# Anxiety Disorders

Overview: Anxiety disorders refer to the class of mental disorders where people experience significant anxiety and fear. People with anxiety disorders experience intense and long-lasting anxiety which generally causes more than one type of anxiety disorder at a given time. It is usually associated with depression. Research shows that anxiety disorders impact approximately 40 million adults, nearly 20% of the general population, in the U. S. with higher prevalence overall in women than men.

## Generalized anxiety disorder

Overview: Generalized anxiety disorder is characterized by chronic excessive worry about everyday life events. This worry commonly results in clinically significant distress, disturbance in physical functioning, and impairment in social life. It tends to occur along with mild but persistent depression.

Symptoms:

* Having autonomic arousal
* Being easily fatigued
* Having difficulties in focusing
* Having muscle tension
* Having sleep-related problems such as difficulty falling asleep
* Feeling inability to relax

Causes: The causes of generalized anxiety disorder have not been well understood, but it is primarily related to genetic factors and environmental factors.

**Genetic Factors:** Genetic differences affect the balance of neurochemicals in the brain. Some people may be born with low tolerance to future uncertainty that could eventually result in irrational anxiety. Changes in the amygdala can lead to high threat sensitivity and increase the tendency for people to experience more frequent and more intense negative effects, which they could react with avoidant coping.

**Environmental Factors:** Different parenting styles can make profound effects that may be long-lasting. For example, authoritarian parenting style and indifferent parenting style which involve low levels of warmth and supervision can result in people lacking safety cues or with low levels of self-control.

Substance uses like drugs, alcohol, and nicotine intake can affect the levels of human hormones. It increases the risk of developing uncontrollable emotional-cognitive anxiety symptoms and other physical anxiety symptoms.

Risk Factors:

* People who experience unpredictable and stressful life events due to political and economic strife, such as poverty and discrimination.
* People experience severe traumatic events such as long term sexual or physical abuse.
* People with substance use history.
* People who have a family history of related anxiety disorders.

Treatments: Two most common types of treatments that are used in generalized anxiety disorders are medications and psychotherapy.

**Medications:** Medication is effective in the diagnosing of generalized anxiety disorder. Antidepressants such as SSRI can help relieve the symptoms of depression and release anxiety. It is the most common type of medication used in GAD. The use of antidepressants helps to concentrate attention and raise awareness of the body which contributes to changes in attitudes and behaviors.

**Psychotherapy:** It is referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. The major type of the talk therapy used in generalized anxiety is Cognitive Behavioural Therapy (CBT). It attempts to modify thought patterns, challenge thought processes and anxious schemas. People generally experience exposure to the worry process, confront anxiety-provoking images, and acquire anxiety-coping strategies in the CBT treatment.

## Agoraphobia

Overview: Agoraphobia is an abnormal disorder where people are afraid of staying in open spaces or being alone in such a space. People with agoraphobia disorder generally feel unsafe in the open space and present unpleasant physical symptoms such as shaking and vomiting. Research shows that people with agoraphobia disorder is around 1.3% of the general population and the disorder is overall more prevalent in women than in men.

Physical Symptoms:

* Feels of losing control in the public space
* Experiences panic attacks such as sweating
* Feels life-threatening such as unable to breath

Behavioural Symptoms:

* Marked fear or anxiety in certain circumstances such as using public transportation and being in open spaces
* Actively avoid being outside
* Always need to be accompanied by someone trustworthy when away from home

Causes: Although the exact etiology of agoraphobia is veiled, research shows that the causes of agoraphobia are related to classical conditioning, operant conditioning and environmental factors.

**Classic Conditioning:** People with agoraphobia may be associated with a fearful stimulus or a generalized conditioned response towards terrible things, both of which can eventually lead to overwhelming fear or anxiety.

**Operant Conditioning:** People gain temporary relief after avoidant behaviors from which the fearful, anxious avoidance is negatively reinforced. This increases anxious thoughts.

**Environmental Factors:** The development of agoraphobia is determined by social, cultural, and pragmatic factors, which can lead to negative appraisals, mistaken interpretations of danger, and distorted beliefs.

Risk Factors :

* People who have panic disorders or other phobias.
* People who experience stressful life events, such as loss of beloved ones, sexual or physical abuse, or traumatic experience.
* People who are easily getting-nervous predisposition.
* People who have a family history of agoraphobia disorders.

Treatments: Two most common types of treatments that are used in agoraphobia disorders are medications and psychotherapy.

**Medications:** Medication is effective in the diagnosing of agoraphobia. Antidepressants such as SSRI that can help relieve the symptoms of depression and release anxiety are the most common type of medication used in agoraphobia. The use of antidepressants helps to concentrate attention and boast awareness of the body which contributes to changes in attitudes and behaviors.

**Psychotherapy:** It is referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. The major type of therapy used in generalized anxiety is Cognitive Behavioural therapy(CBT). It attempts to modify thought patterns, challenge thought processes and anxious schemas. People generally experience exposure to worry process, confront anxiety-provoking images, and acquire anxiety-coping strategies in the CBT treatment.

## Panic disorder

Overview: Panic disorder is characterized by the repeated and unexpected occurrence of multiple psychological and physiological symptoms that contribute to intense terror. The feeling of a heart attack typically lasts for a few minutes and leads to intense fear.

Research shows that approximately 19% of the world’s population experience panic attacks in their lives with 2.5 times prevalence in women compared to men.

**Symptoms:**

* Feeling dizzy or fainting
* Feeling of dread or afraid of dying
* Feelings of choking
* Sweating
* Trembling or shaking
* Numbness or tingling sensations

Causes: Although the exact etiology of agoraphobia is veiled, research shows that the causes of agoraphobia are related to classical conditioning, operant conditioning and cognition contributions.

**Classic Conditioning:** People with agoraphobia may have associated with a fearful stimulus or have a generalized conditioned response, both of which can eventually lead to irrational fear.

