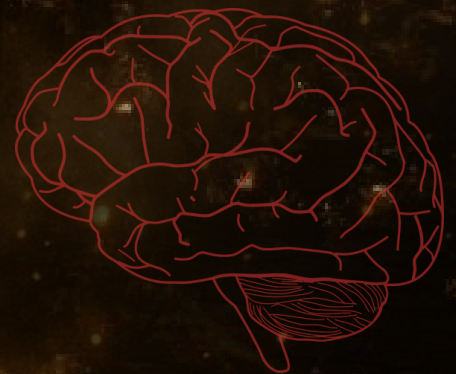




# Freud's rsit



**STUDY GUIDE**



Participants are expected to have an understanding of key psychological concepts and frameworks used to understand and explain human behavior, thoughts, and emotions. They are also expected to have an understanding of the following disorders and phobias. This includes what the disorder/phobia is, how the symptoms present, and the treatment:

### **Conduct Disorder (CD)**

Conduct Disorder (CD) is a mental health condition in children and adolescents characterized by persistent aggressive, disruptive, and rule-breaking behavior. Individuals frequently violate others' rights, destroy property, lie, steal, or commit serious offenses like truancy or running away. Aggression may include bullying, threats, physical fights, harming animals, or weapon use. CD disrupts school, home, and social life, and may involve risky sexual behavior, substance use, low frustration tolerance, and lack of remorse. Causes are multifactorial: biological factors like genetic predispositions for impulsivity, aggression, or antisocial traits; neurological issues such as traumatic brain injury or hormonal imbalances (e.g., high testosterone); and environmental influences including parental neglect, inconsistent discipline, family substance abuse, domestic violence exposure, and socioeconomic disadvantages. Treatment is comprehensive, combining family interventions, psychotherapy, and behavioral strategies. Parent management training reinforces positive behavior, while Cognitive Behavioral Therapy (CBT) teaches problem-solving, emotional regulation, and conflict resolution. Severe cases may require structured environments such as therapeutic schools or residential centers to enhance long-term social and academic functioning.

### **Dissociative Identity Disorder (DID)**

Dissociative Identity Disorder (DID) is a mental health condition where an individual develops two or more distinct identities, each with unique behaviors, memories, thoughts, and emotions. These alters can vary in age, gender, voice, mannerisms, and ethnicity. Memory gaps and amnesia for personal or daily events are common, alongside shifts in self-perception. Identity switching disrupts social, academic, or occupational functioning and generates significant distress. Anxiety, depression, substance use, self-harm, and suicidal thoughts often accompany the disorder, complicating management. DID is closely linked to severe childhood trauma or abuse, where the mind unconsciously "splits" to survive overwhelming experiences. Triggers include stress, trauma reminders, or life events resembling past abuse. Treatment centers on psychotherapy to process trauma, manage identity switches, and enhance communication and cooperation among alters. Therapy aims to integrate identities into a cohesive self while providing stabilization and coping strategies. Hypnotherapy may assist in exploring dissociated memories or fostering collaboration between alters. Goals focus on functional improvement, not complete elimination of identities.





## **Bipolar Disorder**

Bipolar Disorder is a chronic mental health condition defined by recurring shifts between emotional highs, known as mania or hypomania, and emotional lows, or depression. During manic phases, individuals often experience euphoria, racing thoughts, and impulsivity, while depressive phases bring intense sadness and lethargy; these episodes typically last for days or weeks, distinct from daily mood swings. The condition is primarily driven by biological factors, including genetics and brain chemistry imbalances, often triggered by high stress or trauma. While it is a lifelong condition, it is effectively managed through a combination of mood-stabilizing medications and targeted psychotherapy to help maintain a stable routine and prevent future episodes. Often confused with **Borderline Personality Disorder** which is a personality disorder, **Bipolar Disorder** is a mood disorder and the two are distinct conditions.

