

Tutorial Letter 201/3/2014

Abnormal Behaviour and Mental Health

PYC3702

Semesters 1 and 2

Department of Psychology

Feedback – Assignment 01

Bar code

Dear Student

After the completion of your first assignment we trust that you are well on your way to mastering the content of the Abnormal Behaviour and Mental Health course. We would like to encourage you to follow the recommended study programme (please refer to Tutorial Letter 101/3/2014, p. 10) and work through the syllabus systematically. Abnormal Behaviour and Mental Health is not a subject you can master in one week. Over and above the facts that you have to know, you are also expected to display insight into the nature and causes of the various mental disorders, to be able to classify and explain them according to different theoretical perspectives, and to be able to make suggestions about how to prevent the various disorders. Superficial knowledge of the subject will only confuse you and result in poor examination performance.

Do not hesitate to contact one of your lecturers if you encounter any problems with your studies. If you cannot reach a particular lecturer, please phone the secretary in charge of Abnormal Behaviour and Mental Health, Mrs Cornia Nel at (012) 4298233. She will put you in contact with the lecturer who is available. The lecturers' e-mail addresses are:

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1 FEEDBACK ON ASSIGNMENT 01

Assignment 01 is based on chapters 1, 2A, 2B, 3, 5, 6A, and 8 of the Unisa Study Guide and the corresponding chapters in the prescribed book. These chapters are no more important than the other chapters in the syllabus, but it is important that you master them, especially chapters 1, 2A, 2B and 3 before you continue with the rest of the learning material.

By now those of you who have submitted Assignment 01, will have received a printout in which the correct answers, your answers and your marks are recorded. If you submitted Assignment 01 and have not yet received a printout, please contact Mrs C. Nel immediately, either by telephone (012) 4298233, e-mail nelc1@unisa.ac.za or by letter.

Compare your answers with the following correct answers. The aim of the feedback is to give you the correct information concerning each question and to explain the correct answers to you in case you have problems understanding 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 solved.

We wish you success and hope you enjoy your studies!

This assignment is based on the Learning Units **1, 2, 3, 4, 5, 6, and 7** of the Tutorial Letter 501 and the chapters **1, 2, 3, 16, and 5** in the prescribed book.

Question 1

Which **one** of the following statements about abnormal psychology is **accurate**?

1. Abnormal psychology seeks to describe, explain, predict and control unusual behaviours.
2. Although abnormal psychology has made several gains in the past 20 years, it is not yet a scientific field of study.
3. The subject matter of abnormal psychology is restricted to extremely bizarre behaviour.
4. The subject matter of abnormal psychology is restricted to common behaviours that cause people mild distress.

The correct answer is alternative **1**.

Explanation: The subject matter of abnormal psychology includes mild distress as well as extremely bizarre behaviour, as well as being a scientific field of study. Alternative 1 is therefore the most accurate statement.

Question 2

A psychodiagnosis is an attempt to - - - - -

1. modify a client's behavioural, affective and/or cognitive state by following a programme of systematic intervention.
2. describe, assess, and systematically draw inferences about an individual's psychological disorder.
3. predict the kinds of problems an individual might face in psychotherapy and the kinds of symptoms he/she will display.
4. identify and address the causes that lead to the development of an individual's abnormal behaviour.

The correct answer is alternative **2**.

Explanation: A psychodiagnosis is the result of describing abnormal behaviour. It entails the following: systematically observing the abnormal behaviour, adding and integrating the information from psychological tests, as well as taking the person's psychological history into consideration (Refer to p. 2 of prescribed textbook).

Alternative 3 is incorrect. Prognosis refers to the likely course of a disorder.

Alternative 4 is incorrect. Aetiology refers to the causes of disorders (Refer to p. 34 of prescribed textbook).

Alternative 1 is incorrect. Therapy refers to a programme of systemic intervention whose purpose is to modify a client's behavioural, affective (emotional), and/or cognitive states (Refer to p. 4 of prescribed textbook).

Question 3

Clinician A says: Abnormal behaviour can only be identified and understood if the individual's cultural context is taken into consideration. Clinician B says: Abnormal behaviour is consistent across different cultures and as such uniform treatment can be applied to all individuals irrespective of their racial and cultural background. Clinician A adopts a - - - - approach to abnormal behaviour, whereas clinician B adopts a/an - - - - approach to abnormal behaviour.”

1. cultural; systemic
2. multidimensional; universalist
3. systemic; linear
4. relativistic; universalist

The correct answer is alternative **4**.

Explanation: Clinician A adopts a relativistic approach to abnormal behaviour by identifying and understanding abnormal behaviour in relation to the cultural context in which that behaviour occurs. Abnormality is thus seen as relative to the context of different cultures with regard to what is considered to be normal or abnormal in an individual's particular culture.

Clinician B adopts a universalist approach to abnormal behaviour by basing his/her criteria for abnormality on the assumption that there are universal biological commonalities between all members of the human race, irrespective of their racial and cultural backgrounds.