**Observational Learning:** This theory states that if one sees someone else avoiding or fearing some objects or events, he/she might pick up the fear and adopt it after the person who initially got frightened.

**Cognition Contributions:** People who are prone to have excessively worried thoughts, mistaken appraisals, and cognitive errors. This predisposition may result from certain biological changes in brain functioning such as dysfunction of serotonin or high levels of glutamate.

Risk Factors:

* People who have a family history of panic attacks or panic disorder.
* People who experience stressful life events, such as loss of beloved ones, sexual or physical abuse, or major life changes.
* People who have too much caffeine or nicotine intake.
* People who experience unpredictable trauma.

Treatments: Two most common types of treatments that are used in panic disorder are psychotherapy and medications.

**Psychotherapy:** “Talk therapy”. This kind of treatment encourages patients to talk to psychiatrists and other mental health providers. The major type of talk therapy used in panic disorder is Cognitive Behavioural Therapy (CBT). Through the way to modify cognition, challenging thought processes and anxious schemas, people are exposed to the worry process, confront fear-provoking images, and acquire anxiety-coping strategies in CBT.

**Medications:** Medication is effective in the diagnosing of panic disorder. Antidepressants like SSRI affect hormone levels to relieve the symptoms of panic attacks, anxiety and depression. The use of antidepressants helps to concentrate attention and increase awareness of our body and enables changes in attitudes and behaviors.

## Social Phobia

Overview: Social phobia, also known as social anxiety disorder, refers to an intense fear of being watched and humiliated by others in public. People with social phobia try to avoid public exposure, because otherwise they experience marked fear, anxiety, and distress when social situations are inevitable. Social phobia typically develops in early adolescence or early adulthood, but it sometimes can start in childhood.

Physical Symptoms:

* Blushing
* Accelerated heartbeat
* Nausea or abdominal distress
* Sweating
* Trembling or shaking
* Muscle tension

Behaviour Symptoms:

* Actively avoid any social situations
* Provoke fear and anxiety under those situations
* Being afraid that others may negatively notice
* Fear of rejection
* Offending people

Causes: Although the clear causes of social phobia have not been found, research shows that the causes of agoraphobia are highly related to biological factors, cognitive factors and environmental factors.

**Biological Factors:** Traumatic experiences can burn fear circuits into the amygdala, a region of our brain in charge of emotion processing such as fear, sadness, and anger. The fear circuits will later be triggered and activated. Overarousal of the amygdala leads to excessive fear or anxiety.

**Cognitive Factors:** From the classic conditioning standpoint, people with social phobia may have associated with a fearful stimulus or a generalized conditioned response, both of which can eventually lead to irrational fear and anxiety.

Also, mental habits such as rumination (repetitively going over a thought) or hypervigilance (persistently watching out for possible danger) aggravate worried thoughts, mistaken interpretations, and negative appraisals.

**Environmental Factors:** Parenting style impacts how people socially interact with each other. Repressed childhood impulses, learned fear or anxiety, extremely unpleasant experiences in social situations can lead to clinically significant anxiety and distress.

Risk Factors:

* People who have a family history of social phobia.
* People who experience traumatic experiences in childhood.
* People who experience major life changes such as divorce, family conflicts, or being attacked.
* People with certain personality traits such as timid, conforming, withdrawn, and pessimistic.

Treatments: Two most common types of treatments that are used in social phobia are psychotherapy and medications.

**Psychotherapy:** It is also referred as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. The major type of talk therapy used in social phobia is Cognitive Behavioural Therapy (CBT). With exposure to worry thoughts, confronting anxiety-provoking images, and acquisition of anxiety-coping strategies in CBT, people learn about challenging thought patterns, thought processes and anxious schemas.

**Medications:** Medication is a quick-acting treatment for mental disorders. Antidepressants such as SSRI can decrease excessive anxiety, relieve stress, and help control emotions. The use of antidepressants helps to concentrate attention and boast awareness of the body and positively changes attitudes and behaviors.

## Obsessive-Compulsive Disorder

Overview: Obsessive-Compulsive disorder is characterized by the presence of obsessions- intrusive, unwanted thoughts, urges, and images that are repeatedly occurring--leads sufferer

to suppress or neutralize them by performing compulsions. People with the disorder present either obsession symptoms or compulsion symptoms. Obsessive-Compulsive Disorder is developed frequently and concurrently associated with major depressive disorder. It is estimated that about 2.3% of American adults had been diagnosed with OCD while approximately 25% of adults in the U.S. experience OCD symptoms.

Symptoms:

* Excessive anxiety or distress results from intense, unwanted thoughts, worries
* Repetitive behaviors such as hand washing, checking or strong mental practice like counting and praying
* Anxiety somatic symptoms such as fast heartbeats, sweating, muscle tension
* Time-consuming obsessions and compulsions
* Symptoms cause impairment in social, occupational, and other areas of daily functioning

Causes: Like other mental disorders, no comprehensive causes of Obsessive-Compulsive Disorder are known, but it is believed that the causes of Obsessive-Compulsive Disorder are generally related to genetic factors, brain activities and environmental factors.

**Genetic Factors:** Researches show there are a higher number of Obsessive-Compulsive Disorder case reports in identical twins than fraternal twins which suggests that genes may play a role in the probability of people having Obsessive-Compulsive Disorder.

**Brain Activities:** Over-activity in certain regions of the brain have associations with obsessive-compulsive disorder. For example, people with Obsessive-Compulsive Disorders usually have brains that show extra activity in anterior cingulate gyrus (ACC), a part of the brain that supervises actions and checks for errors.

**Environmental Factors:** Repressed childhood impulses, social inappropriate desires, and emotional conflicts are risky factors that could contribute to irrational anxiety.

Observational learning is an important possible cause of OCD as well. People at young ages may learn fearful obsessive and compulsive behaviors from family, friends, or others around them over time.

