Psychological Disorders

I’m a schizophrenic!

And so am I!

Schizophrenia
A Disclaimer

DO NOT FALL PREY TO “MEDICAL STUDENTS’ DISEASE” during this unit!

• This is a tendency to think you have the symptoms of whatever you are studying
• You may notice what seem to be abnormal tendencies in your own behavior
• DON’T PANIC!
• If you can’t control the behavior, and it is not *maladaptive*, you are fine!
Psychological Disorders Outline

What are “normal” thought processes/behaviors vs. “abnormal?”

Classifying Disorders

Notable Disorder Categories

• Neurodevelopmental Disorders
• Schizophrenia Spectrum and Other Psychotic Disorders
• Bipolar and Related Disorders
• Depressive Disorders
• Anxiety Disorders
• Obsessive-Compulsive Disorders
• Trauma- and Stressor-Related Disorders
• Dissociative Disorders
• Somatic Symptom and Related Disorders
• Personality Disorders

The Influence of Labels
What are “normal” thought processes/behavior vs. abnormal?

What defines a thought as “normal?” What defines a behavior as “normal?”

- It depends
- Since it depends, then when are the following behaviors “normal?” When are they “abnormal?”
  - Crying uncontrollably
  - Being afraid to go outside
  - Diving off a 100’ cliff into the ocean
What are “normal” thought processes/behavior vs. abnormal? (cont.)

Does “abnormal” thought processes/behaviors automatically mean someone has a “disorder?”

- No

What makes someone have a disorder, or a *psychopathological* condition?

- Psycho=mind, pathos=suffering (Greek)

- That is what we are going to talk about for the next few weeks
What are “normal” thought processes/behavior vs. abnormal? (cont.)

Do all with statistical abnormalities on some dimension (compared to the population) have a disorder?

• No

• Ex. How do you explain those who qualify for MENSA (IQ $\geq$ about 140, 98 percentile)?

![Diagram showing distribution of characteristic level of anxiety.](image)
What are “normal” thought processes/behavior vs. abnormal? (cont.)

How about all demonstrating social nonconformity?

- Behavior that violates a society’s accepted norms -- Give me some examples
- No
- Deviant behaviors aren’t necessarily unhealthy
  - “Creative”, “eccentric” people can be charming and emotionally stable
Social nonconformity is a tough one to determine. Why?

- Different cultures find different behaviors violate their norms
  - Ex. Walking around naked
- Cultural norms change over time
  - 1800s – “Drapetomania” “runaway madness”
    - Runaway slaves were considered mentally ill
  - Men wearing earrings
  - Homosexuality
What are “normal” thought processes vs. abnormal? (cont.)

Some behaviors appropriate in some situations but not others

- Standing on the lunch table at Amity and signing at the top of your lungs vs. doing it at college if you are pledging a fraternity/sorority

However, some behaviors are considered abnormal across cultures

- Failure to communicate with others; Consistently unpredictable actions
What are “normal” thought processes vs. abnormal? (cont.)

*Emotional discomfort*?

- Private feelings of pain, unhappiness, or distress
  - Ex. feelings of hopelessness, worthlessness, guilt, extreme sadness
- Symptom of this: lose interest in virtually everything once enjoyed
- NOT A REQUIREMENT, but is usually present when people voluntarily seek help
What are “normal” thought processes vs. abnormal? (cont.)

While statistical abnormalities, social nonconformity, emotional discomfort can be indications of a disorder, there are two core features

1. Maladaptivity
   • Behavior impairs an individual’s ability to function adequately in and meet the demands of everyday life
   • And/or causes misery and distress
   • And/or may be hazardous to oneself or others
What are “normal” thought processes vs. abnormal? (cont.)

2. Lose the ability to control thoughts/behaviors/feelings adequately

- This lack of control can lead to maladaptivity
  - Ex. You break up with your boyfriend/girlfriend
    - You are miserable for a few weeks but then start to feel better and move on
    - Did you have a disorder at all during this time?
      - No, but…
What are “normal” thought processes vs. abnormal? (cont.)

Now instead of feeling better after a few weeks, you start feeling sadder and sadder

• You lose interest in things that entertained you before
• You stop doing your homework (if student)
• You quit your job and just stay home in the evenings
• You start ignoring your friend’s request to go out and have some fun
• You want to go out but find it impossible to do so
• Do you have a disorder now? How is it different than the first scenario?
  • Your comments should have included losing the ability to control thoughts, behaviors, and/or feelings for an extended period of time
What are “normal” thought processes vs. abnormal? (cont.)