Question 4

“Mentally disturbed people are not monsters inhabited by the devil. They are unfortunate, sick individuals who have diseases of the brain”. This quote best illustrates the - - - - perspective of abnormal behaviour.

1. biogenic
2. humanistic
3. moralistic
4. existential

The correct answer is alternative **1**.

Explanation: The biogenic perspective is based on the premise that abnormalities in human thinking, feeling and behaviour can be referred to as an underlying malfunctioning of the brain. People with mental disturbance are therefore considered to have a diseased brain, which makes them sick and in need of medical treatment.

Although humanistic, moralistic and existential problems are also known to influence brain functioning that may lead to mental disturbances, the biogenic approach ignores these initial influences by mainly focusing on the resultant changes in brain functioning (diseases of the brain) considering them to be the cause of mental disturbances.

Question 5

Mr Tau's employer is worried about his deteriorating work performance. He sees him (Mr Tau) as not being adequately committed, but his therapist thinks that his deteriorating performance could be as a result of a reduction in environmental reinforcements following the death of his wife. Mr Tau's therapist adheres to the - - - - - perspective.

1. psychoanalytic
2. behaviouristic
3. cognitive
4. family systems

The correct answer is alternative **2**.

Explanation: Alternative 2 is the correct answer because according to the behaviouristic perspective, abnormal behaviours are acquired through association (classical conditioning) or reinforcement (operant conditioning). Operant conditioning holds that behaviours are controlled by the consequences that follow them. In Mr Tau's case one can argue that his deteriorating work performance, in terms of this perspective, can be explained as a reduction in environmental reinforcements following the death of his wife.

Question 6

The basis of the multidimensional integrative approach to understanding psychopathology is that each dimension on its own (psychological, biological, emotional, etc.) - - - - -

1. operates independently.
2. is sufficient to explain psychopathology.
3. builds on the dimension that precedes it.
4. is influenced by the other dimensions.

The correct answer is alternative **4**.

Alternative 4 is correct as the multidimensional model involves looking at biological, psychological, social and sociocultural factors together/integratively in an attempt to understand how a disorder manifests. (Refer to pp. 36-38 of prescribed textbook.)

Alternatives 1, 2 and 3 are incorrect as no one dimension can sufficiently explain the aetiology of mental disorders, nor is one dimension necessarily superior to the other. It is important to recognise the reciprocal influence of each dimension towards the others and that the factors interact with one another to arrive at a holistic understanding/framework of the aetiology of mental disorders (pgs. 36-38 of prescribed textbook).

Question 7

Your uncle spent most of his teen years in a hospital undergoing treatment for a severe physical illness. As an adult, he is rather shy and withdrawn, particularly around women. He has been diagnosed with Social Phobia and you believe that it is entirely due to lack of socialisation during his teen years. Your theory or model of what caused his phobia is - - - - -.

1. multidimensional
2. integrative
3. biological
4. one-dimensional

The correct answer is alternative **4**. Your theory or model is one-dimensional as you are only focusing on the social dimension that contributes to his disorder (Refer to pgs. 34-36 of the prescribed textbook).

Alternative 2 would involve integrating all aspects or factors into one cohesive understanding of Mr Tau's disorder which is not being done.

Alternative 3 is also one-dimensional however it would involve only looking at the biological or physiological causes and influences of disorders and not the social factors.

Alternative 1 is the multidimensional mode or multipath model which enables one to take into account a wide variety of factors and explanations namely biological, psychological, social and sociocultural. (Refer to pgs. 36-38 of prescribed textbook).

Question 8

Tau's parents sent him to a psychologist for assessment and appropriate intervention. "Tau's abnormal behaviour appears to be a symptom of a problematic system and a way of bringing balance to their dysfunctional family system." This explanation of Tau's behaviour was made by a psychologist who adheres to the - - - - - approach.

1. cognitive
2. behaviouristic
3. family systems
4. psychoanalytic

The correct answer is alternative **3**.

Explanation: Alternative 3 is the correct answer because the family systems model emphasises the family's influence on individual behaviour. This viewpoint holds that all members of the family system are enmeshed in a network of interdependent roles, statuses, values and norms. Abnormal behaviour according to this approach is usually a reflection or a "symptom" of unhealthy family dynamics and, more specifically, of poor communication among family members. The locus of the disorder is seen to reside not within the individual, but within the family system.

Question 9

Lesego subscribes to the African worldview. Which **one** of the following characteristics most accurately explains his understanding of healing?

1. empirically logical.
2. emphasis on experimentation.
3. supernatural and holistic.
4. oriented to the future.

The correct answer is alternative **3**.

Explanation: Alternative 3 is the correct answer because according to the African worldview illness and healing are explained in terms of the natural and supernatural. Furthermore, holism is assumed in healing as there is a strong belief in the unity of the spirit, mind and matter. This implies that the physical and psychosocial systems are interconnected and changes in one system, inevitably bring about changes in all others. Alternatives 1, 2 and 4 are incorrect as they are all characteristics of the Western worldview.

