Chp 1 Abnormal Psychology: An Overview (150 words)

Abnormal psychology is the branch of psychology that deals with understanding and diagnosing atypical behavior, emotional disturbances, and mental health disorders. It focuses on patterns of thoughts, feelings, and behaviors that deviate from societal norms and cause significant distress or impairment in daily functioning. This field examines various mental health conditions like anxiety disorders, depression, schizophrenia, and personality disorders, among others. Methods used include clinical assessments, observational studies, and experimental research. Treatment approaches range from psychotherapy and medication to holistic approaches and community interventions. Abnormal psychology bridges multiple disciplines, including neuroscience, psychiatry, and social work, to understand and alleviate the psychological suffering of individuals.

1. Abnormality: Meaning, Definition, Nature (200 words)

Abnormality refers to patterns of behavior, thought, or emotion that diverge from societal norms and expectations. While abnormal behavior might not always indicate a mental disorder, it often involves actions or states that cause significant distress or dysfunction. A behavior is generally considered abnormal when it deviates significantly from cultural, social, or statistical norms. There are different ways to define abnormality, including statistical rarity, social deviance, distress, dysfunction, and violation of norms.

The nature of abnormality is complex and multifaceted. It can be influenced by biological, psychological, and social factors. Biological causes may include genetic factors, brain abnormalities, or chemical imbalances. Psychological influences can involve cognitive, emotional, and behavioral processes, while sociocultural factors encompass the role of culture, family, and societal expectations. Mental disorders, often classified as abnormal behaviors, can range from mild issues like anxiety to severe conditions such as schizophrenia. Because cultural and societal standards influence perceptions of normality, what is deemed abnormal can vary across time, place, and social context.

The Four Ds of Abnormality

1. **Dysfunction (Impairment in Functioning)**
   Dysfunction occurs when a person's behavior interferes with their ability to perform daily activities, such as work, relationships, or self-care. Mental disorders often cause significant impairment in cognitive, emotional, or social functioning. For example, severe depression may prevent a person from getting out of bed or completing tasks, while anxiety disorders may hinder social interactions. Dysfunction alone does not indicate abnormality, but when combined with distress or danger, it becomes a critical factor in diagnosing mental health conditions.
2. **Distress (Emotional Suffering)**
   Distress refers to the significant emotional pain or suffering experienced by an individual due to their thoughts, behaviors, or emotions. It is a key component in many psychological disorders, including depression, anxiety, and PTSD. For instance, someone with OCD may feel extreme distress due to intrusive thoughts and compulsions. However, distress alone does not always indicate abnormality, as temporary emotional suffering is normal. It becomes a concern when persistent and disruptive to daily life.
3. **Deviance (Violation of Social Norms)**
   Deviance refers to behavior that significantly differs from cultural or societal norms. While social norms vary, extreme deviations can indicate abnormality. For example, hallucinations, delusions, or severe antisocial behaviors are often signs of mental illness. However, not all deviant behaviors are abnormal—eccentricity or cultural differences must be considered before labeling someone as psychologically disturbed.
4. **Danger (Risk of Harm)**
   Danger involves behaviors that pose a risk to oneself or others. This includes suicidal tendencies, self-harm, aggression, or reckless actions due to mental instability. While most individuals with mental disorders are not dangerous, extreme cases, such as psychosis or severe substance abuse, may increase the risk of harm. Danger is a crucial factor in determining the need for immediate intervention.

2. Historical Background of Abnormality (200 words)

The understanding of abnormality has evolved over centuries, reflecting changes in cultural, religious, and scientific perspectives. In ancient civilizations, abnormal behavior

was often attributed to supernatural forces or punishment from gods. Many societies viewed individuals exhibiting mental illness as possessed or under the influence of evil spirits, leading to practices such as exorcisms or trepanation (drilling holes in the skull to release spirits). During the Middle Ages, mental illness was linked to witchcraft or moral failings.

The Renaissance brought a shift toward more scientific thinking, with philosophers and early physicians, like Paracelsus and Johann Weyer, challenging supernatural explanations and advocating for more humane treatment of the mentally ill. The 18th and 19th centuries saw the rise of asylums, where the mentally ill were often confined and treated with limited care. However, figures like Philippe Pinel and Dorothea Dix promoted moral treatment, emphasizing compassionate care and the importance of understanding mental disorders from a medical standpoint.

By the 20th century, the rise of psychology and psychiatry led to more systematic classification and treatment of mental disorders. Freud's psychoanalysis and behaviorism were influential, and the development of medications in the 1950s marked significant advances in treatment. Today, abnormal psychology integrates biological, psychological, and social perspectives to understand mental health disorders more comprehensively.

