

List of Psychological Disorders

Mental health conditions fall into several major categories

By Kendra Cherry, MEd | Updated on December 05, 2023

✓ Medically reviewed by Daniel B. Block, MD

The term psychological disorders is sometimes used to refer to what are more frequently known as mental disorders or psychiatric disorders.

Mental disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life. These disorders create distress for the person experiencing the symptoms.

The DSM-5-TR lists hundreds of distinct conditions. Anxiety and depression are among the most common types of mental health conditions that people experience. While the DSM provides diagnostic information about such conditions, including the age at which they typically appear, it does not provide guidelines for treatment or predictions related to the course of illness.

While not a comprehensive list of every mental disorder, the following list includes some of the major categories of disorders described in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the fifth edition, text revision (DSM-5-TR). The DSM is one of the most widely used systems for classifying mental disorders and provides standardized diagnostic criteria.

Get Help Now

We've tried, tested, and written unbiased reviews of the best online therapy programs including Talkspace, Betterhelp, and Regain. Find out which option is the best for you.

Neurodevelopmental Disorders

Neurodevelopmental disorders are those that are typically diagnosed during infancy, childhood, or adolescence. These psychological disorders include:

Intellectual Development Disorder

Sometimes called intellectual disability, this type of developmental disorder originates prior to the age of 18 and is characterized by limitations in both intellectual functioning and adaptive behaviors.

Limitations to intellectual functioning are often identified through the use of IQ tests, with an IQ score under 70 often indicating the presence of a limitation. Adaptive behaviors are those that involve practical, everyday skills such as self-care, social interaction, and living skills.

Global Developmental Delay

This diagnosis is for developmental disabilities in children who are under the age of five. Such delays relate to cognition, social functioning, speech, language, and motor skills.

It is generally seen as a temporary diagnosis applying to kids who are still too young to take standardized IQ tests. Once children reach the age where they are able to take a standardized intelligence test, they may be diagnosed with an intellectual development disorder.

Communication Disorders

These disorders are those that impact the ability to use, understand, or detect language and speech. The DSM-5 identifies four different subtypes of communication disorders: language disorder, speech sound disorder, childhood-onset fluency disorder (stuttering), and social (pragmatic) communication disorder.

Autism Spectrum Disorder

Autism is characterized by persistent deficits in social interaction and communication in multiple life areas as well as restricted and repetitive patterns of behaviors.

The DSM specifies that symptoms of autism spectrum disorder must be present during the early developmental period and that these symptoms must cause significant impairment in important areas of life including social and occupational functioning.

Attention-Deficit Hyperactivity Disorder (ADHD)

ADHD is characterized by a persistent pattern of hyperactivity and impulsivity and/or inattention that interferes with functioning and presents itself in two or more settings such as at home, work, school, and social situations.

The DSM-5 specifies that several of the symptoms must have been present prior to the age of 12 and that these symptoms must have a negative impact on social, occupational, or academic functioning.

Bipolar and Related Disorders

Bipolar disorder is characterized by shifts in mood as well as changes in activity and energy levels. The disorder often involves experiencing shifts between elevated moods and periods of depression. Such elevated moods can be pronounced and are referred to either as mania or hypomania.

Mania

Mania is characterized by a distinct period of elevated, expansive, or irritable mood accompanied by increased activity and energy. Periods of mania are sometimes marked by feelings of distraction, irritability, and excessive confidence.

People experiencing mania are more prone to engage in activities that might have negative long-term consequences, such as gambling and shopping sprees.

When mania progresses, there is also the possibility of psychotic symptoms such as grandiose delusions and hallucinations. While mania occurs with bipolar I disorder, hypomania is a marker of bipolar II.

Hypomanic episodes are characterized by elevated, expansive, or irritable moods like manic episodes. However, hypomania is less severe and generally shorter in duration than mania.

Depressive Episodes

These episodes are characterized by feelings of a depressed or sad mood along with a lack of interest in activities. They may also involve feelings of guilt, fatigue, and irritability.

During a depressive period, people with bipolar disorder may lose interest in activities that they previously enjoyed, experience sleeping difficulties, and even have thoughts of suicide.

Both manic and depressive episodes can be frightening for both the person experiencing these symptoms as well as family, friends, and other loved ones who observe these behaviors and mood shifts. Fortunately, appropriate and effective treatments, which often include both medications and psychotherapy, can help people with bipolar disorder successfully manage their symptoms.