Risk Factors:

* People who are older teens or young adults.
* People who have a family history of obsessive compulsive disorder diagnosis.
* People who went through overwhelmed pressure or distress in life.
* People with other mental disorders such as generalized anxiety disorder, major depressive disorder, panic disorder, etc.
* Women who are during the pregnancy period or postpartum period.

Treatments: The treatments that are used in Obsessive- Compulsive Disorder are medications and psychotherapy. However, the most commonly used treatment for anxiety disorders is medications.

**Medications:** Medication is an effective clinical method for Obsessive-Compulsive Disorder. Antidepressants that can help relieve distress and fear are the most common type of medication used in OCD. The use of antidepressants helps to concentrate attention and increase awareness of body state which bring positive changes in attitudes and behaviors.

**Psychotherapy:** Also known as “talk therapy”. It encourages patients to talk to psychiatrists and other mental health providers. The major type of talk therapy used in OCD treatment is Cognitive Behavioural Therapy (CBT). It attempts to modify thought patterns, challenging thought processes and anxious schemas. People generally experience exposure to the worry process, confront obsession or compulsion-provoking images, and acquire anxiety-coping strategies in CBT.

## Post-traumatic Stress Disorder

Overview: Post-traumatic stress disorder, PTSD for short, is a mental disorder triggered by exposure to extremely traumatic experience. It can be either directly experiencing or witnessing or something learned from other people. Post-traumatic stress disorder not only results from war experience, but many other traumatic events as well. Research shows that PTSD actually affects 7-8% of the general population, usually among people with 13 years or older.

Symptoms:

* Repeated, intrusive, and involuntary recall of memories of the traumatic experience or inability to recall important aspects of the traumatic event
* Depressed emotional state
* Social withdrawal and phobic avoidance
* Jumpy anxiety and hypervigilance
* Insomnia or nightmares in which the trauma is re-experienced

Causes: Many factors can trigger PTSD, including genetic factors and environmental factors.

**Genetic Factors:** People who have a family history of mental disorders such as generalized anxiety disorder, panic attacks, or depression disorders are genetically vulnerable to PTSD.

Also, low levels of cortisol, the hormone to trigger our “fight-or-flight” response,

as an outcome of genetic effects can leave people at greater risk of getting PTSD under unexpected misfortune.

**Environmental Factors:** Frequently exposure to sexual or physical abuse, death, or serious injury can result in excessive fear, anxiety, and pain which leads to the development of PTSD.

Risk Factors

* People who have a family history of diagnosing PTSD.
* People who experience long-lasting distressing experiences.
* People with hypersensitive amygdala.
* People who have low levels of control in certain situations.

Treatment:The treatments that are used in Post-Traumatic Stress Disorder are medications and psychotherapy. However, the most commonly used treatment for anxiety disorders is medications.

**Medications:** Medication is effective in diagnosing Post-Traumatic Stress Disorder. Antidepressants especially SSRI help relieve the symptoms of depression and release anxieties which are the most common type of medication used in PTSD. The use of antidepressants help to concentrate attention and raise awareness of the body which contribute to changes in attitudes and behaviors.

**Psychotherapy:** It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. The major type of therapy used in PTSD is Cognitive Behavioural Therapy(CBT). It helps to modify thought patterns, challenge thought processes and anxious schemas. People generally experience exposure to worry process, confront anxiety-provoking images, and acquire anxiety-coping strategies in CBT.

# Mood Disorder:

Overview: Mood disorders refer to mental diseases that affect a person’s emotional state. People with a mood disorder may experience extreme feelings such as extreme sadness and extreme happiness. Moreover, individuals diagnosed with a mood disorder may illustrate apparent changes in their daily behaviors and may show obvious obstructions when performing daily routines.

Depressive disorder

Overview: Individuals with depressive disorder would have a perpetual feeling of sorrow and disinterestedness. Moreover, depressive disorder not only affects how people think and behave but also causes troubles in daily activities. Most severely, people diagnosed with depressive disorder may try to commit suicide repeatedly because they feel lives are not worth living. Recent statistics show that 7.1% of adults in the United States had at least one major depressive episode.

Symptoms:

* Dropping body weight
* Experiencing lack of interest
* Suffering from sleep problems such as insomnia
* Having difficulties in controlling temper and maintaining calm
* Questioning self-worth
* Feeling difficult to concentrate
* Attempting to commit suicide

Causes: The causes of depressive disorder are still unknown, but several factors may trigger depressive disorder such as genetic factors and environmental factors.

**Genetic Factors:** Biological differences, brain chemistry, hormones, and inherited traits all play significant roles in causing depressive disorder. Individuals diagnosed with depressive disorder have apparent changes in their brains. In addition, under the conditions of pregnancy, thyroid problems, and delivery, hormones experience changes that can cause depression.

Moreover, individuals are more likely to have depressive disorder if their relatives also have it.

**Environmental Factors:** Trauma significantly influences the rate of depression. Both being a victim or a witness in a traumatic event will increase the rate of depression. Moreover, either natural disasters or human made catastrophes will play a significant role in triggering depression because they all have left an unremovable scar in individuals’ minds that influenced their sensitivity.

Risk Factors

* Individuals who are pessimistic, dependent, and unconfident in terms of personality are more likely to have depressive disorder.
* People who experienced sexua, emotional or physical abuse.
* People who lost loved ones.
* People who misuse alcohol or drugs.
* People who had other disorders such as anxiety disorder and eating disorder.

Treatment: Major treatments used in Depressive Disorder are psychotherapy and medications.

**Psychotherapy**: Psychotherapies effectively diminish the pain caused by depressive disorder, because therapists offer useful strategies to deal with negative feelings. Cognitive Behavioural Therapy (CBT) is one of the most popular psychotherapy strategies because CBT helps patients to understand how their behaviors and thoughts would affect them and how to overcome negative feelings and thoughts.