Who here is “normal?”
  • No one

Does that mean you all are “abnormal?”
  • No

Have an abnormality?
  • Maybe, but even so that doesn’t mean you are “broken”

Faith Jegede “What I’ve Learned From My Autistic Brothers” (about 6’)
What are “normal” thought processes vs. abnormal? (cont.)

A major factor that contributes to living a fulfilling life is to get what you need to minimize maladaptivity.

Some need a little help, some need more, some need to just talk to someone, some need medication, some need help their whole lives, some just need help for a little while.

The key is to get whatever you as an individual need to lead the life you want to live!
What are “normal” thought processes vs. abnormal? (cont.)

How does one “get” a psychological disorder?

• They can have organic causes
  • This MRI scan of a human brain (viewed from the top) reveals a tumor (dark spot)
  • However, in many instances no organic damage can be found
What are “normal” thought processes vs. abnormal? (cont.)

There are many types of disorders. Some examples:

• **Organic Mental Disorder**: Mental or emotional problem caused by brain pathology (i.e., brain injuries or diseases)

• **Psychotic Disorder**: Severe psychiatric disorder characterized by hallucinations and delusions, social withdrawal, and a move away from reality

• **Substance Related Disorders**: Abuse or dependence on a mind- or mood-altering drug, like alcohol or cocaine
  - Person cannot stop using the substance and may suffer withdrawal symptoms if they do

• **Mood Disorder**: Disturbances in mood or emotions, like depression or mania

• **Anxiety Disorder**: Feelings of fear, apprehension, anxiety, and behavior distortions
History provides many examples of psychosis caused by toxic chemicals

- Ex. The Mad Hatter from Lewis Carroll’s *Alice’s Adventures in Wonderland*
- Modeled after an occupational disease of the eighteenth and nineteenth centuries
  - In that era, hat makers were heavily exposed to mercury used to prepare felt
  - Consequently, many suffered brain damage and became psychotic, or “mad”
What are “normal” thought processes vs. abnormal? (cont.)

More examples of disorders:

• **Somatoform Disorder**: Physical symptoms that mimic disease or injury (blindness, anesthesia) for which there is no identifiable physical cause

• **Dissociative Disorder**: Temporary amnesia, multiple identity, or depersonalization (like being in a dream world, feeling like a robot, feeling like you are outside of your body)

• **Personality Disorder**: Deeply ingrained, unhealthy, maladaptive personality patterns

• **Sexual and Gender Identity Disorder**: Problems with sexual identity, deviant sexual behavior, or sexual adjustment

• **Neurosis**: An archaic term; once used to refer to anxiety, somatoform, and dissociative disorders, also used to refer to some kinds of depression

There are many more than this – we will talk about the major ones in more depth soon
What are “normal” thought processes vs. abnormal? (cont.)

What are the general risk factors for contracting mental illness?

- All of the following can lead to the development to a disorder

  - **Social Conditions:** Poverty, homelessness, overcrowding, stressful living conditions
  
  - **Family Factors:** Parents who are immature, mentally ill, abusive, or criminal; poor child discipline; severe marital or relationship problems

  - **Psychological Factors:** Low intelligence, stress, learning disorders

  - **Biological Factors:** Genetic defects or inherited vulnerabilities; poor prenatal care, head injuries, exposure to toxins, chronic physical illness, or disability

These are risk factors, not causes

Their presence does not guarantee mental illness, but having one or more increases your chances

Furthermore, the more you have, the greater your chances
What are “normal” thought processes vs. abnormal? (cont.)

What is the definition between abnormal thoughts/behaviors and “insanity”?

- “Abnormal” is a PSYCHOLOGICAL term relating to behaviors that are maladaptive, cause emotional discomfort, and/or are socially unacceptable.
- “Insanity” is a LEGAL term referring to the inability to manage one’s affairs and/or to foresee the consequences of one’s actions.
  - Psychopathology causing someone to do something illegal – he/she can’t help it.

What does “not guilty by reason of insanity" mean?

- [https://www.youtube.com/watch?v=20H0yGx__NA](https://www.youtube.com/watch?v=20H0yGx__NA)

Should “insanity” be used as defense? To what extent?