If you are having suicidal thoughts, contact the National Suicide Prevention Lifeline at **988** for support and assistance from a trained counselor. If you or a loved one are in immediate danger, call 911.

For more mental health resources, see our National Helpline Database.

Anxiety Disorders

Anxiety disorders are characterized by excessive and persistent fear, worry, anxiety and related behavioral disturbances. Fear involves an emotional response to a threat, whether that threat is real or perceived. Anxiety involves the anticipation that a future threat may arise. Types of anxiety disorders include:

Generalized Anxiety Disorder (GAD)

This disorder is marked by excessive worry about everyday events. While some stress and worry are a common part of life, GAD involves worry that is so excessive that it interferes with a person's well-being and functioning.

Social Anxiety Disorder

Social anxiety disorder is a fairly common psychological disorder that involves an irrational fear of being watched, judged, humiliated, and/or embarrassed. The anxiety caused by this disorder can have a major impact on an individual's life and make it difficult to function at school, work, and other social settings.

Specific Phobias

These phobias involve an extreme fear of a specific object or situation in the environment. Some examples of common specific phobias include fear of spiders, fear of heights, or fear of snakes.

The four main types of specific phobias involve natural events (thunder, lightning, tornadoes), medical (medical procedures, dental procedures, medical equipment), animals (dogs, snakes, bugs), and situational (small spaces, leaving home, driving).

When confronted by the feared object or situation, people with phobias may experience nausea, trembling, rapid heart rate, and even a fear of dying.

Panic Disorder

This psychiatric disorder is characterized by panic attacks that may seem to strike out of the blue and for no reason at all. Because of this, people with panic disorder often experience anxiety and preoccupation over the possibility of having another panic attack.

People may begin to avoid situations and settings where attacks have occurred in the past or where they might occur in the future. This can create significant impairments in many areas of everyday life and make it difficult to carry out everyday routines.

Separation Anxiety Disorder

This condition is a type of anxiety disorder involving an excessive amount of fear or anxiety related to being separated from attachment figures. People are often familiar with the idea of separation anxiety as it relates to young children's fear of being apart from their parents, but older children and adults can experience it as well.

The person experiencing these symptoms may avoid moving away from home, going to school, or getting married in order to remain in close proximity to the attachment figure.

Trauma- and Stressor-Related Disorders

Trauma- and stressor-related disorders involve exposure to a stressful or traumatic event. These were previously grouped with anxiety disorders but are now considered a distinct category of disorders. Disorders included in this category include:

Acute Stress Disorder

Acute stress disorder is characterized by the emergence of severe anxiety for up to one month after exposure to a traumatic event. Some examples of traumatic events include natural disasters, war, accidents, and witnessing a death.


As a result, the individual may experience dissociative symptoms such as a sense of altered reality, an inability to remember important aspects of the event, and vivid flashbacks as if the event were reoccurring. Other symptoms can include reduced emotional responsiveness, distressing memories of the trauma, and difficulty experiencing positive emotions.

Adjustment Disorders

Adjustment disorders can occur as a response to a sudden change such as divorce, job loss, end of a close relationship, a move, or some other loss or disappointment. This type of psychological disorder can affect both children and adults and is characterized by symptoms such as anxiety, irritability, depressed mood, worry, anger, hopelessness, and feelings of isolation.

Post-Traumatic Stress Disorder (PTSD)

PTSD can develop after an individual has experienced exposure to actual or threatened death, serious injury, or sexual violence. Symptoms of PTSD include episodes of reliving or re-experiencing the event, avoiding things that remind the individual about the event, feeling on edge, and having negative thoughts.



Nightmares, flashbacks, bursts of anger, difficulty concentrating, exaggerated startle response, and difficulty remembering aspects of the event are just a few possible symptoms that people with PTSD might experience.

Reactive Attachment Disorder

Reactive attachment disorder can result when children do not form healthy relationships and attachments with adult caregivers during the first few years of childhood. Symptoms of the disorder include being withdrawn from adult caregivers and social and emotional disturbances that result from patterns of insufficient care and neglect.

Dissociative Disorders

Dissociative disorders are psychological disorders that involve a dissociation or interruption in aspects of consciousness, including identity and memory. Dissociative disorders include:

Dissociative Amnesia

This disorder involves a temporary loss of memory as a result of dissociation. In many cases, this memory loss, which may last for just a brief period or for many years, is a result of some type of psychological trauma.