3. Criteria of Abnormal Behaviour (100 words)

The criteria used to define abnormal behavior include:

- **Biological**: Factors like genetic predisposition, neurochemical imbalances, and brain injuries contribute to abnormal behavior.
- **Psychological**: Cognitive distortions, emotional dysregulation, and maladaptive behaviors rooted in past trauma or developmental experiences.
- **Sociocultural**: Abnormality is often defined by cultural norms, values, and societal expectations, where behaviors deviant from these norms are considered abnormal.

Together, these criteria help identify behaviors that disrupt an individual's life and challenge their ability to function in everyday society.

4. Biological, Psychological, and Sociocultural Perspectives (200 words each)

- **Biological Perspective**

The biological perspective in abnormal psychology focuses on the physiological and genetic factors influencing behavior. It suggests that abnormal behavior arises from

disorders in brain structure, neurotransmitter imbalances, genetic predispositions, or hormonal disturbances. For example, schizophrenia has been linked to an overactive dopamine system, while depression is associated with low serotonin levels. The biological approach often leads to treatment via medication, including antidepressants, antipsychotics, and mood stabilizers, to address these neurochemical imbalances.

- **Psychological Perspective**

The psychological perspective focuses on the internal thought processes and emotional factors that influence abnormal behavior. It emphasizes the role of learning, cognition, and past experiences. Anxiety disorders, for example, often arise from distorted thinking, where individuals catastrophize or overgeneralize. Treatment often involves psychotherapy, including cognitive-behavioral therapy (CBT), psychoanalysis, and psychodynamic therapies, to address underlying emotional issues and change thought patterns. The psychological approach sees mental health issues as stemming from internal conflicts and seeks to resolve these through therapeutic interventions.

- **Sociocultural Perspective**

The sociocultural perspective highlights how culture, family, and society influence abnormal behavior. It recognizes that what is considered abnormal varies across cultures, and behaviors deemed acceptable in one culture may be viewed as deviant in another. This perspective also emphasizes the role of societal pressures, such as discrimination, poverty, and stress, in the development of mental health conditions. For example, social isolation and cultural stigmatization can contribute to depression and anxiety. The sociocultural view advocates for a broader understanding of mental illness, suggesting that cultural, familial, and societal factors must be taken into account when diagnosing and treating psychological disorders.

5. Current Classification Systems: DSM-5 TR & ICD-10/11 Overview (200 words)

The **DSM-5 TR** (Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revision) and the **ICD-10/11** (International Classification of Diseases) are the two major classification systems for mental health disorders. The DSM-5 TR, published by the American Psychiatric Association (APA), is primarily used in the United States and offers a detailed classification of mental health conditions, including mood, anxiety, psychotic, and neurodevelopmental disorders. It is widely used by clinicians to diagnose mental

health disorders based on specific criteria, including symptom patterns, duration, and severity.

The **ICD-10/11**, developed by the World Health Organization (WHO), is an international system used worldwide to classify diseases and health conditions, including mental health disorders. It provides a comprehensive list of diagnostic codes that are used for clinical purposes, health statistics, and insurance billing. While the DSM-5 TR focuses on clinical practice within the U.S., the ICD system is internationally recognized, and its use is standard in many countries for both clinical and research purposes.

Chp 2

Anxiety Disorders, Obsessive-Compulsive Disorders (OCD), Trauma & Stressor-Related Disorders (200 words)

Anxiety disorders are a group of mental health conditions characterized by excessive fear, worry, or nervousness. They can significantly impair a person's daily life, leading to emotional distress and behavioral avoidance. Generalized Anxiety Disorder (GAD), Panic Disorder, and Social Anxiety Disorder are common types of anxiety disorders.

Obsessive-Compulsive Disorder (OCD) involves persistent, intrusive thoughts (obsessions) and repetitive behaviors (compulsions) performed to relieve anxiety. Body Dysmorphic Disorder (BDD) is related to OCD, where individuals are excessively concerned with perceived flaws in their physical appearance.

Trauma and stressor-related disorders include conditions like Post-Traumatic Stress Disorder (PTSD) and Acute Stress Disorder. These disorders arise after exposure to traumatic events and can involve flashbacks, intrusive thoughts, hypervigilance, and emotional numbing. PTSD symptoms can last for months or years, while Acute Stress Disorder occurs immediately after trauma and lasts for at least three days but less than a month.

Generalized Anxiety Disorder (GAD)

Nature (100 words)

Generalized Anxiety Disorder (GAD) is a chronic mental health condition characterized by excessive, persistent, and uncontrollable worry about various aspects of life, such as

work, health, or relationships. Unlike normal worry, GAD causes significant distress and impairs daily functioning. Individuals with GAD often anticipate disaster, even in minor situations, and find it difficult to control their anxious thoughts. The disorder affects cognitive, emotional, and physical health, leading to symptoms like restlessness, fatigue, muscle tension, and difficulty concentrating. GAD is one of the most common anxiety disorders, affecting individuals of all ages and often co-occurring with depression or other anxiety disorders.

