

Less Common Disorders

by Sophia



WHAT'S COVERED

This lesson will cover some other common psychological disorders. Our discussion breaks down as follows:

1. Schizophrenia

The most recognized type of psychotic disorder is **schizophrenia**. Schizophrenia is a psychotic disorder that is characterized specifically by disorganized or inconsistent thoughts, emotions, and behavior. This is why it's sometimes referred to as a thought disorder as opposed to a mood disorder.

Schizophrenia is not the same as multiple or split personality disorder. These two disorders are frequently confused with each other, but they are completely different in terms of psychology. Schizophrenia has a prevalence of about 0.3 to 0.7% within the American population; while it is a very recognized disorder, it isn't very common within the population itself.

Schizophrenia often develops during the teen years when a person has their first psychotic break from reality. It's related to both heredity and environmental factors. While there is a genetic aspect, it is related to certain environmental factors like family life.

This disorder involves the neurotransmitter of dopamine, which is why a lot of antipsychotic drugs used to treat this disorder work to block dopamine uptake within the brain.



Schizophrenia

A psychotic disorder characterized by disorganized or inconsistent thoughts, emotions, and behavior.

1a. Symptoms of Schizophrenia

There are certain major symptoms that are characteristic of schizophrenia in general. The actual symptoms that are displayed by the person can vary depending on the type of schizophrenia that they have. The general symptoms are:

- Hallucinations and delusions. These are characteristic of any psychotic disorder.
- *Disorganized speech*. The words that are being said don't seem to make sense to anybody besides the person. This is an outward projection of the disorganized thoughts that often occur with schizophrenia.

② DID YOU KNOW

Many people have speculated that this disorganized speech and thought has a lot to do with problems in selective attention within people with schizophrenia. People with this disorder can't focus on one thing at a time. It's like all the floodgates are open, so literally *all* thoughts—and as a consequence, all speech—are constantly coming out of that person.

- Negative symptoms. These are characteristics that you expect to see within a person but don't actually
 see exhibited. Those with schizophrenia can have a lack of emotion or a lack of appropriate emotions, to
 be specific.
 - → EXAMPLE A person might not display emotions or they might display the wrong emotion for a certain situation. If they receive bad news, for instance, they might start laughing hysterically.

Other negative symptoms within schizophrenia include speaking less, moving less, and even becoming catatonic.

1b. Types of Schizophrenia

Researchers and commissions had noticed that there are certain groups of seemingly different symptoms that occur under the blanket disorder of schizophrenia. Because a lot of these symptoms occur together, they've been grouped together into specific categories. We will discuss four of these categories:

- **Disorganized schizophrenia**. This is when a person is very disoriented or incoherent. They can have bizarre thoughts, as well as a lack of emotion, especially appropriate emotion.
- Catatonic schizophrenia. This is characterized by a long period of rigidity or inactivity. The person essentially freezes, and this can be interspersed with periods of sudden agitated bursts of activity where they become very active and potentially very aggressive.
- Paranoid schizophrenia. This is characterized by delusions of paranoia and grandeur. The person
 constantly feels like someone's out to get them. They feel like they're being persecuted in some way by
 others, when in fact, they're not. These delusions can occur along with hallucinations, such as hearing
 voices in the head.

② DID YOU KNOW

Much of the time in popular media, paranoid schizophrenics are characterized as being very violent, which isn't necessarily true. In fact, they're not any more violent than anyone else in the general population. The only time that they're especially violent might be when they're in the middle of a psychotic break, where they're having especially strong or vivid hallucinations or delusions. Therefore, it is important to differentiate this behavior from the way that it is displayed in media.

- Undifferentiated schizophrenia. These include instances of schizophrenia that have some symptoms of one type or another, but not all of them. This is essentially the "catchall" category.
 - → EXAMPLE A person may be displaying clear symptoms of schizophrenia, such as hallucinations or delusions, that are interspersed with periods of a catatonic state, where they are inactive. As you can see, the symptoms don't necessarily fit into one category or the other.

As you can see, there are many different aspects to schizophrenia, which is why it's important to avoid characterizing it in an inaccurate or inappropriate way, in order to represent the people with this disorder to the best of our abilities.



Disorganized Schizophrenia

Schizophrenia where a person shows very disordered and incoherent and bizarre thought as well as lack of or inappropriate emotion.

Catatonic Schizophrenia

Schizophrenia marked by long periods of rigidity and inactivity, where the person "freezes up," and by sudden, agitated bursts of activity.

Paranoid Schizophrenia

Schizophrenia characterized by delusions of paranoia and grandeur, along with hallucinations, like voices in one's head.

Undifferentiated Schizophrenia

Instances of schizophrenia that have some symptoms but not all of another type.

2. Dissociative Disorders

Dissociative disorders are any disorder that involves the disruption or loss of a person's mental functioning or mental identity. These disorders occur in only about 2% to 3% of the population. They often derive from dissociation, which is a defense mechanism used by a person to protect themselves from psychological harm. It is often involuntary and can be damaging to a person as a result.

Dissociation protects a person's sense of self from being harmed by removing it from traumatic or harmful situations, like being molested as a child. The person then dissociates or distances themselves from that traumatic event. This results in separating from their own identity and even forgetting about who they are.

2a. Dissociative Amnesia

Dissociative amnesia is where a person loses either part or all of their memory, particularly the part of memory that relates to who they are as a person. This type of amnesia is not caused by a physical injury, but rather results from some damaging event or emotional trauma that a person might have experienced.