Dissociative amnesia is much more than simple forgetfulness. Those who experience this disorder may remember some details about events but may have no recall of other details around a circumscribed period of time.

Dissociative Identity Disorder

Formerly known as multiple personality disorder, dissociative identity disorder involves the presence of two or more different identities or personalities in one person. Each of these personalities has its own way of perceiving and interacting with the environment.

People with this disorder experience changes in behavior, memory, perception, emotional response, and consciousness.

Depersonalization/Derealization Disorder

Depersonalization/derealization disorder is characterized by experiencing a sense of being outside of one's own body (depersonalization) and being disconnected from reality (derealization). People who have this disorder often feel a sense of unreality and an involuntary disconnect from their own memories, feelings, and consciousness.

Somatic Symptom Disorders

Formerly referred to as somatoform disorders, this category is now known as somatic symptom disorders. Somatic symptom disorders are a class of psychological disorders that involve prominent physical symptoms that may not have a diagnosable physical cause.

In contrast to previous ways of conceptualizing these disorders based on the absence of a medical explanation for the physical symptoms, the current diagnosis emphasizes the

unusual thoughts, feelings, and behaviors that occur in response to these symptoms.

Disorders included in this category are:

Somatic Symptom Disorder

Somatic symptom disorder involves a preoccupation with physical symptoms that make it difficult to function. This preoccupation with symptoms results in emotional distress and difficulty coping with daily life.

It is important to note that somatic symptoms do not indicate that individuals are faking their physical pain, fatigue, or other symptoms. In this situation, it is not so much the actual physical symptoms that are disrupting the individual's life as it is the extreme reaction and resulting behaviors.

Illness Anxiety Disorder

Illness anxiety disorder is characterized by excessive concern about having an undiagnosed medical condition. Those who experience this psychological disorder worry excessively about body functions and sensations are convinced that they have or will get a serious disease, and are not reassured, even when medical tests don't detect any illnesses.

The preoccupation with illness causes significant anxiety and distress. It also leads to changes in behavior such as seeking medical testing/treatments and avoiding situations that might pose a health risk.

Conversion Disorder

Conversion disorder involves experiencing motor or sensory symptoms that lack a compatible neurological or medical explanation. In many cases, a person develops the disorder after experiencing a real physical injury or stressful event, which then results in a psychological and emotional response.

Factitious Disorder

Factitious disorder used to have its own category, but it is now included under the somatic symptom and related disorders category of the DSM-5. A factitious disorder is when an individual intentionally creates, fakes, or exaggerates symptoms of illness. Munchausen

syndrome, in which people feign an illness to attract attention, is one severe form of factitious disorder.

Feeding and Eating Disorders

Eating disorders are characterized by obsessive concerns with weight and disruptive eating patterns that negatively impact physical and mental health. Types of eating disorders include:

Anorexia Nervosa

Anorexia nervosa is characterized by restricted food consumption that can lead to weight loss. Some people with anorexia are underweight, while others may be of average or above-average weight. Those who experience this disorder also have a preoccupation and fear of gaining weight as well as a distorted view of their own appearance and behavior.

Bulimia Nervosa

Bulimia nervosa involves binge eating and then taking extreme steps to compensate for these binges. These compensatory behaviors might include self-induced vomiting, the abuse of laxatives or diuretics, or excessive exercise.

Rumination Disorder

Rumination disorder is marked by regurgitating previously chewed or swallowed food in order to either spit it out or re-swallow it. Rumination disorder can occur in infants, children, teens, and adults. It's also more common in people who have anxiety, depression, or another psychiatric disorder.

Additional problems that can result from this behavior include dental decay, esophageal ulcers, and malnutrition.

Pica

Pica involves craving and consuming non-food substances such as dirt, paint, or soap. Pica is more common among young children than adults, but it is also known to occur

during pregnancy. A lack of nutrients may also trigger non-food cravings in some instances.

Binge Eating Disorder

Binge eating disorder involves episodes of binge eating where the individual consumes an unusually large amount of food during a short time period, such as a couple of hours.

People with binge-eating disorder often feel they have no control over their eating. Binge eating episodes are sometimes triggered by certain emotions such as feeling happy, anxious, or bored, or following stressful events.