**Medications:** Antidepressants are useful and helpful when dealing with depressive disorder. The most commonly used antidepressant is selective serotonin reuptake inhibitor (SSRIs) because this type of medication usually brings lower side effects compared to other antidepressants.

Manic Depressive disorder

Overview: People who have manic depression would illustrate excessive high emotions or excessive low emotion. During the onset of the disease, the expression of high emotion is called mania, and the expression of low emotion is called depression. The first onset is usually between 16 and 30 years old, with more female patients than male patients.

Symptoms:

* Becoming extremely arrogant
* Reducing the need for sleep
* Becoming more nagging than before.
* Easily distracting attentions

Causes: Like other mental disorders, no comprehensive causes of Manic Depressive Disorder are known, but it is believed that the causes of Manic Depressive Disorder are generally related to genetic factors and environmental factors.

**Genetic Factors:** If a person has a family history of Manic Depressive Disorder, it is more likely for the people to have the same disorder.

**Environmental Factors:** Various factors in the social environment may have caused a person's manic depression. Major blows or unexpected events in life, such as loss of family members, sudden unemployment, breakup and so on, can be the reason. In such a diverse society, people play a variety of roles and bear pressure from all directions; therefore, the percentage of people with mood disorder is relatively high compared to other disorders.

Risk Factors:

* People who abuse alcohol and drugs.
* People who suffer from long periods of pressure.
* People who have a family history of mood disorders.
* People who have experienced highly stressful events.

Treatment: Major treatment used in Manic Depressive Disorder are psychotherapy and medications.

**Psychotherapy:** Interpersonal and Social Rhythm Therapy (IPSRT) and Cognitive Behavioural Therapy (CBT) are frequently used in diagnosing Manic Depressive Disorder. IPSRT focuses on setting a healthy and an organized daily schedule for patients. Having a regular schedule will help patients to have a more stabilized mood. In a different manner, CBT helps patients to replace unhealthy and negative behaviors or thoughts with healthy and positive ones.

**Medication:** People who have manic depression need to take mood stabilizers such as lithium and valproic acid to stabilize their mood. On the other hand, the patient will also need to take antidepressants to control their depression symptoms. Therapists generally suggest to use antidepressants and mood stabilizers at the same time for people with manic depression.

Bipolar disorder

Overview: The patients of this type of disorder are sometimes full of energy; for example, they can work for days and nights with extreme excitement, irritation, and unusually acute senses. However, what follows is a period of low energy for weeks. Bipolar disorder affects around 0.3% to 1.5% of the general populations and it affects men and women equally.

Symptoms:

* Decreasing need for sleep
* Unpredictable mood and behaviours
* Becoming unusual talkativeness
* Behaving aggregated self-confidence
* Increasing energy and activity

Causes: The exact cause of bipolar disorder is unknown, but genetic factors and social factors may play a significant role.

**Genetic Factor:** People with bipolar disorder may experience physical changes in their brains. Bipolar disorder is more likely to appear in people whose previous generations or relatives have related mood disorders.

**Social Factors:** Individuals who have suffered through traumatic events like childhood abuse are more likely to develop bipolar disorder. Individuals who have suffered through a long period of stress are also more likely to get affected because they are sensitive to the environment they live in.

Risk Factors:

* People who have a family history of bipolar disorder especially in first-degree relatives.
* People who have substance use backgrounds.
* People who experience long-term high stress.
* People who experience sexual, physical and emotional abuse.

Treatment: Medications and psychological counseling can be used to treat bipolar disorder.

**Medications**: People who have manic depression need to take mood stabilizers such as lithium and valproic acid to stabilize their mood. On the other hand, the patient will also need to take antidepressants because their depression needs to be controlled as well. However, antidepressants and mood stabilizers are encouraged to be taken at the same time since merely using antidepressants may trigger manic episodes.

**Psychotherapy**: Interpersonal and Social Rhythm Therapy (IPSRT) and Cognitive Behavioural Therapy (CBT) are frequently used in diagnosing Manic Depressive Disorder. IPSRT focuses on setting a healthy and an organized daily schedule for patients. Having a regular schedule will help patients to have a more stabilized mood. On the other hand, CBT helps patients to replace unhealthy and negative behaviors or thoughts with healthy and positive ones.

# Personality Disorder:

Overview: Personality disorder is a pervasive and enduring pattern which causes significant distress and impairment in different areas of functioning. With personality disorder, the person may have portrayed negative ways of perception and interpretation of self, others and events. Research shows that it usually begins in early adulthood and has high comorbidity with other disorders such as dissociative disorder. Statistics show that 10% of the world’s population is affected, where men tend to be more aggressive and detached and women tend to be more submissive and insecure.

Borderline Personality Disorder

Overview: Borderline is an abnormal disorder that changes the way people think about themselves or the way of others. Borderline Personality Disorder causes severe disturbance in physical functioning, and impairment in social life. People with this disorder have difficulties in managing behaviours and generally afraid of being alone. Borderline Personality Disorder affects about 1.6% of the general populations and it affects men and women equally.

Symptoms:

* Fear of abandonment
* Unstable relationships
* Unclear or shifting self-image
* Self-harm
* Extreme emotional swings

Causes: Borderline Personality Disorder is considered controversial and iatrogenic in origin and the exact cause of the disorder is not clear yet. However, research suggests that the cause of disorder is related to genetic factors and brain abnormalities.

**Genetic Factors:** Studies have shown that the Borderline Personality Disorder is relevant to genetics: studies on twins and families suggest that the disorder is very likely to be inherited or strongly associated with their family members who had mental health issues.

**Brain Abnormalities:** Researchers have found that there are changes and mutations in certain parts of the brain which causes their inability to control their impulsive thinking or extreme mood swings in daily life. The dopamine and serotonin are also detected by the researchers, showing that their emotions are under unhealthy fluctuations or even malfunction.