Question 10

All the following are characteristics of the Western perspective except:

1. harmony with nature
2. mastery of the universe
3. emphasis on experimentation
4. analytical and objective

The correct answer is alternative **1**.

Explanation: The African worldview emphasises and encourages harmony and balance in the universe and nature. According to the African worldview man is not the master of the universe, he is only the centre. However, although man is the centre of the universe, he does not consider himself the master. He acknowledges forces outside of himself, which are powerful. Forces outside of man, in the spirit world, control the order of the universe. Consequently, in terms of the African worldview man's primary task is to live in consonance with the forces that govern the universe through obeying the laws of the natural order, the moral order, the religious order and the mystical order. Mastery of the universe is characteristic of the Western worldview, which places emphasis on experimentation and objectivity, alternatives 2, 3 and 4 are thus, eliminated.

Question 11

Which one of the following statements **does not** apply to the causes of mental disorders according to the traditional African perspective?

1. They are sent by the ancestors.
2. They are caused by exposure to a polluted environment.
3. They are caused by malicious people like sorcerers.
4. They are due to the breaking of customs and bewitchment.

The correct answer is alternative **1**.

Explanation: Alternative 1 is the correct answer because within a traditional African perspective ancestors do not cause mental disorders per se but there is a creative illness called "Ukuthwasa" (which is a healthy calling by the ancestors to become a diviner) and this is often confused with a mental disorder as a person

experiencing “the illness” may appear to a person from a Western worldview as presenting with psychotic symptoms denoting some form of mental disorder. According to the traditional African perspective mental disorders are due to one or a combination of the following: **Exposure to a polluted environment** (Africans believe that there is a symbiotic relationship between the individual and his environment). Refer to page 34 of your study guide for the example: “**caused by malicious people such as witches and sorcerers** who cause magical injury through sorcery and witchcraft”. Refer to page 45 of your Tutorial Letter 501 for the example: “**due to breaking of customs and bewitchment** because “Amafufunyane” is an example of such an illness which is a form of spirit possession said to be due to bewitchment or breaking of customs, and is seen as being related to a negative relationship with the ancestors”. Alternatives 2, 3 and 4 are therefore eliminated.

Question 12

Which **one** of the following statements applies to “Ukuthwasa”?

1. An unhealthy “calling” by the ancestors to become a traditional healer.
2. An illness caused by bewitchment and breaking of customs.
3. A “creative” illness following the calling by ancestors to become a diviner.
4. A psychotic disorder whereby an individual manifests with hallucinations, delusions, and reclusiveness.

The correct answer is alternative **3**.

Explanation: Alternative 3 is the correct answer because “Ukuthwasa” according to the traditional African perspective refers to a “creative illness” following a calling by the ancestral spirits to become a diviner. “Ukuthwasa” is also regarded as a healthy or positive calling by ancestors to become a traditional healer and it happens through a process of “thwasa”. Alternatives 1, 2 and 4 are incorrect as they denote a negative relationship with ancestors which is more of a characteristic of “Amafufunyana” which is an illness associated with bewitchment or breaking of customs and often resulting in symptoms of mental illness.

Question 13

According to the family systems perspective, enmeshment refers to - - - - -

1. how the family members tend to convey double-bind messages to each other.
2. the degree to which family members are over-involved with each other leading to mutual dependency.
3. power relationships among family members.
4. the redundant patterns of interaction within a dysfunctional family system.

The correct answer is alternative **2**.

Explanation: Alternative 2 is correct as enmeshment is defined as an overly close relationship between family members that is characterised by mutual dependency, rigid boundaries and that is simultaneously inaccessible/closed to other family members. This often occurs between one parent and a child (refer to page 25 of the Tutorial Letter 501).

Alternative 1 is incorrect. Double-bind messages refer to the verbal message being incongruent with the non-verbal message this leaves the recipient of the message confused or stuck as to which message to respond to and therefore the person is stuck in a double-bind. Ongoing double-bind communication in families is said to affect the mental health of family members especially the vulnerable members in the family (refer to page 22 of the Tutorial Letter 501).

Alternative 4 is incorrect. As redundant patterns of interaction do not refer to enmeshment. Rather redundant patterns of interaction within an *open* family refer to the family systems concept of Equifinality (refer to page 25 of the Tutorial Letter 501).

Alternative 3 is incorrect as enmeshment does not focus specifically on explaining power relationships among family members.

Question 14

With regards to abnormal behaviour, a history of previous suicide attempts and physical assaults are taken into account as risk factors when assessing - - - -, whereas taking into account the level of intensity of the psychological suffering that the client is experiencing is assessing the client's - - - -.

1. deviance; dysfunction
2. dangerousness; distress
3. deviance; dysfunction
4. dangerousness; dysfunction

The correct answer is alternative **2**.

Explanation: Alternative 2 is the correct answer as distress refers to the level of intensity of the psychological suffering/ emotional reaction that the individual is experiencing (Refer to pages 6 and 7 of the prescribed textbook). Psychologists need to assess dangerousness of clients to themselves or others and to protect the intended victim. Psychologists have devised risk assessment procedures to accurately assess violence risk and predict dangerousness. A history of previous suicide attempts and physical assaults are the strongest risk factors. (Refer to pg. 8 of the prescribed textbook).