- It’s controversial.
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The Influence of Labels
Classifying Disorders

How do psychologists classify disorders?

• A really thick reference manual called the *DSM-5* (or *DSM-V*):
  • Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition
    • Released in 2013
    • Published by the American Psychiatric Association (APA)

• Why do psychologists classify disorders?
  • Provides a common language and standard criteria for the classification of mental disorders
  • This helps psychologists correctly identify mental disorders and informs proper treatment course
A Brief-ish History of the DSM

DSM I (1952) & DSM-II (1968)
• Based on psychodynamic criteria
  • Who do you think was the most influential psychologist up until that time?
• Focused on causes

• Based on medical criteria, focusing on symptoms (not causes)
• Text tweaked in 2000, tweak called DSM-IV-TR
  • Version your textbooks reference
Classifying Disorders (cont.)

Why so many revisions?

• Young science, new findings every day
• New philosophies regarding treatment
  • According to Jeffrey Lieberman, MD, recently elected President of the APA. “The DSM-5 is not a pop-psychology book intended for consumers… [It is] a guide, an aide to assist clinicians to … help facilitate treatment.”
• Societal changes
  • Homosexuality considered “abnormal” in DSM-I and DSM-II
  • Postpartum depression wasn’t always a thing
  • PTSD a definite thing now not limited to veterans returning from the battlefield
Classifying Disorders (cont.)

The DSM-IV-TR was also organized on five diagnostic “axes” that not only helped identify the type of mental illness a person has, but also some contributing factors that probably need to be dealt with in order to get the primary mental illness symptoms under control.

More than one axis-based diagnosis permissible/encouraged

• **Axis I**: Is a *Clinical Syndrome* present?
  - Assesses individual's present clinical status/condition
  - Includes syndromes that may be focus of clinical attention, such as schizophrenia, mood disorders, anxiety disorders, somatoform disorders, dissociative disorders, substance abuse disorders, etc.
  - Axis I conditions are roughly analogous to illnesses/diseases in general medicine
Classifying Disorders (cont.)

- **Axis II**: Is *Personality Disorder* or “*Mental Retardation*” (old term) present?
  - Encompasses problems one may have relating to world
- **Axis III**: Is it a *General Medical Condition*, such as diabetes, hypertension, or arthritis also present?
  - Potentially relevant to understanding/managing case
- **Axis IV**: Are *Psychosocial Problems* or *Environmental Problems*, such as school or housing issues, also present?
  - Presence of stressors from the outside?
- **Axis V**: What is the *Global Assessment* of this person’s functioning?
  - Clinicians indicate how well individual is coping at present time on a 1 to 100 scale (1 = imminent danger to oneself/others)
DSM-5 released in 2013

- MAJOR overhaul of DSM-IV/DSM-IV-TR
  - Multi-axial diagnoses removed
  - Disorders grouped into similar clusters based on shared pathophysiology, genetics, disease risk, and other findings from neuroscience and clinical experience
  - DSM-IV symptomatic approach to classification was deemed outdated and, in the framework of research from science that had emerged since its release, inaccurate
Classifying Disorders (cont.)

DSM-5 organized more simply into three sections

- Section I: Introduction and clear information on how to use the DSM
- Section II: Provides information and categorical diagnoses
- Section III: Provides self-assessment tools, as well as categories that require more research
Classifying Disorders (cont.)

DSM-5 Diagnostic Categories:
• Neurodevelopmental disorders
• Schizophrenia spectrum and other psychotic disorders
• Bipolar and related disorders
• Depressive disorders
• Anxiety disorders
• Obsessive-compulsive and related disorders
• Trauma- and stressor-related disorders
• Dissociative disorders
• Somatic symptom and related disorders
• Feeding and eating disorders
• Elimination disorders
• Sleep-wake disorders
• Sexual dysfunctions
• Gender dysphoria
• Disruptive, impulse-control, and conduct disorders
• Substance-related and addictive disorders
• Neurocognitive disorders
• Personality disorders
• Paraphilic disorders
• Other mental disorders
Classifying Disorders (cont.)

Numerous diagnostic changes beyond the reorganization. Some of the most notable/controversial are:

- **Autism Spectrum Disorder**: Now a single condition -- incorporates four previous separate disorders.