Types (50 words)

- **Mild GAD:** Occasional anxiety that does not significantly impact daily life.
- **Moderate GAD:** Frequent anxiety causing mild to moderate distress.
- **Severe GAD:** Persistent and overwhelming anxiety that severely impairs daily functioning.
- **Co-occurring GAD:** GAD occurring alongside depression, OCD, or panic disorder.

Symptoms (50 words)

- Excessive and uncontrollable worry.
- Restlessness or feeling on edge.
- Fatigue and muscle tension.
- Difficulty concentrating.
- Sleep disturbances (insomnia, restless sleep).

Diagnostic Criteria (40 words)

- Excessive anxiety and worry for at least six months.
- Difficulty controlling worry.
- Three or more symptoms (restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance).
- Significant distress or impairment in social, occupational, or personal life.

Causes (50 words)

- **Biological:** Genetic predisposition, neurotransmitter imbalances (low GABA, high cortisol).
- **Psychological:** Negative thought patterns, past trauma.

- **Environmental:** Chronic stress, childhood adversity, overprotective upbringing.

Panic Disorder & Agoraphobia

Nature (100 words)

Panic Disorder is an anxiety disorder characterized by recurrent, unexpected panic attacks—sudden episodes of intense fear accompanied by physical and cognitive symptoms such as heart palpitations, dizziness, and a sense of impending doom. These attacks can occur without a clear trigger and cause significant distress.

Agoraphobia often develops alongside Panic Disorder and involves fear of situations where escape might be difficult, such as crowded places or public transportation. Individuals with agoraphobia may avoid these situations, fearing panic attacks in unsafe environments. The disorder severely impacts daily functioning and can lead to social isolation if left untreated.

Symptoms (50 words)

- Sudden, intense panic attacks.
- Palpitations, chest pain, dizziness.
- Shortness of breath, choking sensation.
- Fear of losing control or dying.
- Avoidance of public places (Agoraphobia).

Diagnostic Criteria (40 words)

- Recurrent, unexpected panic attacks.
- Persistent concern about future attacks.
- Avoidance behaviors due to fear of attacks.
- Agoraphobia: Fear of two or more situations (public transport, open spaces, enclosed places, crowds, or being alone).

Causes (50 words)

- **Biological:** Genetic predisposition, neurotransmitter imbalances (high norepinephrine).
- **Psychological:** Catastrophic thinking, history of anxiety.
- **Environmental:** Stressful life events, childhood trauma.

Social Anxiety Disorder (Social Phobia)

Nature (100 words)

Social Anxiety Disorder (SAD), also known as social phobia, is a chronic mental health condition characterized by an intense fear of social situations where one might be judged, embarrassed, or humiliated. Individuals with SAD often avoid social interactions, leading to significant impairment in personal, academic, and professional life. Unlike normal shyness, social anxiety causes extreme distress and can trigger physical symptoms like sweating, trembling, and nausea. The disorder can be generalized (fear of most social situations) or specific (fear of particular situations like public speaking). Without treatment, SAD can lead to isolation, low self-esteem, and an increased risk of depression.

Symptoms (50 words)

- Intense fear of judgment or embarrassment.
- Avoidance of social or performance situations.
- Physical symptoms: sweating, trembling, rapid heartbeat.
- Difficulty speaking in public or making eye contact.
- Persistent anxiety before, during, and after social interactions.

Diagnostic Criteria (40 words)

- Excessive fear of social situations lasting at least six months.
- Avoidance or distress in feared situations.
- Disproportionate fear relative to the actual threat.
- Significant impairment in daily functioning.
- Not due to another medical or psychological condition.

Causes (50 words)

- **Biological:** Genetic predisposition, serotonin imbalance.
- **Psychological:** Negative self-perception, fear conditioning from past embarrassment.
- **Environmental:** Overprotective parenting, bullying, lack of social exposure.

Obsessive-Compulsive Disorder (OCD)

Nature (100 words)

Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition characterized by intrusive, unwanted thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing anxiety. These obsessions often involve fears of contamination, harm, or symmetry, while compulsions include excessive handwashing, checking, or counting. Individuals with OCD recognize their thoughts and behaviors as irrational but feel powerless to stop them. The disorder significantly interferes with daily life, work, and relationships. OCD varies in severity, and without treatment, symptoms can become debilitating. Therapy, particularly Cognitive-Behavioral Therapy (CBT) with Exposure and Response Prevention (ERP), and medications like SSRIs are effective treatments.

Symptoms (50 words)

- **Obsessions:** Persistent, distressing thoughts (e.g., fear of germs, fear of harming others).
- **Compulsions:** Repetitive behaviors (e.g., excessive cleaning, checking locks, counting).
- **Anxiety and distress if rituals are not performed.**
- **Time-consuming rituals interfering with daily life.**
- **Temporary relief after compulsions but recurring distress.**

Diagnostic Criteria (40 words)

- Presence of obsessions, compulsions, or both.
- Obsessions cause significant anxiety or distress.