Sleep-Wake Disorders

Sleep disorders involve an interruption in sleep patterns that leads to distress and affects daytime functioning. Examples of sleep disorders include:

Narcolepsy

Narcolepsy is a condition in which people experience an irrepressible need to sleep. People with narcolepsy may experience a sudden loss of muscle tone, also known as cataplexy.

They are also prone to hypnagogic hallucinations, which happen as someone falls asleep, and hypnopompic hallucinations, which happen as someone wakes up.

Insomnia Disorder

Insomnia disorder involves being unable to get enough sleep to feel rested. While all people experience sleeping difficulties and interruptions at some point, insomnia is considered a disorder when it is accompanied by significant distress or impairment over time.

Hypersomnolence

Hypersomnolence disorder is characterized by excessive sleepiness despite an adequate main sleep period. People with this condition may fall asleep during the day at inappropriate times such as at work and school.

Breathing-Related Sleep Disorders

Breathing-related sleep disorders are those that involve breathing anomalies—such as sleep apnea—that can occur during sleep. These breathing problems can result in brief interruptions in sleep that can lead to other problems including insomnia and daytime sleepiness.

Parasomnias

Parasomnia is a term that describes sleep disorders that feature unusual behaviors. Such disorders include sleepwalking, sleep terrors, sleep talking, and sleep eating.

Restless Legs Syndrome

Restless legs syndrome is a neurological condition that involves having uncomfortable sensations in the legs and an irresistible urge to move the legs in order to relieve the sensations. People with this condition may feel tugging, creeping, burning, and crawling sensations in their legs resulting in an excessive movement which then interferes with sleep.

Disruptive, Impulse Control and Conduct Disorders

Disruptive, impulse control and conduct disorders are those that involve an inability to control emotions and behaviors, resulting in harm to oneself or others.

These challenges with emotional and behavioral regulation are characterized by actions that violate the rights of others such as destroying property or physical aggression and/or those that conflict with societal norms, authority figures, and laws. These disorders include:

Kleptomania

Kleptomania involves an inability to control the impulse to steal. People who have kleptomania will often steal things that they do not really need or that have no real monetary value. Those with this condition experience escalating tension prior to committing a theft and feel relief and gratification afterwards.

Pyromania

Pyromania involves a fascination with fire that results in acts of fire-starting that endanger the self and others. People who struggle with pyromania purposefully and deliberately

have set fires more than one time. They also experience tension and emotional arousal before setting a fire.

Intermittent Explosive Disorder

Intermittent explosive disorder is characterized by brief outbursts of anger and violence that are out of proportion to the situation. People with this disorder may erupt into angry outbursts or violent actions in response to everyday annoyances or disappointments.

Conduct Disorder

Conduct disorder is a condition diagnosed in children and adolescents under the age of 18 who regularly violate social norms and the rights of others. Children with this disorder display aggression toward people and animals, destroy property, steal and deceive, and violate other rules and laws. These behaviors result in significant problems in a child's academic or social functioning.

Oppositional Defiant Disorder

Oppositional defiant disorder begins prior to the age of 18 and is characterized by defiance, irritability, anger, aggression, and vindictiveness.

While all kids behave defiantly sometimes, kids with oppositional defiant disorder refuse to comply with adult requests almost all the time and engage in behaviors to deliberately annoy others.

Depressive Disorders

The category of depressive disorders includes a number of conditions. They are all characterized by the presence of sad, empty, or irritable moods accompanied by physical and cognitive symptoms. They differ in terms of duration, timing, and causes. Some include:

- **Disruptive mood dysregulation disorder:** A childhood condition characterized by extreme anger and irritability. Children display frequent and intense outbursts of temper.
- **Major depressive disorder:** A condition characterized by loss of interest in activities and depressed mood which leads to significant impairments in how a

person is able to function.

- **Persistent depressive disorder:** This is a type of ongoing, chronic depression that is characterized by other symptoms of depression. While the symptoms are often less severe, they are longer lasting. Diagnosis requires experiencing a depressed mood on most days for a period of at least two years.
- **Other specified depressive disorder:** This diagnosis is for cases when symptoms do not meet the criteria for the diagnosis of another depressive disorder, but they still create problems with an individual's life and functioning.
- **Premenstrual dysphoric disorder:** This condition is a form of premenstrual syndrome (PMS) characterized by significant depression, irritability, and anxiety that begins a week or two before menstruation begins. Symptoms usually go away within a few days following bleeding.
- **Substance/medication-induced depressive disorder:** This condition occurs when an individual experiences symptoms of a depressive disorder either while using alcohol or other substances or while going through withdrawal from a substance.
- **Depressive disorder due to another medical condition:** This condition is diagnosed when a person's medical history suggests that their depressive symptoms may be the result of a medical condition. Medical conditions that may contribute to or cause depression include diabetes, stroke, Parkinson's disease, autoimmune conditions, chronic pain conditions, cancer, infections and HIV/AIDS.