Risk Factors:

* People who are isolated from society.
* People having traumatic experiences.
* People having sexual, emotional and physical abuse.
* People having family members sharing the same or other mental issues.
* People who have poor communications in the family.

Treatment: Major treatments that are used in Borderline Personality Disorder are psychotherapy and medications.

**Psychotherapy:** Major treatments used in diagnosing Borderline Personality Disorder are Dialectical Behaviour Therapy (DBT) and Mentalization-Based Therapy (MBT). DBT helps people to resolve contradictions about self-appearance and brings positive changes in patients. MBT is a type of talk therapy that helps patients to identify their thoughts and feelings at any given moment and create an alternate perspective on the situation. MBT emphasizes thinking before reacting.

**Medication:** Although there are no direct medications used to treat Borderline Personality Disorder, medications do help in related disorders such as anxiety, aggression and impulsiveness that are usually associated with Borderline Personality Disorder.

Antisocial Personality Disorder

Overview：Antisocial Personality Disorder is a pervasive pattern of disregard and violation towards others, which usually begins in the early teenage years. People with Antisocial Personality Disorder are generally over-emotional and easily triggered. It has an estimated life prevalence from 1% to 4% of the world's populations.

Symptoms:

* Having difficulties to comply with social norms
* Repeatedly violating the rights of others and disregarding others’ need or feelings
* Lack of conscience, empathy, and remorse
* Being aggressive and often with violent behavior
* Disregard the safety of self or others

Causes: No comprehensive causes of Antisocial Personality disorder are known, but it is believed that the causes of Antisocial Personality Disorder are generally related to genetic factors and environmental factors.

**Genetic factors:** The disorder is more likely to occur in people whose caregivers have antisocial behaviours or drug users. Therefore, heredity is suspected to play a role in it. However, the response and behavior of parents are also counted for important environmental elements in early children development.

**Environmental factors:** Research shows that people who experience neglect in childhood from parents are more likely to cause antisocial personality disorder as they grow up. Substance uses, such as alcohol, plays a significant role in the development of antisocial personality disorder. Research shows that heavy drinkers are more likely to develop antisocial personality disorder.

Risk Factors:

* People who have been diagnosed with childhood conduct disorder.
* People who have a family history of antisocial personality disorder or other related personality disorders.
* People who are subjected to abuse or being neglected in childhood.
* People who experience unstable, violent or chaotic family life during childhood.

Treatment: Major treatments that are used in Antisocial Personality Disorder are psychotherapy and medications.

**Psychotherapy:** Major treatments used in diagnosing Antisocial Personality Disorder are Cognitive Behavioural Therapy (CBT) and Family Therapy. CBT helps people to identify themselves and adjusts dysfunctional thinking patterns that negatively affect their behaviors.

Family Therapy encourages the family members of the patients to provide them with the support and warmth they need.

**Medication**: There are no direct medications used to treat antisocial personality disorder. However, medications do help in related disorders such as anxiety and mood disorders that are generally associated with antisocial personality disorder.

Avoidant Personality Disorder

Overviews: Avoidant Personality Disorder causes a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation that generally begins in early adulthood and present in a variety of contexts. People with Avoidant Personality Disorder are usually shy, insecure and hypersensitive. The disorder has comorbidity with several anxiety disorders. Statistics show that 1.8-6.5% of the world’s population is affected. People with Avoidant Personality Disorder always depend on others to make decisions, and they tend to hide their thoughts and opinions in public.

Symptoms:

* Extreme sensitivity to the opinions of others
* Avoid most interpersonal relationships and occupational activities that involve interactions with people because of fears of rejection from others
* Low self-esteem, viewing themselves as inferior to others or as unattractive
* Rarely take personal risks in cases
* Inability to learn from negative consequence or punishment

Causes: Avoidant Personality Disorder is considered controversial and iatrogenic in origin and the exact cause of the disorder is not clear yet. However, research suggests that the cause of disorder is related to environmental and psychological factors.

**Environmental factors:** Research shows that children who experience severe peer or parental rejections are more likely to cause Avoidant Personality Disorder. For example, if a child has been rejected by his/her parents for years, he/she might not be willing to express themselves and share their ideas and opinions anymore in front of their parents because of low self-esteem. In addition, people who have been neglected over time or experience long-term emotional abuse are more likely to have such disorder.

**Psychological factors:** Although there is no clear evidence to show how psychological factors link to the disorder, several researches suggest that people who are shy as children and do not outgrow the shyness as they grow up are more likely to show avoidant symptoms. Also, children born with higher sensitivity have a higher chance of developing avoidant personality disorder.

Risk Factors:

* People who have experienced sexual, physical and emotional abuse in their childhood.
* People who have other mental illnesses such as anxiety or depression.
* People who have a family history of depression, anxiety or other personality disorders.
* People who have past experiences of peer or parental rejection, which lowers their self-esteem.

Treatment: Major treatments that are used in avoidant personality disorder are psychotherapy and medications.

**Psychotherapy:** Psychotherapy is the most major treatment in Avoidant Personality Disorder. Cognitive Behavioural Treatment (CBT), especially, provides great support for people with the disorder. It focuses on overcoming fears, changes thought processes and behaviors, and helps individuals to better cope with social interactions.

**Medication:** Antidepressant or anti-anxiety drug might be used to alleviate the anxiety caused by the disorder, but usually medication is to be done with psychotherapy as a supporting treatment.

Dependent Personality Disorder

Overview: Dependent Personality Disorder causes a pervasive and excessive need for care, begins in early adulthood and presents in a variety of contexts. Therefore, people who have Dependent Personality Disorder generally demonstrate clinging behavior and fear of separation. Dependent Personality Disorder is associated with mood and anxiety disorders. It affects nearly 1.5% of the world’s population with the equal rate between men and women in the prevalence.