- Compulsions are performed to reduce anxiety but are excessive or unrelated.
- Symptoms consume over an hour daily and impair normal functioning.
- Not due to substance use or another condition.

Causes (50 words)

- **Biological:** Genetic predisposition, serotonin dysfunction, abnormal brain activity in the orbitofrontal cortex.
- **Psychological:** Perfectionism, fear-based thinking.
- **Environmental:** Stressful life events, childhood trauma, learned behaviors from overprotective or controlling environments.

Body Dysmorphic Disorder (BDD)

Nature (100 words)

Body Dysmorphic Disorder (BDD) is a mental health condition in which individuals obsess over perceived flaws in their appearance, which are often minor or nonexistent. This excessive preoccupation leads to distress and significant impairment in daily life. Individuals with BDD engage in repetitive behaviors such as mirror-checking, excessive grooming, or seeking reassurance. The disorder can lead to social isolation, anxiety, depression, and, in severe cases, suicidal thoughts. BDD often begins in adolescence and is linked to perfectionism, social pressures, and low self-esteem. Treatment typically involves Cognitive-Behavioral Therapy (CBT) and medications such as selective serotonin reuptake inhibitors (SSRIs).

Symptoms (50 words)

- Excessive focus on perceived physical defects.
- Frequent mirror-checking or avoiding mirrors.
- Excessive grooming, skin picking, or seeking cosmetic procedures.
- Social withdrawal due to appearance concerns.
- Persistent distress and low self-esteem.

Diagnostic Criteria (40 words)

- Preoccupation with perceived flaws in appearance.
- Repetitive behaviors (e.g., mirror-checking, grooming).
- Significant distress or impairment in social, occupational, or personal life.
- Symptoms not better explained by an eating disorder.

Causes (50 words)

- **Biological:** Genetic predisposition, serotonin imbalance.
- **Psychological:** Perfectionism, low self-esteem, distorted body image.
- **Environmental:** Societal beauty standards, bullying, negative past experiences related to appearance.

Post-Traumatic Stress Disorder (PTSD)

Nature (100 words)

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that develops after experiencing or witnessing a traumatic event such as war, accidents, natural disasters, physical or sexual assault, or the sudden loss of a loved one. PTSD causes intense distress, flashbacks, nightmares, and emotional numbness. Individuals often experience heightened anxiety, avoidance of trauma-related triggers, and difficulty regulating emotions. The disorder can severely impact daily life, relationships, and overall well-being. PTSD varies in severity and can be chronic if left untreated. Treatment includes psychotherapy, such as Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR), along with medication.

Symptoms (50 words)

- **Intrusive thoughts** (flashbacks, nightmares, distressing memories).
- **Avoidance** of trauma-related places, people, or thoughts.
- **Negative changes in mood** (guilt, hopelessness, detachment).
- **Hyperarousal** (irritability, sleep disturbances, exaggerated startle response).
- **Dissociation** (feeling detached from reality or oneself).

Diagnostic Criteria (40 words)

- Exposure to actual or threatened trauma.
- Presence of intrusive symptoms.
- Persistent avoidance of trauma-related stimuli.
- Negative changes in mood and cognition.
- Increased arousal and reactivity.
- Symptoms persist for over one month and impair daily functioning.

Causes (50 words)

- **Biological:** Hyperactive amygdala, dysregulated stress hormones, genetic vulnerability.
- **Psychological:** Pre-existing anxiety, poor coping mechanisms, prior trauma.
- **Environmental:** Childhood abuse, combat exposure, severe accidents, violent attacks.

Acute Stress Disorder (ASD)

Nature (100 words)

Acute Stress Disorder (ASD) is a short-term psychological response to experiencing or witnessing a traumatic event, such as an accident, assault, natural disaster, or combat. It shares symptoms with Post-Traumatic Stress Disorder (PTSD) but lasts for a shorter duration, typically from three days to one month after the trauma. Individuals with ASD experience intense fear, helplessness, or horror, along with dissociation, intrusive memories, and heightened anxiety. If untreated, ASD may develop into PTSD. Early intervention, such as cognitive-behavioral therapy (CBT), stress management, and social support, can help reduce symptoms and prevent long-term psychological distress.

Symptoms (50 words)

- **Intrusive thoughts** (flashbacks, distressing memories).
- **Dissociation** (detachment, altered sense of reality, amnesia).
- **Avoidance** of trauma-related stimuli.
- **Hyperarousal** (insomnia, irritability, startle response).

- **Emotional distress** (fear, guilt, sadness).

Diagnostic Criteria (40 words)

- Exposure to trauma.
- Presence of dissociative, intrusive, avoidance, and arousal symptoms.
- Symptoms lasting **3 days to 1 month** after trauma.
- Significant distress or impairment in daily functioning.
- Not due to substance use or another medical condition.