Depressive disorders are all characterized by feelings of sadness and low mood that are persistent and severe enough to affect how a person functions.

Common symptoms shared by these disorders include difficulty feeling motivated, lack of interest in previously enjoyed activities, sleep disturbances, and poor concentration.

The diagnostic criteria vary for each specific condition. For major depressive disorder, diagnosis requires an individual to experience five or more of the following symptoms over the same two-week period.

One of these symptoms must include either depressed mood or loss of interest or pleasure in previously enjoyed activities. Other symptoms can include:

- Significant weight loss or gain
- Decreased or increased appetite
- Sleep disturbances (insomnia or hypersomnia)
- Feelings of slowed physical activity or restlessness

- Lack of energy or fatigue that lasts most or all of the day
- Feelings of guilt or worthlessness
- Difficulty thinking or concentrating
- Preoccupation with death or thoughts of suicide

Treatments for depressive disorders often involve a combination of psychotherapy and medications.

Substance Use and Addictive Disorders

Substance-related disorders are those that involve the misuse of different substances such as cocaine, methamphetamine, opiates, and alcohol.

These disorders may include substance-induced conditions that can result in many associated diagnoses including intoxication, withdrawal, or the emergence of psychosis, anxiety, and delirium. Examples of substance-related disorders include:

- **Alcohol-related disorders:** These involve the consumption of alcohol, one of the most widely used drugs in the United States.
- **Cannabis-related disorders:** These disorders include symptoms such as using more marijuana than originally intended, feeling unable to stop it, and continuing to use it despite adverse effects in one's life.
- **Inhalant-use disorders:** These involve inhaling fumes from things such as paints or solvents. As with other substance-related disorders, people with this condition experience cravings for the substance and find it difficult to control or stop engaging in the behavior.
- **Stimulant use disorder:** This involves the use of stimulants such as meth, amphetamines, and cocaine.
- **Tobacco use disorder:** This is characterized by symptoms such as consuming more tobacco than intended, difficulty cutting back or quitting, cravings, and experiencing adverse social consequences as a result of tobacco use.

Gambling Disorder

The DSM-5 also includes gambling disorder under this classification. The American Psychiatric Association explains that this change "reflects the increasing and consistent evidence that some behaviors, such as gambling, activate the brain reward system with

effects similar to those of drugs of abuse and that gambling disorder symptoms resemble substance use disorders to a certain extent."

Neurocognitive Disorders

Neurocognitive disorders are characterized by acquired deficits in cognitive function. These disorders do not include those in which impaired cognition was present at birth or early in life. Types of cognitive disorders include:

Delirium

Delirium is also known as acute confusional state. This disorder develops over a short period of time—usually a few hours or a few days—and is characterized by disturbances in attention and awareness.

Other Neurocognitive Disorders

Major and mild neurocognitive disorders have the primary feature of acquired cognitive decline in one or more areas including memory, attention, language, learning, and perception.

These cognitive disorders can be due to medical conditions including Alzheimer's disease, HIV infection, Parkinson's disease, substance/medication use, vascular disease, and others.

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia is a chronic psychiatric condition that affects a person's thinking, feeling, and behavior. It is a complex, long-term condition that affects less than 1% of people in the United States.

The DSM-5 diagnostic criteria specify that two or more symptoms of schizophrenia must be present for a period of at least one month.

One symptom must be one of the following:

- **Delusions:** Beliefs that conflict with reality

- **Hallucinations:** Seeing or hearing things that aren't really there
- **Disorganized speech:** Words that do not follow the rules of language and may be difficult or impossible to understand

The second symptom may be one of the following:

- **Grossly disorganized or catatonic behavior:** Confused thinking or bizarre behavior or movements
- **Negative symptoms:** The inability to initiate plans, speak, express emotions, or feel pleasure

Diagnosis also requires significant impairments in social or occupational functioning for a period of at least six months. The onset of schizophrenia is usually in the late teens or early 20s, with men usually showing symptoms earlier than women. Earlier signs of the condition that may occur before diagnosis include poor motivation, difficult relationships, and poor school performance.