Symptoms:

* Excessively dependent on others
* Having difficulty in making decisions and highly rely on others for important life decisions
* Avoiding taking any responsibilities
* Feeling difficult in expressing their disagreement
* Preoccupied with unreasonable fears of abandonment, loss of approval and support
* Urgently seeks a new relationship to cling to when a former close relationship ends

Causes: Similar to other types of personality disorders, no comprehensive causes of dependent personality disorder are completely proven. However, it is believed that the causes of dependent personality disorder are generally related to environmental factors and genetic factors.

**Environmental factors**: Research shows that people who have experienced childhood abuse or neglect and a long-term unhealthy relationship may develop Dependent Personality Disorder. For example, if a child has been kidnapped and imprisoned, the child may develop heavy dependence on the abuser through long-term abuse.

**Genetic factors:** Certain cultures and religions also contribute to the cause of Dependent Personality Disorder. For example, religions that emphasized unconditional reliance on authority may contribute to the development of Dependent Personality Disorder.

Risk Factors:

* People who have a family history of dependent personality disorder and other personality disorders.
* People who have experienced abuse or life-threatening illness in childhood.
* People who have been through tough relationships with others.
* People who experience long-term abuse or dependent relationships.

Treatment: Major treatments that are used in dependent personality disorder are psychotherapy and medications.

**Psychotherapy:**  It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. The major type of talk therapy used in DPD is Cognitive Behavioural Therapy (CBT). CBT helps people to identify themselves and adjust dysfunctional thinking patterns that negatively affect behaviours. This type of psychotherapy allows the provider to guide the patients to improve their self-confidence and to make them more active and self-reliant.

**Medication:** There are no direct medications used to treat dependent personality disorder. However, medications do help in related disorders such as anxiety and mood disorders that are usually associated with dependent personality disorder.

# Dissociative Disorder:

Overview: Dissociative disorders refer to the mental disorders that involve discontinuity among memory, thoughts, surroundings and actions. It generally causes turmoil in every aspect of mental functions. People with dissociative disorders usually experience significant memory loss and severe alterations or detachments from reality.

People of different ages, social status, ethnic backgrounds can be diagnosed with dissociative disorder. The statistic shows that dissociative disorder is a prevalent disorder among the world population. Up to 75% of the general population experience at least one disorder throughout their lives and around 2% meet the full criteria of dissociative disorder.

Dissociative identity disorder

Overview: Dissociative identity disorder, also known as multiple personality disorder, is one specific group among dissociative disorders. It is a condition where two or multiple personality states appear or take control of one individual. It usually associates with other disorders such as PTSD, depression and Borderline Personality disorders.

Symptoms:

* Experiences disruptions in identity involve marked discontinuity in sense of self and sense of agency
* Accompanies by related alterations in behaviour, consciousness, memory, cognition and sense functioning
* Loss of memory on events, people, important personal information and traumatic events
* Causes distress or impairment in social, occupational, and other important area of functioning

Unique Aspects of DID:

* DID patients have unique and different personalities in each identity
* DID patients usually experience quick shift between identities
* Host identity keeps other identity together
* Subpersonalities usually have proper names and may be significantly different than the host personality

Causes: Dissociative Identity Disorder is considered controversial and iatrogenic in origin and the exact cause of DID is not clear yet. However, research suggests that the cause of DID is related to environmental and social factors.

**Environmental factors:** Dissociative Identity Disorders usually cope with childhood trauma. The majority of people with DID have reported experiencing traumatic events including emotional, physical and sexual abuse. Research suggests that if a person is experiencing long-term abuse, that person might be dissociative and tries to escape from the reality to avoid the discomfort experienced in the trauma.

Other research suggests that people who experience trauma from trusted others and loved ones are more likely to develop dissociative identity disorder in their lives. This also helps to explain why over 90% of individuals with DID report sexual, physical and emotional abuse from an early age.

**Social factors:** Social factors such as loss of loved ones can lead to the development of dissociative identity disorder. Research suggests that if a child experiences loss of parents under a violent circumstance or under certain accident, the degree of grief can cause the child to develop an alternate identity to compensate for the loss. This is more likely to occur as a child; however, if an adult experiences losses and that is perceived to be related to his or her own behaviour, the guilt will contribute to the dissociative actions.

Risk Factors:

* People who experience severe traumatic events such as loss of loved ones, war, natural disasters are at higher risks.
* People who experience long-term physical, sexual and emotional abuse.

Treatment: Major treatments that are used in dissociative identity disorder are psychotherapy and medications.

**Psychotherapy**: It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. Two major types of therapy used in DID are Cognitive Behavioural therapy (CBT) and Dialectic- Behaviour Therapy (DBT). CBT helps people to identify themselves and changes dysfunctional thinking patterns that negatively affect behaviours. DBT helps people to resolve contradictions about self-appearance and brings positive changes in patients.

**Medications:** There are no direct medications directly used to treat dissociative identity disorder. However, medications do help in related disorders that are associated with DID such as anxiety and depression through the use of antidepressants.

Derealization/Depersonalization

Overview: Derealization is a state where people feel detached from surroundings. People often feel unreal about other people and surrounding objects. Depersonalization is a state where people experience unreality and consider themselves as observers with respect to one’s thoughts, perceptions and sensations.

Research suggests that more than half of all populations have experienced discontinuity between themselves and surroundings. However, only about 1 to 3% of people experience disconnections that turn out to be a disorder. The disorder usually occurs between the age of 15 to 30.

Derealization Symptoms:

* Experiences objects or individuals as unreal, dreamlike or foggy
* Feels there is a wall exists between them and reality
* Considers the world as lifeless and feels something wrong with the surroundings in neither the size, sound and shape
* Having difficulties in absorbing new information and showing significant reduction in emotional responses

Depersonalization Symptom:

* Feels themselves as observers of their own life
* Has difficulties in controlling themselves including speech and movements
* Experiences difficulties in connecting emotions and memories and doubts the legitimacy of personal memories
* Feels numbness in their mind and body; for example, legs and arms appear distorted

Causes: The exact cause of derealization remains unclear. Some research suggests that derealization is related to genetic factors as well as environmental factors.