Causes (50 words)

- **Biological:** Overactive stress response, altered brain function (amygdala, prefrontal cortex).
- **Psychological:** Pre-existing anxiety, emotional sensitivity, poor coping skills.
- **Environmental:** Severe trauma, lack of social support, history of abuse.

Chp 3

Somatoform and Dissociative Disorders (200 words)

Somatoform disorders, now called somatic symptom and related disorders, involve the manifestation of physical symptoms without an identifiable medical condition. These individuals experience distressing bodily complaints that are not explained by medical or neurological conditions, often leading to excessive concern and seeking medical treatment. Conditions like Somatic Symptom Disorder, Illness Anxiety Disorder, and Conversion Disorder are included under this category.

Dissociative disorders, on the other hand, involve disruptions in consciousness, memory, identity, or perception. The core symptom of these disorders is dissociation—when individuals feel disconnected from their own thoughts, memories, or sense of identity. Common dissociative disorders include Dissociative Identity Disorder, Dissociative Amnesia, and Depersonalization-Derealization Disorder. These disorders are often linked to trauma, and individuals may experience episodes of amnesia or fragmentation of their identity.

Both somatoform and dissociative disorders are complex and often intertwined with psychological trauma, stress, and emotional difficulties. Treatments for these disorders often involve psychotherapy, focusing on addressing underlying psychological issues and improving emotional regulation.

1. Somatic Symptom Disorder (SSD)

Nature (100 words)

Somatic Symptom Disorder (SSD) is a mental health condition characterized by excessive focus on physical symptoms—such as pain or fatigue—that cause significant distress and impairment. These symptoms may or may not have a medical explanation, but the individual's excessive thoughts, feelings, or behaviors related to them persist. People with SSD frequently seek medical help, believing they have serious illnesses despite reassurance from doctors. The distress is not always proportional to the actual severity of symptoms. SSD often leads to emotional distress, anxiety, and difficulty performing daily activities. It commonly coexists with anxiety or depression.

Symptoms (50 words)

- Persistent physical symptoms (e.g., pain, fatigue, gastrointestinal issues).
- Disproportionate anxiety about health.
- Excessive medical visits despite reassurance.
- High emotional distress over symptoms.
- Symptoms may shift over time.

Diagnostic Criteria (40 words)

- One or more distressing physical symptoms.
- Excessive thoughts, anxiety, or behaviors related to symptoms.
- Symptoms persist for six months or more.
- Not fully explained by medical conditions.

Causes (50 words)

- **Biological:** Genetic predisposition, heightened pain sensitivity.

- **Psychological:** Maladaptive coping mechanisms, past trauma.
- **Environmental:** Stressful life events, excessive medical attention during childhood.

2. Illness Anxiety Disorder (IAD)

Nature (100 words)

Illness Anxiety Disorder (IAD), formerly known as hypochondriasis, is characterized by excessive worry about having or developing a serious medical condition. Unlike Somatic Symptom Disorder, individuals with IAD may not have actual symptoms or only experience mild bodily sensations but misinterpret them as signs of severe illness. Their anxiety persists despite medical reassurance, leading to frequent doctor visits or avoidance of medical care due to fear of a diagnosis. The disorder significantly affects daily functioning and causes distress, often co-occurring with depression or anxiety disorders. The excessive health-related behaviors make it difficult to maintain a normal lifestyle.

Symptoms (50 words)

- Constant fear of serious illness.
- Misinterpretation of normal bodily sensations as illness.
- Repeated medical consultations despite reassurance.
- Avoidance of medical appointments due to fear.
- Anxiety and distress over health.

Diagnostic Criteria (40 words)

- Preoccupation with having a serious illness.
- Symptoms persist for at least six months.
- No significant physical symptoms, or symptoms are mild.
- Excessive health-related behaviors or avoidance.

Causes (50 words)

- **Biological:** Overactivity in brain regions linked to fear.
- **Psychological:** History of anxiety disorders, perfectionism.
- **Environmental:** Childhood experiences of serious illness in self or family.

3. Conversion Disorder (Functional Neurological Symptom Disorder)

Nature (100 words)

Conversion disorder is a condition where a mental health issue disrupts how your brain works. This causes real, physical symptoms that a person can't control. Symptoms can include seizures, weakness or paralysis, or reduced input from one or more senses (sight, sound, etc.). This condition is often treatable through various types of therapy.

"conversion disorder" — is a mental health condition that causes physical symptoms. The symptoms happen because your brain "converts" the effects of a mental health issue into disruptions of your brain or nervous system. The symptoms are real but don't match up with recognized brain-related conditions.

It's important to know that conversion disorder is a real mental health condition. It's not faking or attention-seeking. It isn't just something in a person's head or that they've imagined. While it's a mental health condition, the physical symptoms are still real. A person with conversion disorder can't control the symptoms just by trying or thinking about it.