## **Body Integrity Dysphoria (BID)**

Body Integrity Dysphoria (BID) is a rare condition where a person perceives a healthy body part—limb, finger, eye, or teeth—as alien. Despite full functionality, this creates intense distress and a desire to live without the affected part. Some simulate disability using wheelchairs, crutches, or prosthetics. The left leg is most commonly involved, but preferences vary. Preoccupation with the unwanted part can disrupt daily life, social interactions, and relationships, and in extreme cases, individuals may attempt self-harm to remove or disable it. BID is associated with structural or functional differences in brain regions processing body perception: the somatosensory cortex, parietal lobe, and insula. Disrupted neural body maps likely cause the sense of foreignness. Treatment aims to reduce distress and safely manage urges. Cognitive Behavioral Therapy (CBT) targets distorted beliefs and emotional responses. Medications address coexisting anxiety or depression. Physical adaptations like prosthetics, wheelchairs, or virtual reality simulations allow experience of the desired body perception without self-harm, mitigating dysphoria and improving daily functioning.

## **Obsessive Compulsive Disorder (OCD)**

Obsessive-Compulsive Disorder (OCD) involves recurrent intrusive thoughts (obsessions) and repetitive behaviors or mental rituals (compulsions) performed to relieve anxiety. Obsessions commonly center on contamination, harm, symmetry, or taboo topics, while compulsions include cleaning, checking, counting, repeating actions, or seeking reassurance. This obsession-compulsion cycle is persistent, time-consuming, and disrupts daily functioning, relationships, and emotional well-being. Genetic, neurological, and environmental factors contribute, including family history, abnormal frontal cortex and subcortical circuitry, and stressful life events. OCD frequently co-occurs with depression, anxiety disorders, tic disorders, and substance use. Treatment focuses on psychotherapy, especially Exposure and Response Prevention (ERP), a CBT approach that gradually exposes patients to feared situations without permitting compulsions. ERP reduces anxiety and retrains the brain to recognize rituals as unnecessary. Medications, including selective serotonin reuptake inhibitors (SSRIs) and clomipramine, help regulate serotonin, reducing obsessions and compulsions. Early, consistent intervention improves functioning, minimizes distress, and prevents long-term quality-of-life impairment.



## **Borderline Personality Disorder (BPD)**

Borderline Personality Disorder (BPD) is a mental health condition marked by emotional instability, impulsive behavior, and turbulent interpersonal relationships. Individuals experience intense mood swings lasting hours to days like anger, anxiety, or emptiness, and a strong fear of real or imagined abandonment. Self-image fluctuates, causing identity confusion and unstable goals or values. Relationships oscillate between idealization and devaluation, while impulsive behaviors such as unsafe sex, substance misuse, binge eating, or reckless spending are common. Self-harm and suicidal thoughts or attempts frequently arise in response to perceived rejection or emotional stress.

BPD arises from genetic and environmental factors. Family history of mental illness, childhood trauma, abuse, neglect, or unstable family dynamics increase risk. Neurobiological differences in emotion regulation and stress response contribute. Treatment targets emotional regulation, relationship stability, and reduction of harmful behaviors. Dialectical Behavior Therapy (DBT) develops emotion management, distress tolerance, and communication skills. Cognitive Behavioral Therapy (CBT) challenges harmful thought patterns. Mentalization-Based Therapy (MBT) enhances understanding of one's own and others' emotions. Schema Therapy (ST) addresses maladaptive patterns from childhood, and Transference-Focused Psychotherapy (TFP) explores relationships to improve emotion regulation and self-perception. Consistent therapy improves emotional control, relationships, and overall functioning.

## **Autophagia**

Autophagia is a self-injurious behavior involving biting or consuming parts of one's body, from nails to fingers or lips. It is linked to psychological, neurological, and environmental factors, including anxiety, OCD, BPD, impulse-control disorders, trauma, ASD, and intellectual disabilities. The behavior temporarily relieves stress or tension but is followed by guilt, reinforcing the cycle. Symptoms include persistent urges, loss of control, tissue damage, infections, scarring, and emotional distress like withdrawal, anxiety, or depression. Treatment combines psychotherapy, medication, and physical strategies. CBT and DBT target triggers and emotional regulation, while HRT and ERP help when OCD is present. SSRIs, mood stabilizers, or antipsychotics address underlying conditions. Protective coverings, safe objects, and wound care reduce harm.