The National Institute of Mental Health suggests that multiple factors may play a role in the development of schizophrenia including genetics, brain chemistry, environmental factors, and substance use.

While there is no cure for schizophrenia, there are treatments available that make it possible to manage the symptoms of the condition. Treatments usually incorporate antipsychotic medications, psychotherapy, self-management, education, and social support.

Obsessive-Compulsive and Related Disorders

Obsessive-compulsive and related disorders is a category of psychiatric conditions that include:

- Obsessive-compulsive disorder (OCD)
- Body-dysmorphic disorder
- Hoarding disorder
- Trichotillomania (hair-pulling disorder)
- Excoriation disorder (skin-picking disorder)
- Substance/medication-induced obsessive-compulsive and related disorder
- Obsessive-compulsive and related disorder due to another medical condition

Each condition in this classification has its own set of diagnostic criteria.

Obsessive-Compulsive Disorder

The diagnostic criteria in the DSM-5 specify that in order to be diagnosed with obsessive-compulsive disorder, a person must experience obsessions, compulsions, or both.

- **Obsessions:** Defined as recurrent, persistent thoughts, impulses, and urges that lead to distress or anxiety
- **Compulsions:** Repetitive and excessive behaviors that the individual feels that they must perform to reduce anxiety or to prevent some dreaded outcome from occurring

The obsessions and compulsions must also be time-consuming, taking up an hour or more per day, or cause significant distress or functional impairment. They must not be attributable to another medical condition or substance use and must not be better explained by another psychiatric condition such as generalized anxiety disorder.

Treatments for OCD usually focus on a combination of therapy and medications. Cognitive-behavioral therapy (CBT) or a form of CBT known as exposure and response prevention (ERP) are commonly used. Antidepressants such as Anafranil (clomipramine) or Prozac (fluoxetine) may also be prescribed to manage symptoms.

Personality Disorders

Personality disorders are characterized by an enduring pattern of maladaptive thoughts, feelings, and behaviors that can cause serious detriments to relationships and other life areas. Types of personality disorders include:

Antisocial Personality Disorder

Antisocial personality disorder is characterized by a long-standing disregard for rules, social norms, and the rights of others. People with this disorder typically begin displaying symptoms during childhood, have difficulty feeling empathy for others, and lack remorse for their destructive behaviors.

Avoidant Personality Disorder

Avoidant personality disorder involves severe social inhibition and sensitivity to rejection. Such feelings of insecurity lead to significant problems with the individual's daily life and functioning.

Borderline Personality Disorder

Borderline personality disorder is associated with symptoms including emotional instability, unstable and intense interpersonal relationships, unstable self-image, and impulsive behaviors.

Dependent Personality Disorder

Dependent personality disorder involves a chronic pattern of fearing separation and an excessive need to be taken care of. People with this disorder will often engage in behaviors that are designed to produce care-giving actions in others.

Histrionic Personality Disorder

Histrionic personality disorder is associated with patterns of extreme emotionality and attention-seeking behaviors. People with this condition feel uncomfortable in settings where they are not the center of attention, have rapidly changing emotions, and may engage in socially inappropriate behaviors designed to attract attention from others.

Narcissistic Personality Disorder

Narcissistic personality disorder is associated with a lasting pattern of exaggerated self-image, self-centeredness, and low empathy. People with this condition tend to be more interested in themselves than in others.

Obsessive-Compulsive Personality Disorder

Obsessive-compulsive personality disorder is a pervasive pattern of preoccupation with orderliness, perfectionism, inflexibility, and mental and interpersonal control. This is a different condition than obsessive compulsive disorder (OCD).

Paranoid Personality Disorder

Paranoid personality disorder is characterized by a distrust of others, even family, friends, and romantic partners. People with this disorder perceive others' intentions as malevolent, even without any evidence or justification.

Schizoid Personality Disorder

Schizoid personality disorder involves symptoms that include being detached from social relationships. People with this disorder are directed toward their inner lives and are often indifferent to relationships. They generally display a lack of emotional expression and can appear cold and aloof.

Schizotypal Personality Disorder

Schizotypal personality disorder features eccentricities in speech, behaviors, appearance, and thought. People with this condition may experience odd beliefs or magical thinking as well as difficulty forming relationships.

A Word From Verywell

Various factors influence a person's risk of developing a psychological disorder, including biological, social, environmental, cultural, and economic factors. Factors such as social support and coping skills can have protective effects.