Alternative 1 and 4 are incorrect answers. Dysfunction refers to the ability of an individual to fulfil daily life roles at home, at work/school or in relationships. Psychological problems can interfere with the functionality of the person to perform these roles productively (Refer to pg. 7 of the prescribed textbook). Alternative 3 and 1 are incorrect answers. Deviance refers to bizarre or unusual behaviour as an abnormal deviation from an accepted standard of behaviour (antisocial acts) or a false perception of reality (Refer to pg. 7 of the prescribed textbook).

Question 15

The Diagnostic and Statistical Manual of Mental Disorders used by psychiatrists and psychologists to diagnose mental disorders has its origins in the medical model which is in agreement with the belief that mental disorders have organic or physiological causes. This viewpoint of mental disorders can be described as:

1. behaviourist
2. sociocultural
3. biological
4. ecological

The correct answer is alternative **3**.

Explanation: Alternative 3 is correct as the biological (organic) view reflects the belief that mental disorders have a physiological basis in that mental disorders are the result of physiological damage or disease (Refer to pages 19 and 20 of the prescribed textbook).

Alternative 1 is incorrect as behaviourist refers to a specific psychotherapeutic approach which would be classified under a psychological viewpoint of the causes of mental disorders (Refer to pg. 21 of the prescribed textbook). Alternative 4 is incorrect as an ecological viewpoint holds the belief that mental disorders are caused by interacting systemic factors (Refer to pages 17-27 of the Tutorial Letter 501). Alternative 2 is incorrect as the sociocultural viewpoint holds the belief that race, gender, sexual orientation, religion, socioeconomic status, ethnicity, culture and other broad cultural influences impact on people's mental health in society (Refer to pages 60-64 of the prescribed textbook).

Read the following case study carefully and then answer questions 15, 16, and 17.

Since she got divorced six months ago, **Anne**, a 34-year-old mother of three children, has suffered repeated unexpected episodes of dizziness and shortness of breath with chest pains, heart palpitations, headaches and uncontrollable trembling. During these episodes the world seems strange and unreal, and she has a sense of impending doom. Once she rushed to a hospital totally convinced that she was having a heart attack. Medical tests and examinations were done at the hospital. The results of the tests and examinations were within normal limits. In spite of these results, Anne firmly believes that these “episodes” will result in a heart attack and that she will die. Although Anne used to be outgoing and gregarious, she is now socially withdrawn and moody. To cheer her up, her sister insisted that they both go to an exercise class. However, shortly after the warm-up started Anne had another episode of intense fear and physical discomfort.

Question 16

According to the DSM-IV-TR-classification system **Anne’s** abnormal behaviour could be classified as ----- on Axis -----.

1. Panic Attack
2. Panic Disorder
3. Agoraphobia
4. Obsessive-Compulsive Disorder

The correct answer is alternative **2**.

Explanation: Anne is suffering from a clinical disorder where she experiences full-blown panic attacks – she experiences unexpected physiological (episodes of dizziness, shortness of breath, chest pains, heart palpitations, headaches and uncontrollable trembling) and cognitive symptoms (thinking she is having a heart attack and feeling a sense of doom) that develop suddenly. These panic attacks are then followed by a persistent fear that she might have another attack (for at least a month) which is the additional criterion for a diagnosis of a Panic Disorder.

Alternative 1 is eliminated as a Panic Attack does not fully describe Anne’s experience, the specific diagnosis in which the panic attack occurs, e.g. Panic Disorder, should be coded).

Alternative 3 is eliminated as Agoraphobia is not a codable disorder. The specific disorder in which the Agoraphobia occurs for example, Panic Disorder with Agoraphobia should be coded. Anne does not manifest symptoms of Agoraphobia (anxiety about, or avoidance of places or situations from which escape might be difficult or embarrassing or in which help may not be available in the event of having a panic attack or panic-like symptoms).

Alternative 4, Obsessive-Compulsive Disorder can be eliminated as Anne does not manifest any obsessions (persistent ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate that cause marked anxiety or distress) or compulsions (repetitive behaviours or mental acts the goal of which is to prevent or reduce anxiety or distress) which are the essential features of Obsessive-Compulsive Disorder.

Question 17

Anne's fear that she will suffer a heart attack and die illustrates the - - - - domain of her disorder; while the symptoms of dizziness, shortness of breath, chest pains and trembling illustrate the - - - - domain of her disorder.

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

The correct answer is alternative **2**.

Explanation: Please refer to explanation of Anne's disorder provided in question 16. Remember that thoughts are part of the cognitive domain. Emotions form the affective domain. The behavioural domain refers to the actions or level of activity of individuals and the physiological domain involves the individual's body and physical health.