## **Anxiety Syndrome**

Anxiety syndrome encompasses conditions marked by excessive, persistent worry or fear that disrupt daily functioning. Causes include genetic predisposition, childhood adversity, chronic stress, hormonal imbalances, and overactive brain regions like the amygdala. Physical symptoms include muscle tension, headaches, stomach discomfort, rapid heartbeat, sweating, and shortness of breath. Emotional effects involve irritability, overthinking, catastrophic thoughts, and poor concentration. Sleep disturbances are common. Treatment combines CBT, exposure therapy, relaxation, mindfulness, and lifestyle adjustments such as exercise and sleep hygiene. Medications—SSRIs, SNRIs, or short-term anxiolytics—are used when symptoms significantly impair functioning.



## **Factitious Disorder Imposed on Self (Munchausen Syndrome)**

Factitious Disorder Imposed on Self is a psychological condition where an individual intentionally fabricates, exaggerates, or induces symptoms without clear external reward. The aim is to assume the “sick role,” gaining attention, care, or sympathy. Symptoms range from feigned physical ailments like headaches or stomach pain, to fabricated psychological issues such as hallucinations, or deliberate self-harm, including ingesting substances or sabotaging wound healing. Patients often manipulate tests, alter lab samples, or fake medication adherence. The disorder manifests through inconsistent medical histories, shifting symptom reports, and occasionally falsified personal details, complicating diagnosis.

Causes are multifactorial, often rooted in psychological needs: control, attention seeking, fear of abandonment, or identity conflicts. Treatment prioritizes harm reduction to prevent unsafe medical interventions. Psychotherapy, notably Cognitive Behavioral Therapy (CBT), guides patients to identify and modify harmful patterns. Family therapy educates relatives to avoid reinforcing the sick role, while group therapy mitigates isolation and builds adaptive coping strategies. Success depends on structured, nonjudgmental, continuous psychological care, focusing on reducing risk and sustaining behavioral change.

## **Claustrophobia**

Claustrophobia is a specific phobia involving intense fear of enclosed or restricted spaces such as elevators, small rooms, MRI machines, or crowded areas. It often develops from traumatic childhood experiences like being stuck in a closet, or from learned fear after witnessing someone else panic. On a biological level, people with claustrophobia may have a hyperactive amygdala or a heightened fight or flight response. Symptoms include sudden panic, rapid heartbeat, sweating, trembling, dizziness, and an overwhelming urge to escape the confined space. Some people may avoid public transportation or buildings with elevators entirely, affecting their daily lives. Anticipatory anxiety fear before even entering a small space is also common. Treatment is usually exposure therapy, where the person gradually enters smaller spaces until the fear response reduces. CBT helps modify irrational catastrophic beliefs, while breathing exercises, grounding, and sometimes anti anxiety medication support the process.

## **Narcissistic Personality Disorder (NPD)**

NPD is a personality disorder where individuals develop a long term pattern of grandiosity, excessive need for admiration, and low emotional empathy. Causes include genetic factors, unstable or overly idealizing parenting, early neglect, or environments where a child's emotional needs were ignored or exaggerated. People with NPD display inflated self importance, fantasies of unlimited success, entitlement, and hypersensitivity to criticism. They may appear confident but internally have fragile self esteem, leading to defensive behavior, rage, or withdrawal when their ego is threatened. Interpersonal relationships are often strained due to manipulation, lack of empathy, jealousy, or superiority. NPD can coexist with depression, anxiety, and substance abuse. Treatment involves long term psychotherapy focused on emotional regulation, developing genuine self esteem, improving empathy, and reducing harmful thought patterns. While medications don't treat NPD itself, they can address co-occurring symptoms like anxiety or mood instability.





## **Arachnophobia**

Arachnophobia is an intense, irrational fear of spiders and spider like imagery. It may stem from evolutionary mechanisms where early humans feared venomous creatures, making this phobia more common. A traumatic encounter or observing a parent reacting fearfully can also contribute. Symptoms include immediate panic, racing heartbeat, shaking, sweating, nausea, or feeling physically frozen when seeing a spider or even thinking about one. Some individuals constantly check rooms for spiders, avoid basements or gardens, and may experience nightmares involving spiders. This phobia can significantly affect functioning in outdoor or natural environments. Treatment relies heavily on exposure therapy, where individuals gradually confront images and eventually real spiders in a controlled way. CBT helps change exaggerated beliefs about danger, while relaxation and grounding techniques reduce physical anxiety responses.