Types (50 words)

- **Motor symptoms:** Paralysis, tremors, weakness.
- **Sensory symptoms:** Blindness, deafness, numbness.
- **Seizures (Psychogenic Non-Epileptic Seizures - PNES):** Resembling epileptic seizures without neurological causes.
- **Speech disturbances:** Aphonia (loss of voice), mutism.

Symptoms (50 words)

- Sudden paralysis or weakness.
- Loss of sensation (numbness, blindness, deafness).
- Seizures without medical cause.
- Speech disturbances (inability to speak).
- Tremors, gait abnormalities.

Diagnostic Criteria (40 words)

- Neurological symptoms inconsistent with medical conditions.
- Symptoms appear after stress or trauma.
- No medical explanation despite tests.
- Causes significant distress or impairment.

Causes (50 words)

- **Biological:** Brain areas regulating movement/emotion dysfunction.
- **Psychological:** Unconscious conflict, stress response.
- **Environmental:** Trauma, abuse, PTSD history.

4. Dissociative Identity Disorder (DID)

Nature (100 words)

Dissociative Identity Disorder (DID), previously known as Multiple Personality Disorder, is a severe dissociative condition where an individual develops two or more distinct personality states. These identities may have unique behaviors, memories, and even physiological responses. DID typically arises from extreme childhood trauma, often as a defense mechanism against unbearable experiences. Individuals may experience memory gaps (dissociative amnesia) and identity confusion. The disorder significantly disrupts daily life and is associated with distress, mood instability, and self-harm. Transitions between identities may be triggered by stress. DID is a controversial diagnosis but is recognized in DSM-5 as a valid disorder.

Types (50 words)

- **Switching Type:** Sudden shifts between personalities.
- **Co-conscious Type:** Awareness of multiple personalities.
- **Possession-Type:** A personality state feels externally controlled.
- **Non-Possession Type:** Identities exist but are less overt.

Symptoms (50 words)

- Presence of two or more distinct identities.
- Memory gaps, amnesia about personal life events.
- Confusion about identity, feelings of detachment.
- Mood swings, depression, anxiety.
- Voices inside the head, different handwriting styles.

Diagnostic Criteria (40 words)

- Two or more distinct identities.
- Memory gaps inconsistent with normal forgetfulness.
- Significant distress or impairment.
- Not due to substance use or other medical conditions.

Causes (50 words)

- **Biological:** Brain changes in memory/emotional processing.
- **Psychological:** Extreme dissociation as a defense mechanism.
- **Environmental:** Severe childhood trauma, prolonged abuse.

Chp 4

Schizophrenia & Other Psychotic Disorders (200 words)

Schizophrenia is a chronic, severe mental health condition that affects thinking, emotions, and behavior. Individuals with schizophrenia often experience delusions (false beliefs), hallucinations (sensory experiences that aren't real), and disorganized thinking, which can impair their ability to function in daily life. There are several types of psychotic disorders, including Schizophreniform Disorder, Schizoaffective Disorder, and Delusional Disorder, which share some overlapping symptoms but differ in their nature and duration.

- **Schizophrenia** involves prolonged symptoms and usually impacts one's ability to work, maintain relationships, or live independently.
- **Schizophreniform Disorder** is similar but with a shorter duration, often seen as a precursor to schizophrenia.
- **Schizoaffective Disorder** involves a combination of mood disorders (depression or mania) along with psychosis.
- **Delusional Disorder** involves persistent delusions without the other symptoms typically seen in schizophrenia, such as hallucinations or significant cognitive impairment.

Treatment for these disorders typically includes antipsychotic medications, psychotherapy, and support systems, which help manage symptoms and improve the quality of life.

1. Schizophrenia

Nature (100 words)

Schizophrenia is a chronic mental disorder characterized by disturbances in thought processes, emotions, and perceptions. It leads to delusions, hallucinations, disorganized speech, and impaired social functioning. Schizophrenia typically develops in late adolescence or early adulthood and significantly affects an individual's ability to function in daily life. The disorder has a severe impact on cognition, affecting memory, attention, and executive functions. Though not curable, schizophrenia can be managed with medication, therapy, and social support. It is often associated with a decline in self-care, occupational performance, and social relationships, making early diagnosis and intervention critical for better prognosis and management.

Types (50 words)

- **Paranoid Schizophrenia:** Dominated by delusions and auditory hallucinations.
- **Disorganized Schizophrenia:** Severe thought and speech disturbances.
- **Catatonic Schizophrenia:** Extreme motor dysfunction, ranging from immobility to agitation.
- **Undifferentiated Schizophrenia:** Symptoms don't fit specific subtypes.
- **Residual Schizophrenia:** Milder symptoms after an acute episode.