- **Disruptive Mood Dysregulation Disorder**: “Childhood bipolar disorder” has this new name — intended to address issues of over-diagnosis and over-treatment of bipolar disorder in children.
  - Can be diagnosed up to age 18 years if exhibiting persistent irritability/frequent episodes of extreme behavioral dyscontrol.

- **Attention Deficit Hyperactivity Disorder**: ADHD has been modified somewhat, especially to emphasize that this disorder can continue into adulthood.

- **Post Traumatic Stress Disorder**: PTSD is now developmentally sensitive in that diagnostic thresholds have been lowered for children and adolescents.
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The Influence of Labels
Neurodevelopmental Disorders

*Neurodevelopmental disorders* manifest during the developmental period (often before starting school) and are characterized by a range of developmental deficits neurological in nature that impair normal functioning

- Someone tell me what that means in their own words
- The subcategories are:
  - Intellectual Disabilities
  - Communication Disorders
  - Autism Spectrum Disorder
  - Attention-Deficit/Hyperactivity Disorder
  - Specific Learning Disorder
  - Motor Disorders
  - Other neurodevelopmental disorders
Neurodevelopmental Disorders (cont.)

Autism Spectrum Disorder

- As mentioned before, now a single condition -- incorporates four previous separate disorders
- Criteria are:
  - Manifests in early developmental period
  - Persistent communication and social interaction deficits in multiple situations
  - Restricted, repetitive behavior and interests
  - Causes “significant” impairment
- What does “spectrum disorder” mean?
  - A wide range of symptom severity
- Most individuals on the spectrum have a mild form of autism that causes some social awkwardness and communication issues
  - Mildest form is Asperger’s Syndrome
Attention-Deficit/Hyperactivity Disorder

- People with ADHD show persistent pattern of inattention and/or hyperactivity-impulsivity interfering with functioning or development

- Changes in DSM-5
  - As mentioned before, ADHD has been modified somewhat to emphasize that this disorder can continue into adulthood
    - New descriptions added to show what symptoms might look like at older ages
  - Symptoms can now first present by age 12 rather than by age 6
  - Several symptoms now need to be present in more than one setting rather than just some impairment in more than one setting
Schizophrenia Spectrum And Other Psychotic Disorders

The key symptoms of this category are:

- Delusions (beliefs firmly maintained even after disproven)
- Hallucinations (false perceptions)
- Disorganized speech
- Disorganized or catatonic behavior
- Negative symptoms

- Two of these five symptoms are required AND at least one symptom must be one of the first three
In my opinion schizophrenia is the worst disorder to have

- You don’t know what is real and what is not

In the DSM-5 the old distinctions between the subtypes (paranoid, disorganized, catatonic, undifferentiated, and residual) have been eliminated

- The rationale for doing away with these subtypes is they are not distinct and stable points, and have not yielded significant clinical utility
  - Operates more on a spectrum
In DSM-IV-TR, *Bipolar and Related Disorders* were combined with depressive disorders

Now it is in between “Schizophrenia Spectrum and Other Psychotic Disorders” and “Depressive Disorders”

- Decided to do it because it really bridges the two in terms of symptomatology, family history, and genetics

Most art historians feel Vincent van Gogh suffered from a bipolar disorder

*Mania* is cardinal symptom of bipolar disorder…
Mania is a distinct period of abnormally and persistently elevated/expansive/irritable mood, lasting at least a week (or any duration if hospitalization is necessary)

• During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree to be considered a manic episode:
  • inflated self-esteem or grandiosity
  • decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
  • more talkative than usual or pressure to keep talking
  • flight of ideas or subjective experience that thoughts are racing
  • distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
  • increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
  • excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
Bipolar And Related Disorders (cont.)

There are several types of Bipolar Disorder based upon the specific duration and pattern of manic and depressive episodes. The two most notable subtypes in this category are…

Bipolar I Disorder

• Characterized by at least one manic or mixed episode (manic and depressed combined)
  • Sometimes occurs along with episodes of hypomania (persistently euphoric but not full-blown mania) or major depression

Bipolar II Disorder

• Requires that the individual must never have experienced a full manic episode - only less severe hypomanic episode(s)
Depressive Disorders

Patients must present five (or more) of the following symptoms during the same two-week period and must represent a change from previous functioning in order to be diagnosed with a *Depressive Disorder*; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.

- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).

- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5 percent of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains

(Continued on next slide)
Depressive Disorders (cont.)

(Continued from previous slide)

• Insomnia or hypersomnia nearly every day
• Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
• Fatigue or loss of energy nearly every day
• Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach/guilt about being sick)
• Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
• Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Considered **Major Depressive Disorder** if occurs once or recurs occasionally
Considered **Dysthymia**, or **Persistent Depressive Disorder**, if occurs regularly
Depressive Disorders (cont.)

Disruptive Mood Dysregulation Disorder

- As mentioned earlier, “Childhood bipolar disorder” has this new name — intended to address issues of over-diagnosis and over-treatment of bipolar disorder in children
  - Symptoms go beyond describing temperamental children to those with a severe impairment that requires clinical attention
  - Far beyond temper tantrums, DMDD characterized by severe and recurrent temper outbursts grossly out of proportion in intensity/duration to the situation
  - These occur, on average, three or more times each week for one year or more
  - Between outbursts, children with DMDD display a persistently irritable or angry mood, most of the day and nearly every day, that is observable by parents, teachers, or peers
Anxiety disorders are a category of mental disorders characterized by feelings of anxiety (worry about future events) and fear (worry about current events)

- Feelings may cause physical symptoms, like racing heart and shakiness
- Subcategories are:
  - Separation Anxiety Disorder
  - Selective Mutism
  - Specific Phobia
  - Social Anxiety Disorder (Social Phobia)
  - Panic Disorder
  - Panic Attack
  - Agoraphobia
  - Generalized Anxiety Disorder
**Anxiety Disorders (cont.)**

*Specific phobias* are marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation

- Fear disproportionate to the amount of danger present
- Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response (often a panic attack)
- More mature people know the fear is excessive or unreasonable
- Phobic situation(s) is avoided or else is endured with intense anxiety or distress
- Avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person’s normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia

*Arachnophobia*
Anxiety Disorders (cont.)

Social Anxiety Disorder (Social Phobia) is like a Specific Phobia, but is associated with a persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others.

- The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.

- The most common anxiety disorder and one of the most common psychiatric disorders, with 12% of American adults having experienced it.
Anxiety Disorders (cont.)

Agoraphobia is characterized by anxiety in situations where sufferer perceives certain environments as dangerous or uncomfortable,

- Often due to the environment's vast openness or crowdedness
- Include wide-open spaces, as well as uncontrollable social situations such as possibility of being met in shopping malls, airports and on bridges
- The differential diagnosis of Agoraphobia and Social Phobia includes avoidance behaviors that occur as a part of depression, schizophrenia, paranoia, other anxiety disorders, and some organic mental disorders
Generalized anxiety disorder (GAD) is a common, chronic disorder characterized by long-lasting anxiety that is not focused on any one object or situation

- Sufferers experience non-specific persistent fear and worry, and become overly concerned with everyday matters

“My Insides Are Pounding” (from MTV “True Life – I Panic”) 11:06

- [http://www.mtv.com/videos/misc/202443/my-insides-are-pounding.jhtml](http://www.mtv.com/videos/misc/202443/my-insides-are-pounding.jhtml)
Obsessive-Compulsive And Related Disorders

Characterized by intrusive thoughts that produce uneasiness, apprehension, fear or worry (obsessions), repetitive behaviors aimed at reducing the associated anxiety (compulsions), or a combination of such obsessions and compulsions

- Obsessive-Compulsive and Related Disorders separated out from Anxiety Disorders in the DSM-5
  - Reflect increasing evidence of these disorders’ relatedness to one another and distinction from other anxiety disorders
  - Also to help clinicians better identify/treat individuals suffering from these disorders

Source: http://www.ocdhelp.org/ocdfacts.html
Disorders grouped here have enough similarities to group them together in same diagnostic classification but enough important differences between them to exist as separate disorders.