Some conditions are short-term, while others may be lifelong. Conditions can also change over time.

Psychological disorders can cause disruptions in daily functioning, relationships, work, school, and other important domains. However, with appropriate diagnosis and treatment, people can find relief from their symptoms and discover ways to cope effectively.

19 Sources

Verywell Mind uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy.

1. National Institute of Mental Health. Any anxiety disorder.
2. National Institute of Mental Health. Major depression.
3. Swineford LB, Thurm A, Baird G, Wetherby AM, Swedo S. Social (pragmatic) communication disorder: a research review of this new DSM-5 diagnostic category. *J Neurodev Disord*. 2014;6(1):41. doi:10.1186/1866-1955-6-41

4. Kulage KM, Goldberg J, Usseglio J, Romero D, Bain JM, Smaldone AM. How has DSM-5 affected autism diagnosis? A 5-year follow-up systematic literature review and meta-analysis. *J Autism Dev Disord*. 2019; doi:10.1007/s10803-019-03967-5
5. Ramtekkar UP. DSM-5 changes in attention deficit hyperactivity disorder and autism spectrum disorder: Implications for comorbid sleep issues. *Children (Basel)*. 2017;4(8) doi:10.3390/children4080062
6. Fu-I L, Gurgel WS, Caetano SC, Machado-Vieira R, Wang YP. Psychotic and affective symptoms of early-onset bipolar disorder: an observational study of patients in first manic episode. *Braz J Psychiatry*. 2020;42(2):168-174. doi:10.1590/1516-4446-2019-0455
7. Camacho M, Almeida S, Moura AR, et al. Hypomania symptoms across psychiatric disorders: Screening use of the hypomania check-list 32 at admission to an outpatient psychiatry clinic. *Front Psychiatry*. 2018;9:527. doi:10.3389/fpsyt.2018.00527
8. Kupfer DJ. Anxiety and DSM-5. *Dialogues Clin Neurosci*. 2015;17(3):245-6. doi:10.31887/dcns.2015.17.3/dkupfer
9. Friedman MJ, Resick PA, Bryant RA, Strain J, Horowitz M, Spiegel D. Classification of trauma and stressor-related disorders in DSM-5. *Depress Anxiety*. 2011; doi:10.1002/da.20845
10. Regier DA, Kuhl EA, Kupfer DJ. The DSM-5: Classification and criteria changes. *World Psychiatry*. 2013;12(2):92-8. doi:10.1002/wps.20050
11. Toussaint A, Hüsing P, Kohlmann S, Löwe B. Detecting DSM-5 somatic symptom disorder: criterion validity of the Patient Health Questionnaire-15 (PHQ-15) and the Somatic Symptom Scale-8 (SSS-8) in combination with the Somatic Symptom Disorder - B Criteria Scale (SSD-12). *Psychol Med*. 2019;:1-10. doi:10.1017/S003329171900014X
12. Attia E, Becker AE, Bryant-waugh R, et al. Feeding and eating disorders in DSM-5. *Am J Psychiatry*. 2013;170(11):1237-9. doi:10.1176/appi.ajp.2013.13030326
13. Mayo Clinic. Rumination syndrome.
14. U.S. National Library of Medicine. Pica.
15. Barateau L, Dauvilliers Y. Recent advances in treatment for narcolepsy. *Ther Adv Neurol Disord*. 2019;12:175628641987562. doi:10.1177/1756286419875622
16. Waters F, Blom JD, Dang-Vu TT, et al. What is the link between hallucinations, dreams, and hypnagogic-hypnopompic experiences?. *Schizophr Bull*. 2016;42(5):1098-1109. doi:10.1093/schbul/sbw076
17. National Alliance on Mental Illness. Mental health by the numbers.

18. Schmeck K, Schlüter-müller S, Foelsch PA, Doering S. The role of identity in the DSM-5 classification of personality disorders. *Child Adolesc Psychiatry Ment Health*. 2013;7(1):27. doi:10.1186/1753-2000-7-27
19. World Health Organization. Mental disorders.

Additional Reading

- American Psychiatry Association. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Publishing.
- National Institute of Mental Health. Panic disorder: When fear overwhelms.
- National Institute of Mental Health. Bipolar disorder.
- American Psychiatric Association. Highlights of changes from DSM-IV-TR to DSM-5; 2013.