→ EXAMPLE If a person is assaulted as a child, they might block that memory or disassociate themselves from it. This can result in a loss of other memories as well. The person might lose significant portions of their childhood as a result of this traumatic event.



Dissociative Amnesia

A dissociative disorder where a person loses part or all of their memory, particularly relating to who they are.

2b. Dissociative Identity Disorder

Dissociative identity disorder is the most extreme and rarest type of dissociative disorder. It occurs, according

to some estimates, within .01% to 1% of the population, and is also called multiple personality disorder. A person with this disorder has more than one different, distinct personalities that display themselves at different times. The personalities will have completely different traits and abilities. Many times a person won't have any memory or knowledge of their other personalities. This disorder is thought to occur because of an emotionally stressful situation or traumatic event.

TERM TO KNOW

Dissociative Identity Disorder

A dissociative disorder where a person has more than one different, distinct personalities that display at different times; a.k.a. multiple personality disorder.

2c. Treatment of Dissociative Disorders

Treatment of these different types of dissociative disorders involves creating a safe and comfortable therapeutic environment. This involves building a strong therapeutic alliance for a relationship between the patient and the therapist. It also involves reintegration and recovery of the lost elements of themselves—either their memories or their personalities. Understanding and accepting the trauma that causes the disorder to occur can often help in the reintegration of the dissociated parts of their minds.

3. Cognitive/Organic Disorders

A cognitive disorder is when a person has a decreased level of cognitive functioning. They might have impairment in their memory, perception, or problem-solving as a result. While these are disorders of mental processes, they usually have specific physical causes tied to them.

These types of disorders are called **organic mental disorders**. They are either inherited, the result of an injury, or the result of disease, unlike other disorders that result from psychological trauma.



Organic Mental Disorders

Mental problems that are inherited or the result of brain injury or disease.

3a. Delirium and Dementia

Delirium is a state of confusion where a person has less awareness of their environment or their situation around them. The person will also have trouble processing or gaining new information about that environment. A person in a state of delirium often acts in a very agitated or aggressive way. They can also have hallucinations. Usually, delirium lasts for a period of a few hours, but it can also last for weeks or even months.

→ EXAMPLE A person wakes up in a hospital bed and doesn't know where they are. This kind of behavior is indicative of delirium.

Causes that might lead to a state of delirium include:

- Drug or alcohol use
- Infections from other parts of the body
- Disease
- Malnutrition

Dementia is a global loss of cognitive ability. It affects primarily memory, but it can also affect attention, language, and problem-solving. Dementia occurs over an extended period of time. It must last longer than six months; anything less is considered delirium. Generally, dementia is associated with older people, and can often result from natural degeneration over a person's life. Dementia can also be the result of specific diseases.

IN CONTEXT

Samantha is a 68-year-old woman with **Alzheimer's disease**. Alzheimer's is a form of cognitive dementia that occurs primarily in people over the age of 65, and which leads to loss of long-term memory.

Samantha first experienced this loss of memory related to specific events. It eventually leads to the loss of larger amounts of her long-term memory. Samantha is increasingly moody and irritable, often as a result of her memory loss.

Samantha is at risk to eventually lose her language and bodily functions. Ultimately, it will cause her death.

Because many types of dementia are natural, most cases are irreversible. Treatments are aimed at slowing the progress of the disease, as opposed to preventing or curing it altogether.



Dementia

A global loss of cognitive ability, which primarily affects memory but can also affect attention, language, and problem solving.

Alzheimer's Disease

A form of cognitive dementia where the person begins to lose long-term memory, and eventually loses language and bodily functions, resulting in death.

4. Somatoform Disorders

A somatoform disorder is a category of mental disorders where a person has—or at least claims to have—physical symptoms of a problem without any physical cause. The brain itself is causing the person to feel like they have physical symptoms.

Now, it is important to clarify that a person with a somatoform disorder isn't "faking it," versus a condition like Munchausen Syndrome, where a person fakes a medical problem to get attention from others. Somatoform disorders can take different forms in different people.

4a. Hypochondriasis

Hypochondriasis is a widely known somatoform disorder where a person interprets small, normal bodily functions as a symptom of a more serious illness; this person is absolutely convinced that they have a physical illness, even though they don't actually have one. A hypochondriac, for instance, will visit the doctor

frequently. They will also be constantly anxious and concerned about their well-being.



Hypochondriasis

A somatoform disorder when a person interprets small, normal bodily functions as symptoms of serious illness.

4b. Pain Disorders

A pain disorder is where a person experiences chronic and, many times, serious pain in one or more places throughout their body. This condition can be debilitating. This type of disorder has a psychological origin, not a physical one, as well. A pain disorder can last anywhere from a few hours to years. It can be a condition that a person lives with for a significant portion of their life.



Pain disorders are more likely to appear in collectivistic cultures like those in Asia or Mexico. In these cultures, people are more focused on the group and on the people around them.



Pain Disorder

A somatoform disorder where a person experiences chronic and often serious pain in one or more places, but which is psychological in origin, not physical.

SUMMARY

Other, less common psychological disorders include Schizophrenia, Dissociative disorders, Cognitive disorders, and somatoform disorders

Treatment for these types of disorders may include medical treatment and psychotherapy; cognitive behavioral therapy has proven to be very effective for some people.

Good luck!

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