Disorders in this category include:

- OCD
- Body dysmorphic disorder (experience extreme anxiety over a real or imagined physical flaw)
- Trichotillomania (hair-pulling disorder)
- and two new ones – hoarding disorder and excoriation (skin-picking) disorder
- Major similarity is that sufferers follow the OCD cycle
Trauma- And Stressor-Related Disorders

Expanded category in the DSM-5

- **PTSD** not just a soldier thing any more -- first criteria is far more explicit in what constitutes a traumatic event
  - Ex. Sexual assault, other stressors now specifically included
  - Language stipulating an individual’s response to the event -- intense fear, helplessness or horror, according to DSM-IV -- has been deleted because that criterion proved to have no utility in predicting onset
Instead of three major symptom clusters for PTSD, the DSM-5 now lists four:

- Re-experiencing the event, heightened arousal, avoidance, negative thoughts and mood or feelings

Other disorders in this category:

- Disinhibited Social Engagement Disorder
- Reactive Attachment Disorder
Dissociative Disorders involve disruptions or breakdowns of memory, awareness, identity, or perception

- People with dissociative disorders pathologically and involuntarily experience dissociation
  - Dissociation includes a wide array of experiences from mild detachment (like daydreaming, which is not pathological) from immediate surroundings to more severe detachment from physical and emotional experience
  - The major characteristic of all dissociative phenomena involves a detachment from reality
    - Rather than a loss of reality as in psychosis
  - Can be short-term or long term; Thought to primarily be caused by psychological trauma

- Disorders in the category include:
  - Dissociative Identity Disorder (DID)
  - Dissociative Amnesia (forgetting what you did for a period of time)
  - Depersonalization/Derealization Disorder (periods of detachment from self or surroundings)
Dissociative Disorders (cont.)

**Dissociative Identity Disorder** *(DID)* used to be called, a long time ago, multiple personality disorder

- Alternation of two or more distinct personality states with impaired recall among personality states
- In extreme cases, the host personality is unaware of the other, alternating personalities; however, the alternate personalities are aware of all the existing personalities

“DID Reading”
Somatic Symptom and Related Disorders

Characterized by complaints of *somatic symptoms* (localized pain sensation on the periphery of the body) that usually would indicate physical illness or injury, but cannot be explained by…

- a general medical condition
- the direct effect of a substance
- another mental disorder

Medical test results are either normal or do not explain the person's symptoms

In DSM-IV-TR was called “Somatoform Disorders”

Significant change in organization. Disorders in the category now include:

- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder (person acts as if they have an illness by deliberately producing, feigning, or exaggerating symptoms)

  - Munchausen syndrome is now considered an extreme form of this
Somatic Symptom and Related Disorders (cont.)

**Somatic Symptom Disorder** characterized by having one or more chronic somatic symptoms about which they are excessively concerned, preoccupied or fearful

- Cause significant distress and dysfunction
- Although patients may make frequent use of health care services, they are rarely reassured and often feel their medical care has been inadequate

**Illness Anxiety Disorder** sufferers may or may not have a medical condition but…

- Have heightened bodily sensations
- Are intensely anxious about the possibility of an undiagnosed illness
- And/or devote excessive time and energy to health concerns, often obsessively researching them

**Conversion Disorder (Functional Neurological Symptom Disorder)** causes patients to suffer from neurological symptoms, such as numbness, blindness, paralysis, or fits without a definable organic cause

- Symptoms thought to arise in response to stressful situations
Personality Disorders

All *Personality Disorder* sufferers demonstrate at least two of the four defining maladaptive features related to personality traits:

- Distorted thinking patterns
- Problematic emotional responses
- Over- or under-regulated impulse control
- Interpersonal difficulties

Usually diagnosed in children because of the requirement that personality disorders represent enduring problems across time.

Personality disorders usually co-occur with other disorders -- no consensus as to why.

These four key features combine in various ways to form ten specific personality disorders identified in *DSM-5*.

Remember that everyone can exhibit some of these personality traits from time to time. To meet the diagnostic requirement of a personality disorder, these traits must...

- Be inflexible (i.e., they can be repeatedly observed without regard to time, place, or circumstance)
- Cause functional impairment and/or subjective distress

The ten specific personality disorders are organized into three clusters based on descriptive similarities...
Personality Disorders (cont.)

Cluster A Personality Disorders

• The “odd, eccentric cluster”
• Common features are social awkwardness, social withdrawal, distorted thinking

Paranoid Personality Disorder

• Characterized by a pervasive distrust and suspiciousness of other people
  • Assume that others are out to harm them, take advantage of them, or humiliate them in some way
  • Perception of the environment includes reading malevolent intentions into genuinely harmless, innocuous comments or behavior, and dwelling on past slights

Schizoid Personality Disorder

• Characterized by pervasive pattern of social detachment and a restricted range of emotional expression
• Almost always chose solitary activities, and seem to take little pleasure in life
• Restricted emotional range and failure to reciprocate gestures or facial expressions cause them to appear rather dull, bland, or inattentive
• Appears to be rather rare
Personality Disorders (cont.)