**Genetic Factors:** Some people are more vulnerable to derealization and depersonalization disorder than others. For example, research suggests that women are more likely to experience depersonalization as twice as men. In addition, although there is no clear evidence that these disorders are associated with genetics, individuals with depersonalization have been found to have severe neurochemical and hormonal changes.

**Environmental Factors:** Symptoms of derealization and depersonalization disorders seem to relate to traumatic and stressful events, especially from childhood. For example, if a person experiences long-term physical abuse and violence, this person may want to escape from the reality which leads to development of those disorders. In addition, substance use may only cause depersonalization or derealization episodes, but it can not lead to a disorder.

Risk Factors:

* People with certain innate personality traits such as avoidant traits that make the person want to escape from difficult situations.
* People who experience severe trauma and stress events, especially in early childhood.
* People who have severe depression or anxiety disorders.

Treatment: The treatments that are used primarily in derealization-depersonalization disorder are psychotherapy and medications may help in alleviating the symptoms.

**Psychotherapy**: It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. Two major types of therapy used in derealization-depersonalization disorders are Cognitive Behavioural therapy(CBT) and Psychodynamic Therapy. CBT helps people to understand why these disorders occur and psychodynamic therapy helps people to reconnect the world.

**Medications:** There are no direct medications directly used to treat dissociative identity disorder. However, medications do help in related disorders that are associated with Derealization/Depersonalization such as anxiety and depression through the use of antidepressants.

Dissociative Amnesia

Overview: Dissociative Amnesia generally refers to an inability to recall autobiographical information which is the information that belongs to part of conscious awareness. People with dissociative amnesia experience significant memory loss including the person's own identity and life history. Dissociative Amnesia affects about 1% of men and 2.6% of women of the general population and the disorder generally begins in early adulthood.

Symptoms:

* Experiences memory loss in a certain time period, people and personal information
* Forgets about a learned skill of a talent
* Reaches a strange place and completely forgets how to get there

Causes: The causes of dissociative amnesia usually related to intense and stressful life events. Some research suggests that dissociative amnesia is related to both the genetic factors and environmental factors.

**Genetic Factors:** Although there is no clear genetic link to the development of the disorder, research has suggested that people with dissociative amnesia usually have close relatives who have similar conditions.

**Environment Factors:** People who experience or witness traumatic life events such as wars and natural disasters can cause dissociative amnesia. For example, a person might be completely black out after experiencing a stressful event and can not recall the details of the event in following weeks.

Risk Factors:

* People who experiences physical, emotional and sexual abuse.
* People who have witnessed crime or saw a crime being committed.
* People who have participated in a war.
* People who have gone through natural disasters such as earthquakes.

Treatment: Major treatments that are used in dissociative amnesia are psychotherapy and medications.

**Psychotherapy**: It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. Two major types of therapy used in DID are Cognitive Behavioural therapy(CBT) and Dialectic- Behaviour Therapy (DBT). CBT helps people to identify themselves and changes dysfunctional thinking patterns that negatively affect behaviours. DBT helps people to resolve contradictions about self-appearance and brings positive changes in patients.

**Medications:** There are no direct medications directly used to treat dissociative amnesia. However, medications do help people to better handle their symptoms and raise awareness of their mental state.

# Eating Disorder:

Overview: Eating disorder is a mental disorder where a person’s eating habits have significantly affected the person’s health and mental state. People with eating disorders usually have an unhealthy attitude towards food such as consuming too much or too little and are generally obsessed with weight and body shape.

Eating disorders usually start in adolescence and are much more common in women compared to men. Research shows that cases in women are almost ten times high as compared to men. Young women, especially those between 13-17 years old, are at high risk of eating disorders.

Anorexia Nervosa

Overview: People with this disorder usually have intense stress when gaining weight and they always pursue abnormally low body weight. People with anorexia nervosa disorder have extreme fear of being obese and a strong desire to look thin. This may also result in excessive exercising and may even lead to starvation till death.

Psysical Symptoms:

* Insomnia and dizziness
* Soft hairs, downy mood
* Dry skin and difficult to tolerate cold
* Usually have low blood pressure

Behavioural Symptoms:

* Severely limit food intake through dieting
* Exercise excessively
* Find excuses for not eating and usually vomit forcefully after eating to get rid of food
* Eating foods only with low calories and fat

Causes: The exact cause of anorexia nervosa remains unknown, but researchers suggest that the causes of the disorder are related to biological factors, physiological factors and environmental factors.

**Biological Factors:** Although there is no clear evidence to show how genetics link to the disorder, several researches suggest that some people are born with a tendency towards professionalism and some are born with higher sensitivity. These traits are highly associated with the development of anorexia nervosa.

**Physiological Factors:** People with obsessive-compulsive disorder personality traits are more likely to develop severe anorexia nervosa symptoms. For example, if a person with OCD traits is not satisfied with his/her body shape, that person may develop extreme determination to reach perfection. That means he/she will never be satisfied with the body shape which will push the person to further restrict eating.

**Environmental Factors:** Peer pressure among young girls can be one of the most important causes for the prevalence of the disorder. In addition, majority cultures in the world consider “thinness” as beauty which builds the desire to be thin.

Risk Factors:

* People who pay extreme attention to their food intake and weight.
* People with previous diet experiences or currently on a diet.
* People who have history of anorexia nervosa
* People with certain personality traits such as perfectionism, low self-esteem and high sensitivity.

Treatment: Major treatments that are used in anorexia nervosa are psychotherapy and medications.