Question 18

In the cognitive-behaviouristic explanation of Anne's last episode of intense fear and physical discomfort, it is assumed that - - - -

1. the exercise class was an unconditioned stimulus that resulted in the episode.
2. the physical sensations experienced during the exercise had become an internal cue for the episode to occur.
3. the episode was the result of observational learning.
4. the symptoms originated out of defenses against unconscious anger.

The correct answer is alternative **2**.

Explanation: Cognitive-behavioural theorists focus on the thoughts and cognitions of the individual and how these relate to the behaviour being manifested. Thus, the role of cognitive errors such as misinterpretation and "catastrophising" become important in explaining Panic Disorder. Cognitive-behavioural theorists argue that catastrophic thoughts and excessive attention to internal signals (e.g. unpleasant bodily sensations) inflate anxiety symptoms. Anne, who has a high anxiety sensitivity, probably misinterpreted her bodily sensations during the warm-up session as indications of an impending heart attack.

Alternative 1 is eliminated since there is no evidence from the case study that an exercise class (unconditioned stimulus) automatically elicits fear and physical discomfort (unconditioned response) in Anne. The cognitive-behaviouristic theorists do not focus on the process of classical conditioning, whereas behaviourists would.

Alternative 3 is eliminated since there is no evidence in the case study that Anne has acquired the Panic Disorder by observing a model performing the abnormal behaviour. The cognitive-behaviouristic theorists also do not focus on observational learning, whereas social learning theorists would.

Alternative 4 is eliminated since cognitive-behavioural theorists do not focus on defenses and the unconscious in their explanation of abnormal behavior whereas psychodynamic theorists would.

Read the following case study carefully and then answer questions 19, 20 and 21.

David, a 50-year-old bank manager, was seeking professional help because he was worried that he was going insane. For the past eight months, he has been suffering from feelings of anxiety, weakness and fatigue, irritability, concentration problems and as he puts it “uncontrollable worry about everything.” His restlessness has become so intense that he can scarcely stand, sit or lie still. These symptoms cause considerable impairment in his social and occupational functioning. Recently he has started taking sleeping pills because of difficulty falling asleep. Approximately nine months ago, the bank of which David is the manager, was robbed from a considerable amount of money. Two security guards were shot in front of David.

Question 19

Which **one** of the following DSM-5 diagnoses is the correct diagnosis in David’s case?

1. Panic Disorder
2. Generalised Anxiety Disorder
3. Posttraumatic Stress Disorder
4. Panic Attack

The correct answer is alternative **2**.

Explanation: The key to David’s diagnosis of Generalised Anxiety Disorder is firstly, the broad range of affective symptoms and irritability (anxiety), cognitive symptoms (unrealistic uncontrollable worries and concentration problems), behavioural symptoms (restlessness) and somatic symptoms (weakness and fatigue) he experiences, secondly, the uncontrollable nature of his worries, thirdly, the duration of the symptoms (the symptoms are present for longer than six months) and fourthly, the impairment in his social and occupational functioning.

Alternative 1 is eliminated as David does not manifest recurrent, unexpected panic attacks which are characterised by high-intensity anxiety and dissociated physiological reactions such as heart palpitations, sweating, chest pain, chills or hot flushes. David suffers from chronic, free-floating anxiety which he cannot control.

Alternative 3 is eliminated as David does not fulfill the criteria for Posttraumatic Stress Disorder (such as re-experiencing the traumatic event, persistent avoidance of stimuli associated with the trauma, or numbing of general responsiveness) in spite of the fact that he was exposed to a traumatic event (he witnessed the shooting of two security guards).

Alternative 4 is eliminated. Panic Attack is not used as it is not a disorder, nor can Panic Attack Specifier be used as David clearly meets the criteria for Generalised Anxiety Disorder.

Question 20

According to the cognitive behavioural explanation of David’s disorder, catastrophic thoughts experienced include thoughts regarding the physical domain such as - - - - -; the mental domain such as - - - - -; as well as the social domain such as - - - - -.

1. “I will die”; “I will go crazy” and “People will stare at me”
2. “I will become hysterical, “I will go crazy and “People will laugh at me”
3. “I will have a heart attack”, “People will think I’m crazy”, “I will uncontrollably try to escape”
4. “I will have a heart attack”, “People will think I’m crazy”, “I will become hysterical”

The correct answer is alternative **1**.

Explanation: Please refer to page 139 in the prescribed book and make sure that you are familiar with the cognitive behavioural explanation of Generalised Anxiety Disorder.

Question 21

According to Well's cognitive model (Sue et al., 2013), the roots of David's type of disorder lie in - - - - -

1. beliefs regarding worry that are responsible for persistent worry.
2. beliefs that worry can provide a way to cope with stressful situations.
3. beliefs that worry can provide solutions to challenges.
4. ineffective methods for dealing with difficult and stressful situations.

The correct answer is alternative 1.

Explanation: Please refer to page 139 in the prescribed book: **Cognitive-behavioral perspectives**. Make sure that you are able to explain Generalised Anxiety Disorder according to the cognitive approach.

Read the following case study carefully and then answer questions 22 and 23.