Schizotypal Personality Disorder

- Characterized by pervasive pattern of social and interpersonal limitations
- Experience acute discomfort in social settings and have a reduced capacity for close relationships
  - For these reasons they tend to be socially isolated, reserved, and distant
- Unlike the Schizoid Personality Disorder, they also experience perceptual and cognitive distortions and/or eccentric behavior

Cluster B Personality Disorders

- The “the dramatic, emotional, and erratic” cluster
- Disorders in this cluster share problems with impulse control and emotional regulation

Antisocial Personality Disorder

- Characterized by pervasive pattern of disregard for rights of other people that often manifests as hostility and/or aggression
- Deceit and manipulation are also central features
- In many cases hostile-aggressive and deceitful behaviors may first appear during childhood
Personality Disorders (cont.)

**Borderline Personality Disorder**
- Characterized by the demonstration of intense/unstable emotions and moods that can shift fairly quickly.
- Generally have a hard time calming down once they have become upset
  - As a result, they frequently have angry outbursts and engage in impulsive behaviors such as substance abuse, risky sexual liaisons, self-injury, overspending, or binge eating
- Tend to see the world in polarized, over-simplified, all-or-nothing terms

**Histrionic Personality Disorder**
- Characterized by pattern of excessive emotionality and attention seeking
- Lives are full of “drama”
- Uncomfortable in situations where they are not the center of attention

**Narcissistic Personality Disorder**
- Characterized by having significant problems with sense of self-worth stemming from a powerful sense of entitlement
- Believe they deserve special treatment, and to assume they have special powers, are uniquely talented, or that they are especially brilliant or attractive
- Sense of entitlement can lead them to act in ways that fundamentally disregard and disrespect the worth of those around them
Personality Disorders (cont.)

Cluster C Personality Disorders

• The “the anxious, fearful” cluster
• These share a high level of anxiety

Avoidant Personality Disorder

• Characterized by pervasive pattern of social inhibition, feelings of inadequacy, and a hypersensitivity to negative evaluation
• People with this disorder are intensely afraid that others will ridicule them, reject them, or criticize them
  • This leads them to avoid social situations and to avoid interactions with others
  • Further limits their ability to develop social skills.
• Often have a very limited social world with a small circle of confidants
• Social life is otherwise rather limited
Dependent Personality Disorder

- Characterized by a strong need to be taken care of by other people
  - This need to be taken care of, and associated fear of losing the support of others, often leads to "clingy" behavior and/or tendency to submit to desires of others
  - In order to avoid conflict, may have great difficulty standing up for themselves
  - Intense fear of losing a relationship makes them vulnerable to manipulation/abuse
  - Find it difficult to express disagreement or make independent decisions, and are challenged to begin a task when nobody is available to assist them
  - When a relationship they depend on has ended, they will immediately seek another source of support

Obsessive-Compulsive Personality Disorder

- Characterized by a preoccupied with rules, regulations, orderliness, and perfection at the expense of flexibility, openness, and efficiency
  - Often devoted to work to such an extent that they often neglect social relationships
  - So driven to "get it right" that they become unable to complete projects or specific tasks because they get lost in the details
  - Simply isn't an option for them to do "sub-standard" job just to get something done
  - Often unable to delegate tasks for fear that another person will not "get it right"
Psychological Disorders Outline

What are “normal” thought processes/behaviors vs. “abnormal?”

Classifying Disorders

Notable Disorder Categories

- Neurodevelopmental Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Personality Disorders
One Final Caveat: The Influence Of Labels

Receiving a diagnosis can lead to helpful treatment, but it can also have inaccurate and harmful effects.

_The Rosenhan Study “On Being Sane in Insane Places” (1973)_

- David Rosenhan and associates had themselves committed to mental hospital with diagnosis of schizophrenia.
- Once there, they stopped pretending they had symptoms.
- Even took notes openly as part of their study.
- Staff still considered them schizophrenic and kept on treating them.
- Far better to label problems than people!