Symptoms (50 words)

- **Positive Symptoms:** Hallucinations, delusions, disorganized speech.
- **Negative Symptoms:** Lack of emotion, withdrawal, speech reduction.
- **Cognitive Symptoms:** Impaired concentration, memory issues, disorganized thinking.

Diagnostic Criteria (40 words)

- Two or more symptoms (hallucinations, delusions, disorganized speech, catatonic behavior, negative symptoms).
- Symptoms persist for at least six months.
- Significant impairment in social and occupational functioning.

- Not caused by substance use or medical conditions.

Causes (50 words)

- **Biological:** Genetic predisposition, neurotransmitter imbalances (dopamine hypothesis).
- **Psychological:** Cognitive dysfunction, trauma-related stress.
- **Environmental:** Viral infections, prenatal complications, drug abuse (e.g., cannabis, amphetamines).

2. Schizophreniform Disorder

Nature (100 words)

Schizophreniform Disorder is a short-term psychotic disorder with symptoms similar to schizophrenia but lasting between one and six months. If symptoms persist beyond six months, the diagnosis may be changed to schizophrenia. Individuals with schizophreniform disorder experience hallucinations, delusions, disorganized speech, and social withdrawal. The disorder significantly impairs daily functioning but may resolve without progressing to full schizophrenia. It is considered an intermediate diagnosis, often requiring early intervention with antipsychotic medications and therapy. While some individuals recover completely, others may develop schizophrenia or schizoaffective disorder, making close monitoring essential during the course of the illness.

Types (50 words)

- **Good Prognosis Type:** Rapid symptom onset, no significant emotional blunting, good premorbid functioning.
- **Poor Prognosis Type:** Gradual symptom onset, severe negative symptoms, poor social adjustment before illness.

Symptoms (50 words)

- Hallucinations and delusions.
- Disorganized thinking and speech.
- Social withdrawal, apathy.

- Impaired occupational and academic performance.
- Symptoms last for one to six months.

Diagnostic Criteria (40 words)

- Two or more schizophrenia-like symptoms.
- Duration between one and six months.
- Impairment in daily functioning.
- No history of substance-induced psychosis or mood disorders.

Causes (50 words)

- **Biological:** Genetic vulnerability, dopamine dysregulation.
- **Psychological:** Stress-induced psychotic break, emotional trauma.
- **Environmental:** Drug use, prenatal complications, early childhood adversity.

3. Schizoaffective Disorder

Nature (100 words)

Schizoaffective disorder is a mental illness featuring symptoms of both schizophrenia and mood disorders (major depressive or bipolar disorder). Individuals experience psychotic symptoms like hallucinations and delusions alongside mood disturbances such as depression or mania. Unlike schizophrenia, mood symptoms are prominent and persist for a substantial period. Schizoaffective disorder is often misdiagnosed due to overlapping symptoms with schizophrenia and bipolar disorder. It affects social, occupational, and personal functioning, making treatment complex. Management involves antipsychotic medications, mood stabilizers, and therapy. Early intervention improves prognosis, but the disorder often follows a chronic course with intermittent episodes of psychosis and mood instability.

Types (50 words)

- **Bipolar Type:** Features manic or mixed episodes alongside schizophrenia symptoms.
- **Depressive Type:** Major depressive episodes occur with schizophrenia symptoms.

Symptoms (50 words)

- Hallucinations and delusions.
- Major mood episodes (mania or depression).
- Disorganized thinking and speech.
- Social and occupational impairment.
- Mood symptoms present for a significant portion of the illness.

Diagnostic Criteria (40 words)

- Schizophrenia symptoms plus major mood episodes.
- Delusions or hallucinations for at least two weeks without mood symptoms.
- Mood episodes occur for a significant portion of the disorder.
- Not due to substance use or medical conditions.

Causes (50 words)

- **Biological:** Genetic factors, dopamine and serotonin dysregulation.
- **Psychological:** Early trauma, emotional instability.
- **Environmental:** Chronic stress, substance abuse, social isolation.

4. Delusional Disorder

Nature (100 words)

Delusional Disorder is a psychotic disorder characterized by persistent, false beliefs (delusions) that last for at least one month. Unlike schizophrenia, individuals with this disorder do not exhibit significant hallucinations, disorganized speech, or severe cognitive impairment. Their beliefs are often plausible but incorrect, such as believing they are being persecuted or loved by a famous person. Unlike schizophrenia, daily functioning is generally preserved, except in areas related to the delusion. Individuals may experience paranoia, social withdrawal, and distress but typically do not show severe psychotic symptoms. Treatment includes antipsychotic medications and cognitive therapy to challenge irrational beliefs.

Types (50 words)

- **Persecutory:** Belief of being targeted or harmed.
- **Erotomanic:** Belief that someone is in love with them.
- **Grandiose:** Belief of having special powers or importance.
- **Jealous:** Unfounded belief that a partner is unfaithful.
- **Somatic:** False belief of having a medical condition.