Reuben (30-years-old) grew up in the city. Since childhood he seemed to be extremely sensitive to people's reactions toward him. He usually expected them to criticise and reject him. He was therefore very lonely as he would avoid situations where he needed to interact with people he didn't know very well. This caused him endless difficulties at school as he could never relax and interact like the other school children did. Oral presentations were a nightmare since he felt that his classmates thought he was stupid and his clothes were dirty. These thoughts resulted in him forgetting his speech and failing the oral repeatedly. Reuben slowly started experiencing repeated and intrusive thoughts of being dirty. He could not seem to control these thoughts even though he knew he was clean. He started washing his own clothes to the dismay of his mother. After he left school Reuben decided to study informatics as he felt that working as a programmer meant he worked alone and the environment in which he worked could be kept hygienic and clean. As he grew older Reuben yearned for a close interpersonal relationship hoping he would someday get married and have children but could simply not get himself so far to start talking to the girls he admired from afar. Recently, a girl that Reuben found extremely attractive was placed to work alongside him as an intern. Reuben started developing a lot of anxiety as he wasn't able to interact with the girl as he believed she might think he was incompetent and dirty. Reuben started washing his clothes as much as five times in one evening. If they got creased he would have thoughts that they might be dirty, become anxious and then wash them again. He also started washing himself as he tried to alleviate the anxiety he felt when he had thoughts of being dirty and that the girl might criticise him with regard to his appearance. This behaviour was getting very time consuming which resulted in him receiving a written warning regarding his tardiness for often arriving very late at work.

Question 22

According to the DSM-5 Reuben's abnormal behaviour could be classified as - - - - - with regard to a clinical syndrome and as having - - - - - with regard to his personality.

1. No diagnosis of a clinical syndrome; Obsessive-Compulsive Personality Disorder
2. Obsessive-Compulsive Disorder; Avoidant Personality Disorder
3. Social Anxiety Disorder (Social Phobia); Schizoid Personality Disorder
4. Specific Phobia; No diagnosis of personality disorder

The correct answer is alternative 2.

Explanation: Obsessive-Compulsive Disorder (clinical syndrome) is diagnosed in Reuben's case as he shows obsessive thoughts regarding cleanliness, both regarding his person and his clothes, which evokes a lot of anxiety ("experiencing repeated and intrusive thoughts of being dirty" and, "He could not seem to control these thoughts even though he knew he was clean"). To manage this anxiety he then engages in

compulsive washing of himself and his clothes which increases in intensity to such an extent that it negatively affects his social and occupational functioning (warning at work, etcetera). These are the core symptoms of Obsessive-Compulsive Disorder.

Avoidant Personality Disorder is diagnosed (Personality Disorder) in Reuben's case as he has shown long-term and pervasive symptoms of avoidance of others in the fear that he might be criticised and/or rejected. Although he longs for interpersonal relationships he is extremely uneasy in situations where he needs to interact with individuals he doesn't know well. Because he fears being rejected or criticised he is hypersensitive to others' behaviour towards him which in effect makes him even more "perceptive" to any inclination of rejection and criticism – even if not intended by the other party. This pattern of behaving and perceiving has caused him distress and uneasiness and has negatively influenced both his childhood (difficulties at school e.g. loneliness and failure of orals) and his adulthood (influencing his choice of a career and being unable to perform his work in a situation where he needs to interact with others) and is pervasive throughout all spheres of his life. All the above are symptoms of the Avoidant Personality Disorder.

Alternative 1 is incorrect as Reuben clearly does fulfill the DSM-5 criteria for an Obsessive-Compulsive Disorder. Care should also be taken not to confuse this disorder which is a clinical syndrome with the Obsessive-Compulsive Personality Disorder which is a Personality Disorder.

Alternatives 3 and 4 are incorrect as Reuben does not fulfil the criteria for a Schizoid Personality Disorder (he does in fact long for interpersonal relationships); and Reuben clearly does suffer from a Personality Disorder, and his symptoms of anxiety do not fulfill the criteria for a specific phobia.

Question 23

The prognosis for Reuben's clinical syndrome disorder is better than his Personality Disorder because the former is - - - - - whereas the latter is - - - - -.

1. ego-dystonic; ego-syntonic
2. Question not applicable as he has no personality diagnosis
3. Both disorders have the same prognosis
4. longstanding; acute

The correct answer is alternative 1.

Explanation: Reuben's Obsessive-Compulsive Disorder, is ego-dystonic, meaning the individuals suffering from this disorder are aware of the symptoms and difficulties they bring about (thus showing insight) and consider them as 'not part of themselves' in other words as external to who they are and therefore consider them as unacceptable. Reuben's Avoidant Personality Disorder on the other hand, is considered to be ego-syntonic. This means that the symptoms of these types of disorders are inherent to who the individual is and thus pervasive to all dimensions of his being; constituting the way the person is and in which he interacts with the world. As such the individual does not necessarily show clear insight into his own behaviour and way of relating to the world and thus does not consider that he necessarily has difficulties that are inherent to who he is. The difficulties that are experienced are often ascribed to factors or aspects in the environment (such as other individuals' behaviour or circumstantial factors).