## **Depression (Major Depressive Disorder)**

Depression is a mood disorder characterized by long lasting sadness, low energy, and loss of interest in activities that once brought pleasure. Causes include genetic vulnerability, neurotransmitter imbalances (especially serotonin, dopamine, and norepinephrine), chronic stress, trauma, hormonal changes, and medical conditions like thyroid disorders. Symptoms range from persistent hopelessness, guilt, irritability, and fatigue to changes in appetite, sleep disturbances, and slowed thinking or movement. Concentration becomes difficult, motivation decreases, and simple tasks may feel overwhelming. Social withdrawal is common, and severe cases may involve suicidal thoughts or self harm. Depression also affects physical health. People may experience headaches, digestion problems, and chronic pain. Treatment includes psychotherapy (especially CBT, IPT, or psychodynamic therapy), antidepressants like SSRIs or SNRIs, and lifestyle based approaches such as exercise and routine regulation. Severe or treatment resistant cases may benefit from TMS, ECT, or ketamine based therapies.

## **ADHD (Attention Deficit/Hyperactivity Disorder)**

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder marked by persistent inattention, hyperactivity, and impulsivity across school, home, and social settings. Causes include genetics, prenatal nicotine or alcohol exposure, premature birth, dopamine regulation differences, and structural brain variations affecting executive function. Symptoms: inattention—distractibility, poor organization, forgetfulness, difficulty sustaining focus; hyperactivity—fidgeting, constant movement, trouble staying seated; impulsivity—interrupting, rash decisions, risk-taking. ADHD impairs academics, relationships, and self-esteem. Treatment combines behavior therapy, parent/teacher training, academic accommodations, and medications—stimulants like methylphenidate or amphetamines, or non-stimulants like atomoxetine or guanfacine.



## **Typophobia (Trypophobia)**

Typophobia, often overlapping with trypophobia, is the fear or intense discomfort caused by clusters of small holes or repetitive patterns. Although not classified as a formal phobia in diagnostic manuals, it is widely recognized due to its strong, unpleasant reaction. Causes may include evolutionary avoidance of disease, since patterns similar to holes resemble infections or parasites, learned disgust responses, or heightened sensory sensitivity. Symptoms include anxiety, goosebumps, nausea, skin crawling sensations, itching, and aversion when viewing stimuli like lotus seed pods, honeycombs, or patterned surfaces. Some individuals develop intrusive thoughts or avoidance behaviors when exposed to trigger images. Treatment typically includes exposure therapy, cognitive restructuring to challenge disgust based thoughts, desensitization, and mindfulness or grounding to manage sensory reactions.

## **Fregoli Disorder**

Fregoli disorder is a rare delusional misidentification condition where a person believes that various individuals are actually a single person changing appearances or disguising themselves. It is often associated with schizophrenia, bipolar disorder, dementia, or traumatic brain injuries, especially those affecting the frontal and temporal lobes. Symptoms include persecutory delusions, strong paranoia, misinterpreting strangers as familiar people, and sometimes auditory hallucinations. Daily functioning can be severely impaired due to constant suspicion and fear. Some patients may believe they are being stalked or monitored by this "one disguised person." Cognitive deficits, memory problems, and impaired facial recognition processing may also be present. Treatment includes antipsychotic medications, cognitive therapy to improve reality testing, social support, and addressing underlying neurological issues. Hospitalization may be needed for severe cases involving risk or agitation.

## **Nictophobia**

Nictophobia is an extreme fear of darkness, often beginning in childhood but sometimes continuing into adulthood due to unresolved anxiety or past trauma. Evolutionarily, darkness is associated with danger, which may explain why some individuals are more sensitive to it. Causes include frightening experiences at night, separation anxiety, scary media exposure, or heightened imagination during childhood. Symptoms involve intense fear when lights are turned off, difficulty sleeping alone, crying or panic attacks, sweating, elevated heart rate, and vivid catastrophic thoughts about danger in the dark. Avoidance behaviors include sleeping with multiple lights on or refusing to enter dark rooms. Treatment includes gradual exposure to darkness, CBT to reframe irrational fears, relaxation training, sleep hygiene improvement, and in severe cases, addressing underlying anxiety disorders.