**Psychotherapy**: It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. Two major types of therapy used in anorexia nervosa are Cognitive Behavioural therapy(CBT) and Family-Based Therapy (FBT). CBT helps people to identify themselves and changes dysfunctional thinking patterns that negatively affect behaviours. FBT refers to family treatment, meaning the family maintains healthy eating patterns as well as a healthy weight.

**Medications:** There are no direct medications specifically used to treat anorexia nervosa. However, medications do help people to better handle their symptoms. In this disorder, antidepressants medications can help people reduce thoughts on body shape and weight problems.

Bulimia Nervosa

Overview: People with bulimia nervosa are characterized by binge eating followed by purging. They always eat an uncontrollable amount of food in a short amount of time followed by vomiting to get rid of the food consumed. Bulimia Nervosa is comorbid because it coexists with other psychological disorders such as anxiety and mood disorders.

Physical Symptoms:

* Insomnia and dizziness
* Soft hairs and downy moods
* Dry skin and difficult to tolerate cold
* Irregular periods

Behavioural Symptoms:

* Eating excessive amount of food in a discrete period of time
* Eating is perceived as uncontrollable
* Hiding behavior from family members
* Foods consumed are often high in sugar, fat, or carbohydrates

Causes: The exact cause of bulimia nervosa remains unknown but researches suggest they are related to biological factors, physiological factors and environmental factors.

**Genetic Factors:** Although the exact cause of bulimia nervosa remains unsure, research suggests that bulimia nervosa is highly associated with genetic factors. Unlike anorexia nervosa, genes influence around 30% to 80% of people with disorders, which means several people may be at risk only through gene inheritance.

**Physiological Factors:** People with certain personality traits are tied with bulimia nervosa such as high impulsivity and rigidity. These traits are believed to be inherent. In addition, other factors such as trauma or difficulties in life are also factors that contribute to the disorder.

**Environmental Factors:** Peer pressure among young girls can be one of the most important reasons for the prevalence of the disorder. The competition to be thinner might accelerate the development of bulimia nervosa.

Risk Factors:

* People who are isolated from the social environment.
* People who have experienced traumatic life events.
* People who are in difficulties in life.
* People who pay extreme attention to their eattings and body shape.

Treatment: Major treatments that are used in anorexia nervosa are psychotherapy and medications.

**Psychotherapy**: It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. Two major types of therapy used in bulimia nervosa are Cognitive Behavioural Therapy(CBT) and Family-Based Therapy (FBT). CBT helps people to identify themselves and changes dysfunctional thinking patterns that negatively affect behaviours. FBT refers to family treatment where family maintain regular and healthy eating patterns as well as a healthy weight.

**Medications:** There are no direct medications specifically used to treat bulimia nervosa. However, medications do help people to better handle their symptoms. In this disorder, antidepressant medications such as selective serotonin reuptake inhibitor(SSRI) helps to alleviate mood disorder symptoms that are generally comorbid with bulimia nervosa.

# Schizophrenia:

Overview: Schizophrenia has been regarded as one of the most severe mental disorders around the world---According to the most recent statistics, there have been around 20 million worldwide suffering from such mental disorders. The prevalence of schizophrenia reaches about one percent of the whole population. Many factors have contributed to such mental disorders but the causes and treatment for it are still in debate.

Symptoms:

* Hallucinations: feeling/seeing/hearing things that not happened
* Delusions: believe those things that are not true
* Disorganized speech: confused speech
* Disorganized or catatonic behavior

Causes: The causes of such mental disorder vary among populations--- some psychologists tend to attribute Schizophrenia to the genetic influence from one generation to the next, while some clinical psychologists contend that environmental factors play a much more vital role.

**Environmental Factors:** Child abuse and sexual assaults have been considered as important environmental factors contributing to Schizophrenia. The family background usually plays a vital role in shaping people's cognition and perception towards themselves and the world. The child maltreatment such as neglect, physical abuse, emotional abuse could be damaging and destructive to the children when they were young.

**Genetic Factors:** Those who have a family history of Schizophrenia and other forms of mental disorders tend to be more likely to have such mental disorders than others. The role of genetics in etiology of Schizophrenia has always been studied by psychologists and psychiatrists-- people who have relatives with Schizophrenia are more likely to develop such complex disorders than those who don’t.

**Other Factors:** The causes of schizophrenia is also associated with alcohol and other drug use. Research shows that the use of mind-altering medications in early ages may contribute to the development of schizophrenia. In addition, schizophrenia is highly related to biochemical factors. It is believed that dopamine causes imbalance in the brain for those who suffered from Schizophrenia.

**Risk Factors**

* People who had experienced traumatic events when they were young---sexual assaults, parent divorce, child abuse.
* People who are isolated from society.
* People who have a family history of Schizophrenia.
* People who take mind-altering drugs at a young age.

Treatment: Major treatments that are used in schizophrenia are psychotherapy and medications.

**Psychotherapy**: It is also referred to as “talk therapy” which encourages patients to talk to psychiatrists and other mental health providers. Two major types of therapy used in bulimia nervosa are Cognitive Behavioural therapy(CBT) and Family psychoeducation. Cognitive behavioral therapy has been seen as one of the most essential tools to treat patients with Schizophrenia in clinical studies. It is a psychotherapeutic treatment which aims to help people change or adapt their destructive thoughts and perception towards themselves. Family psychoeducation is believed to be another treatment for Schizophrenia which involves family members in the team to help the patients during the diagnosis and treatment.

**Medications:** Doctors mostly prescribe antipsychotics to patients with Schizophrenia. Antipsychotics are used to deal with hallucination, delusion and other symptoms of Schizophrenia. These drugs influence the serotonin and dopamine in the brain to adjust patients’ imbalance of dopamine and serotonin. However, there is no evidence on how much the medications contribute to the patients' recovery. Some psychiatrists prefer not to use medication in the tremanet with Schizophrenia.