Question 24

One way to differentiate Schizoid Personality Disorder from the Schizotypal Personality Disorder is on the basis of thoughts, because the - - - - -

1. person suffering from Schizoid Personality Disorder is more likely to have delusions and hallucinations.
2. person suffering from Schizotypal Personality Disorder is more likely to have odd thoughts.
3. person suffering from Schizotypal Personality Disorder is more likely to be obsessed with perfectionism and details.
4. person suffering from Schizoid Personality Disorder is more likely to think that others are out to get him or her.

The correct answer is alternative **2**.

Explanation: The peculiarities seen in Schizotypal Personality Disorder are seen as stemming from cognitive distortions. These individuals seem to experience difficulties in thinking and perceiving and some theorists believe that the interpersonal and affective problems experienced by these individuals are secondary to the cognitive difficulties. The difficulties experienced by the individual suffering from Schizoid Personality Disorder are however not primarily as a result of cognitive distortions (these individuals do not manifest the oddities in thinking and perceiving as the individual with Schizotypal Personality Disorder manifests). The difficulties manifested in Schizoid Personality Disorder relate more to the areas of social

Interaction behaviour and affect, than to cognitive distortions as mentioned in relation to Schizotypal Personality Disorder.

Individuals suffering from Personality Disorder furthermore do not experience full-blown delusions and hallucinations and if these symptoms are present we need to look towards the possible diagnosis of a type of Psychotic Disorder. Therefore alternative 1 is eliminated.

Alternative 3 is eliminated as the symptoms mentioned are those of Obsessive-compulsive Personality Disorder and not Schizotypal Personality Disorder.

Alternative 4 is eliminated as the symptoms mentioned are more characteristic of Paranoid Personality Disorder, in fact, an individual suffering from Schizoid Personality Disorder doesn't necessarily concern themselves with the actions and intentions of others as they are quite satisfied on their own and with their own company. If forced to interact with others the person with Schizoid Personality Disorder will have superficial and emotionally limited interactions with others in order to get it done with and return to being on their own.

Question 25

Jimmy is 31-years-old and works as a short-order cook in his company's cafeteria. He hangs out with gangs in his neighbourhood, often abuses various substances and is often absent from work. He likes to draw attention to himself (he has various body piercings and many tattoos). He exaggerates his expression of emotions yet on closer inspection his emotions seem very shallow. He behaves very dramatically, almost exclusively uses gang-related lingo and makes sexual advances toward nearly all the girls he meets.

What is the most appropriate DSM-5 personality disorder diagnosis for Jimmy's abnormal behaviour, given the above information?

1. Narcissistic Personality Disorder
2. Antisocial Personality Disorder
3. Histrionic Personality Disorder
4. Schizotypal Personality Disorder

The correct answer is alternative **3**.

Explanation: Jimmy meets five criteria for HPD namely he needs to be the centre of attention, he shows shallow expression of emotions. He behaves dramatically and shows exaggerated emotion. He uses physical appearance, his body piercings and tattoos to draw attention to himself. His sexual advances to girls are inappropriate and provocative. His lingo is impressionistic.

Alternative 4 is clearly incorrect as Schizotypal Personality Disorder is characterised by acute discomfort in relationships whereas Jimmy likes to draw attention to himself.

The other alternatives are closer to the correct diagnosis but do not meet all the necessary criteria. Alternative 1 namely, Narcissistic Personality Disorder (NPD) is not met as even though Jimmy likes to be the centre of attention, there is no indication that he has a pervasive pattern of grandiosity such as fantasies of power, success, or brilliance. He also does not show a proclivity for only associating with high-status people. There is also no indication of envy of others or believing that others are envious of him. Jimmy also does not show arrogant or haughty behaviour even if he is dramatic. Alternative 2 namely, Antisocial Personality Disorder (ASPD) is not comprehensively met as there is no indication of whether Jimmy's gang-related activities and substance use stems from when he was 15 years old which is a key criterion of ASPD.

Question 26

Vuyo is normally a polite and controlled, 21-year-old, but if he gets a wrong-number telephone call, he completely loses control. After shouting at the caller, he rips the phone off the wall and throws it across the room. Afterwards, he is filled with guilt and shame. Which one of the following disorders utilising the DSM-5 does Vuyo illustrate?

1. Kleptomania
2. Antisocial Personality Disorder
3. Conduct Disorder
4. Intermittent Explosive Disorder

The correct answer is alternative **4**.

Explanation: Though all the alternatives are diagnoses where emotions and behaviour are characterised by poor self-control as well as deviant and against society's laws and/or societal norms; you need to carefully look at the criteria for each.