## **Aquaphobia**

Aquaphobia is the intense fear of water, especially large bodies like oceans, lakes, or even deep pools. It often develops after traumatic experiences such as near drowning or witnessing someone struggle in water. Other causes include genetic predisposition to anxiety, lack of swimming skills, or stories that depict water as dangerous. Symptoms include panic, shaking, dizziness, avoidance of beaches or pools, and fear of stepping into water deeper than a few inches. Some individuals experience anticipatory anxiety even by seeing water on TV. This phobia can interfere with recreational activities, travel, and childhood development. Treatment involves exposure therapy, starting with images or small amounts of water and progressing gradually. CBT helps challenge exaggerated beliefs about drowning, while swimming lessons with a trained therapist may help build confidence. Relaxation and breathing techniques reduce physical symptoms during exposure.

## **Hemophobia**

Hemophobia is the fear of blood, often accompanied by a strong vasovagal response that can lead to fainting. Causes include traumatic childhood injuries, witnessing medical procedures, or genetic susceptibility to fainting when blood pressure drops suddenly. Symptoms include dizziness, nausea, cold sweats, rapid heartbeat, panic, and sometimes actual fainting when seeing blood or even hearing descriptions of injuries. Avoidance of hospitals, vaccines, or medical care is common and can be dangerous. Some individuals develop panic attacks before appointments or refuse necessary medical procedures due to fear. Treatment includes applied tension therapy (tensing muscles to prevent fainting), gradual exposure to blood related images, CBT to reduce catastrophic thinking, and relaxation techniques. For needle related aspects, numbing creams and distraction strategies may also help.

## **Somatic Symptom Disorder (Somatic Syndrome)**

Somatic symptom disorder involves excessive concern and anxiety about physical symptoms that may be minor, vague, or medically unexplained. Causes include chronic stress, trauma, family history of anxiety disorders, increased sensitivity to bodily sensations, and difficulty managing emotions. Symptoms include frequent physical complaints like pain, fatigue, or digestive issues, along with disproportionate worry about serious illness. The person may repeatedly seek medical reassurance, undergo unnecessary tests, and still feel convinced something is wrong. Preoccupation with symptoms can impair school, work, and social functioning. Treatment focuses on psychotherapy, especially CBT, to help reinterpret body sensations and reduce anxiety. Regular, scheduled medical visits (rather than symptom driven visits) help prevent excessive testing. Stress reduction techniques, mindfulness, and sometimes antidepressants also support long term management.





## **Trypanophobia**

Trypanophobia is the intense fear of needles or injections, often developing after painful early medical experiences or observing someone else's fearful reaction. It may also be linked to a biological vasovagal response, causing some people to faint when needles are involved. Symptoms include panic attacks, sweating, elevated heart rate, trembling, dizziness, crying, or fainting when anticipating a blood test, injection, or vaccination. Many individuals avoid doctors or delay essential medical treatments due to this fear. The anxiety often grows days before an appointment, leading to avoidance patterns. Treatment includes exposure therapy, applied tension to prevent fainting, CBT to address exaggerated beliefs, and distraction or numbing cream during procedures. Healthcare providers may also use gentle injection techniques to reduce discomfort.

## **Erotomania (De Clérambault Syndrome)**

Erotomania is a rare delusional disorder where a person becomes convinced that someone more often a celebrity, authority figure, or stranger, is secretly in love with them. It can be linked to schizophrenia, bipolar disorder, past trauma, social isolation, or unusual dopamine activity in brain areas that handle reality. People with erotomania obsess over the supposed admirer, misread ordinary actions as romantic signals, and repeatedly try to contact or follow them. They may send letters, gifts, or messages, interpreting any rejection as hidden affection. The delusion can sometimes lead to risky or dangerous behavior. Treatment usually involves antipsychotic medication, therapy to help the person recognize reality, and family support to maintain safety. Addressing coexisting issues like depression or mania improves outcomes.