Symptoms (50 words)

- Firmly held false beliefs.
- Lack of insight into irrationality.
- Minimal impact on daily life (except delusion-related aspects).
- Occasional anger or distress.
- Absence of prominent hallucinations or disorganized speech.

Diagnostic Criteria (40 words)

- Presence of one or more delusions for at least a month.
- No significant hallucinations or thought disorder.
- Functioning not significantly impaired except in delusion-related areas.
- Not caused by another mental disorder or substance use.

Causes (50 words)

- **Biological:** Dopamine dysfunction, genetic predisposition.
- **Psychological:** Cognitive biases, personality traits (paranoia).
- **Environmental:** Social isolation, stress, trauma.

Delusions.

Delusions are “fixed beliefs that are not amenable to change in light of conflicting evidence” (APA, 2013, pp. 87). This means that despite evidence contradicting one’s thoughts, the individual is unable to distinguish their thoughts from reality. The inability to identify thoughts as delusional is likely likely due to a lack of insight. There are a wide range of delusions that are seen in the schizophrenia related disorders to include

Hallucinations can occur in any of the five senses: hearing (auditory hallucinations), seeing (visual hallucinations), smelling (olfactory hallucinations), touching (tactile hallucinations), and tasting (gustatory hallucinations). Additionally, they can occur in a single modality or present across a combination of modalities (e.g., having auditory and visual hallucinations). For the most part, individuals recognize that their hallucinations are not real and attempt to engage in normal behavior while simultaneously combating ongoing hallucinations. According to various research studies, nearly half of all patients with schizophrenia report auditory hallucinations, 15% report visual hallucinations, and 5% report tactile hallucinations). Among the most common types of auditory hallucinations are voices talking to the patient or various voices talking to one another. Generally, these hallucinations are not attributable to any one person that the individual knows. They are usually clear, objective, and definite . Additionally, the auditory hallucinations can be pleasurable, providing comport to the patient; however, in other individuals, the auditory hallucinations can be unsettling as they produce commands or malicious intent.

Disorganized thinking

. Among the most common cognitive impairments displayed in patients with schizophrenia are disorganized thought, communication, and speech. More specifically, thoughts and

speech patterns may appear to be circumstantial or tangential. For example, patients may give unnecessary details in response to a question before they finally produce the desired response. While the question is eventually answered in circumstantial speech patterns, in tangential speech patterns the patient never reaches the point. Another common cognitive symptom is speech retardation, where the individual may take a long time before answering a question. Derailment, or the illogical connection in a chain of thoughts, is another common type of disorganized thinking. Although not always, derailment is often seen in illogicality, or the tendency to provide bizarre explanations for things. These types of distorted thought patterns are often related to concrete thinking. That is, the individual is focused on one aspect of a concept or thing and neglects all other aspects. This type of thinking makes treatment difficult as individuals lack insight into their illness and symptoms

Disorganized/Abnormal motor behavior. Psychomotor symptoms can also be observed in individuals with schizophrenia. These behaviors may manifest as awkward movements or even ritualistic/repetitive behaviors. They are often unpredictable and overwhelming, severely impacting their ability to perform daily activities

Catatonic behavior. Catatonic behavior, the decreased or complete lack of reactivity to the environment, is among the most commonly seen disorganized motor behavior in schizophrenia. There runs a range of catatonic behaviors from negativism (resistance to instruction); mutism or stupor (complete lack of verbal and motor responses); rigidity (maintaining a rigid or upright posture while resisting efforts to be moved); or posturing (holding odd, awkward postures for long periods; APA, 2013). There is one type of catatonic behavior, catatonic excitement, where the individual experiences hyperactivity of motor behavior, in a seemingly excited or delirious way.

Negative symptoms. Up until this point, all the schizophrenia symptoms can be categorized as positive symptoms, or symptoms that are an over-exaggeration of normal brain processes; these symptoms are also new to the individual. The final diagnostic criterion of schizophrenia is negative symptoms, which are defined as the inability or decreased ability to initiate actions, speech, express emotion, or feel pleasure (Barch, 2013). Negative symptoms often present before positive symptoms and remain once positive symptoms remit. Because of their prevalence through the course of the disorder, they are also more indicative of prognosis, with more negative symptoms suggesting a poorer prognosis. The poorer prognosis may be explained by the lack of effectiveness antipsychotic medications have in addressing negative symptoms (Kirkpatrick, Fenton, Carpenter, & Marder, 2006). There are six main types of negative symptoms seen in patients with schizophrenia. Such symptoms include:

• Affective flattening - Reduction in emotional expression; reduced display of emotional expression

• Alogia - Poverty of speech or speech content • Anhedonia - Inability to experience pleasure

• Apathy - General lack of interest

• Asociality - Lack of interest in social relationships

• Avolition - Lack of motivation for goal-directed behavior