Alternative 4 is correct as Vuyo clearly meets the following criteria of Intermittent Explosive Disorder: of behavioural outbursts which show a failure to control aggressive impulses which indicate verbal

aggression and in his case destruction to property (namely, the phone). His outburst is also out of proportion to the provocation of someone merely making a dialling error. The outburst also is impulsive as usually he comes across as polite and controlled, and the outburst holds no purpose for tangible outcomes such as money or power. These outbursts are in the workplace and likely to impact his occupational functioning. And, he is 21-years-old and therefore is not a young child who does have temper tantrums when frustrated.

Alternative 1 is incorrect as Vuyo's behaviour does not involve stealing. Alternative 2 and 3 are incorrect as Vuyo does not display sufficient deviant behaviour to be diagnosed with Conduct Disorder (which requires at least three key features) nor Antisocial Personality Disorder (which requires at least three key features and a history of this behaviour since 15-years-old).

Question 27

A clinical psychologist develops a talk for high school learners about the 'Dangers of Dagga for your Head'. Alerting adolescents to the links between cannabis and psychosis is an example of a - - - - intervention.

1. Primary Prevention
2. Secondary Prevention
3. Secondary Corrective
4. Tertiary Prevention

The correct answer is alternative 1.

Explanation: Alternative 1 is correct as Primary prevention interventions are efforts to lower the incidence of *new* cases of mental disorders by strengthening or introducing information, resources or skills that promote mental health and by curbing community characteristics that threaten mental health (Refer to pg. 14 of the Tutorial Letter 501).

Alternative 3 is incorrect as Secondary Corrective is not a recognised term. Alternative 2 is incorrect as Secondary prevention refers to an attempt to shorten the duration of mental disorders and to reduce their impact by detecting their presence in the early stages to apply prompt effective treatment (Refer to pg. 15 of the Tutorial Letter 501). Alternative 4 is incorrect as Tertiary prevention is to facilitate the readjustment of an individual to the community after treatment for a mental disorder that they already have (Refer to pg. 15 of the Tutorial Letter 501).

Question 28

Tertiary prevention encompasses the shifting of responsibility for the care of patients with mental disorders staying in psychiatric hospitals to rather being cared for by community organisations or community clinics which is referred to as the process of - - - -.

1. destigmatisation
2. deinstitutionalisation
3. normalisation
4. becoming certified

The correct answer is alternative 2.

Explanation: Alternative 2 is correct as tertiary prevention is facilitates the readjustment of an individual to the community after treatment for a mental disorder that they already have and deinstitutionalisation is the shifting of responsibility for the care of mental health care users from living in psychiatric institutions to being cared for in society by community organisations or community clinics (Refer to pg. 15 of the Tutorial Letter 501).

Alternative 1 is incorrect as destigmatisation refers to no longer keeping mental disorders as an ostracised, 'unacceptable' and secret reality of society. Alternative 3 is incorrect as normalisation is a general psychological term used to describe the therapeutic process of reassuring an individual that the distress they are experiencing is understandable considering the circumstances that they have endured. Alternative 4 is incorrect as when a patient is certified it refers to being admitted to a psychiatric hospital on an involuntary basis to ensure that the individual does not harm themselves or other individuals in the community.

Question 29

A preschool in a community with a high incidence of drug-dealing and severe poverty has introduced ongoing workshops by psychology university students on how to 'Form a Strong Bond with your Child', for the parents of the children in the school. This would be regarded as a - - - - - intervention for mental health of community members.

1. Tertiary Corrective
2. Tertiary Prevention
3. Primary Corrective
4. Primary Prevention

The correct answer is alternative 4.

Explanation: Alternative 4 is correct as Primary prevention interventions are efforts to lower the incidence of *new* cases of behavioural disorders by strengthening or introducing resources or skills that promote mental health and by curbing community characteristics that threaten mental health such as substance abuse. Primary prevention interventions generally target at-risk populations (Refer to pg. 14 of the Tutorial Letter 501).

Alternative 1 and 3 are incorrect as these are not recognised terms. Alternative 2 is incorrect as Tertiary Prevention is to facilitate the readjustment of an individual to the community after treatment for a mental disorder that they already have (Refer to pg. 15 of the Tutorial Letter 501).

Question 30

The 16 Days of Activism Against Woman and Child Abuse national event is likely to involve social advocacy with petitions and marches to Parliament being mobilised by - - - - -

1. Community psychologists
2. Forensic psychologists
3. Child psychologists
4. Educational psychologists

The correct answer is alternative 1.

Explanation: Alternative 1 is correct as Community psychologists focus on preventing psychopathology and therefore instigate community interventions to improve the quality of life of the entire community and the interventions are often upon a public platform and involve wide community participation (Refer to pg. 13 of the Tutorial Letter 501).

Alternative 2 is incorrect as forensic psychologists focus their clinical work in relation to the courts and legal processes. Alternative 3 is incorrect as psychologists who work with children tend to assume a curative orientation and treat individual children with mental disorders through psychotherapy as their clinical focus. Alternative 4 is incorrect as educational psychologists who work with children tend to treat individual children with developmental and learning disorders (Refer to pg. 13 of the Tutorial Letter 501).

All the best with your studies!

Your Abnormal Behaviour and Mental Health Lecturers