## **Autism (Autism Spectrum Disorder)**

Autism is a neurodevelopmental condition affecting social communication, behavior, and sensory processing. Causes involve complex genetic factors, early brain development differences, prenatal influences, and occasionally metabolic or neurological conditions. Symptoms vary widely but often include difficulty interpreting social cues, reduced eye contact, repetitive movements, strict routines, intense and focused interests, and sensory sensitivities like being overwhelmed by sounds or lights. Some individuals may have speech delays, while others have advanced vocabulary but struggle with social pragmatics. Autism also affects problem solving styles, emotional regulation, and learning patterns. Treatment focuses on individualized support: behavioral therapy (e.g., ABA), speech therapy, occupational therapy, social skills training, and educational accommodations. Early intervention improves outcomes significantly, and many autistic individuals lead independent, fulfilling lives with the right support.



## **Schizophrenia**

Schizophrenia is a chronic psychiatric disorder that disrupts thinking, perception, and daily functioning. It is linked to genetics, dopamine and glutamate imbalances, prenatal infections, early trauma, and structural brain differences in areas like the hippocampus and prefrontal cortex. Symptoms are categorized as positive, hallucinations, delusions, disorganized speech and behavior; negative, flat affect, social withdrawal, low motivation, reduced pleasure; and cognitive like impaired attention, memory, and executive function. Individuals may hear voices, hold paranoid beliefs, or struggle to distinguish reality. Daily life, social interactions, and work are often impaired without treatment. Management includes antipsychotic medications, psychotherapy, psychosocial rehabilitation, family therapy, and community support. Early intervention improves long-term outcomes and helps maintain independence.

## **Imposter Syndrome**

Imposter syndrome is a psychological phenomenon characterized by persistent self-doubt and the internalized fear of being exposed as intellectually or professionally inadequate, despite clear evidence of competence and achievement. It is commonly observed among high-achieving individuals, including students, professionals, and creatives, and is often exacerbated by perfectionistic tendencies and high external expectations. Manifestations include attributing success to luck or external factors, over-preparation, avoidance of challenges, and minimizing or discounting accomplishments. While primarily cognitive and emotional in nature, imposter syndrome can also adversely affect social and occupational functioning, reducing confidence and motivation. Recognition of its prevalence, combined with strategies such as cognitive-behavioral interventions, mentorship, and supportive networks, is critical in mitigating its impact and fostering resilience and self-efficacy.

## **Emotional Stagnation**

Emotional stagnation is a psychological state in which an individual's emotional development or processing becomes arrested, resulting in persistent difficulty managing feelings, resolving past experiences, or responding adaptively to new circumstances. It often manifests as emotional numbness, frustration, or repetitive patterns of thought and behavior, which can impede personal growth and social functioning. Contributing factors may include unresolved trauma, chronic stress, or avoidance of self-reflection. Over time, emotional stagnation can adversely affect interpersonal relationships, motivation, and overall mental well-being. Recognition and intervention through therapeutic strategies, mindfulness practices, and supportive social networks are critical in promoting emotional processing, resilience, and adaptive functioning.



## **Alice in Wonderland Syndrome (AIWS)**

Alice in Wonderland Syndrome (AIWS) is a rare neurological disorder that scrambles perception, twisting sight, body image, and time. Objects can shrink (micropsia), swell (macropsia), warp, or seem further away, while body parts may feel alienly oversized or tiny. Colors can vanish into gray, or hallucinations make things wobble and pulse. The world turns surreal, confusing, and frightening, especially for children. Time itself can distort—racing or dragging—and a sense of detachment from one's body or reality may occur. Triggers vary: migraines dominate in adults, viral infections like Epstein–Barr strike children, but head trauma, seizures, strokes, and psychiatric disorders such as schizophrenia can provoke AIWS. Treatment targets the root cause: migraines respond to beta blockers or calcium channel blockers, seizures to anti-epileptic drugs, infections to supportive care, often resolving symptoms. Psychological support is essential; Cognitive Behavioral Therapy helps manage anxiety, fear, and coping during episodes, restoring control over the surreal experience.