymic Disorder are the presence of numerous periods of hypomanic symptoms that do not meet the criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode for at least two years.

Alternative 1 is ruled out as **Emma's** mood fluctuations are not characteristic of a *Persistent Depressive Disorder (Dysthymia)*. The mood in Persistent Depressive Disorder (Dysthymia) is persistently depressed for at least two years. **Michelle** does not manifest the essential features of Bipolar II disorder as she does not meet the criteria for either a major depressive episode or a hypomanic episode. Refer to page 256 of the prescribed book, *Table 8.7 Bipolar Disorders* for more information on the DSM-5 criteria for Bipolar II Disorder.

Alternative 2 is also eliminated. **Emma** does not manifest a pattern of excessive emotionality and attention seeking behaviour that is characteristic of *Histrionic Personality Disorder*. *Major Depressive Disorder* is ruled out in **Michelle's** case as she is clearly not only depressed – she also experiences mood swings which eliminates Major Depressive Disorder.

Alternative 4 is ruled out as **Emma** meets the criteria for a long-term, stable personality disorder which is in contrast to the inconsistencies among *identities* which is characteristic of *Dissociative Identity Disorder*. **Michelle** experiences only mild mood swings whereas *Bipolar I Disorder* is characterised by at least one or more manic episodes and one or more major depressive episodes.

Question 29

According to the DSM-5 classification system, a diagnosis of Fetishistic Disorder refers to which of the following?

1. Intense sexually arousing fantasies that occur while observing an unsuspecting person naked, in the process of undressing, or engaging in a sexual activity.
2. Sexual arousal and satisfaction from the psychological or physical suffering of others.
3. Intense recurrent sexual urges to touch and rub up against non-consenting people.
4. Intense sexually arousing fantasies and urges involving non-animate objects, and which leads to the individual's personal distress or affects social and occupational functioning.

Feedback: The correct answer is alternative **4.**

Explanation: Alternative 4 is correct, because Fetishistic Disorder refers to intense sexually arousing fantasies and urges involving non-animate objects, and which leads to the individual's personal distress or affects social and occupational functioning.

Alternative 1 is incorrect because intense sexually arousing fantasies that occur while observing an unsuspecting person is naked, in the process of undressing or engaging in a sexual activity is the primary characteristics of Voyeuristic Disorder.

Alternative 2 is incorrect because sexual arousal and satisfaction from the psychological or physical suffering of others is the distinguishing characteristics of Sexual Sadism Disorder.

Alternative 3 is incorrect as Frotteuristic Disorder is when intense recurrent sexual urges to touch and rub up against non-consenting people (Refer to the prescribed textbook on p. 453).

Question 30

Chris can only be sexually aroused when he fantasises about inflicting pain on others. He is manifesting signs of - - - - -.

1. Sexual Masochism Disorder
2. Sexual Sadism Disorder
3. Frotteuristic Disorder
4. Sado-Masochism

Feedback: The correct answer is alternative **2.**

Explanation: Alternative 2 is correct because Chris is manifesting with signs of Sexual Sadism Disorder, of which refer to sexually arousing urges, fantasies, or acts that involve inflicting physical or psychological suffering on another person.

Alternative 1 is incorrect because Sexual Masochism Disorder involves sexual urges, fantasies or acts associated with being humiliated, bound or made to suffer by another person.

Alternative 3 is incorrect because Frotteuristic Disorder is when intense recurrent sexual urges to touch and rub up against non-consenting people.

Alternative 4 is incorrect because Sado-Masochism refers to both Sexual Masochism and Sexual Sadism activities and this term is not recognised in the DSM-5 classification system as a disorder (Refer to the prescribed textbook on p. 458).

2. The examination

The following general information and guidelines should help you with your final preparations for the examination.

2.1 If you have any questions concerning administrative aspects about the examination, please contact the Examination Section. Make sure that you know when and where you write the PYC3702 examination.

2.2 The examination paper consists of 70 multiple choice questions and the paper is marked out of 70. These marks are converted to a mark of 80. The other 20 marks come from your year mark. Both Assignments 01 and 02 count towards your year mark. You have two hours to complete the paper.

2.3 You have to indicate your answers on a mark reading sheet. Use an HB pencil to mark your answers on the mark reading sheet. Instructions for using the mark reading sheet are included with the paper. Please read these instructions carefully.

2.4 The examination paper covers the whole syllabus. The examination questions will be asked from the

sections which you have to **study** in both your prescribed book and your Tutorial Letters 501, 502, and 503. Please refer to the Tutorial Letters 501, 502, and 503. The term **study** in the Tutorial Letters 501, 502, and 503 are used to indicate the sections in the prescribed book and Tutorial Letters 501, 502, and 503 which you have to study for the examination. You will need to have more than a theoretical knowledge of these sections as we will expect you to be able to apply your knowledge to short case studies.

2.5 The volume of the work is large and examinations are hugely stressful. However, if you use the remaining time fruitfully and apply yourself in a systematic way to your study time-table, you will be well prepared for the examination.

Best of luck with the examination!

3. Assignment 03 – evaluation of the module

Assignment 03 is not compulsory and carries no examination credits. However, we kindly request that you submit this assignment. Your evaluation of the module will assist us to improve the module.

Best wishes with your studies: **Your lecturers in Abnormal Behaviour and Mental Health (PYC3702)**