Psychological Disorders Review Sheet: DSM 5

Category	Subcategory	Symptoms	Explanations
Anxiety: classified as a psychological disorder only when it becomes distressing or persistent or is characterized by maladaptive behaviors intended to reduce it.	Generalized Anxiety Disorder	For no clear reason one feels persistently and uncontrollably tense and uneasy.	Psychoanalytic: Result from the discharging of repressed impulses. Behavioral: a product of fear conditioning, stimulus generalization, reinforcement, and observational learning. Biological: evolutionary, genetic, too much activity in amygdala, frontal lobe, and anterior cingulate; too little GABA.
	Panic Disorder	Brief, all encompassing feeling of terror and that Imminent death is near.	
	Specific phobia	Irrational fear of specific object or situation. Can disrupt behavior and lead to incapacitating efforts to avoid the situation.	
	Social Anxiety Disorder	Extreme shyness in social situations.	
	Agoraphobia	"Fear of the marketplace"; Fear of crowds or wide opens spaces. Cope by staying indoors.	
Obsessive-Compulsive Related Disorders: With some controversy, OCD was removed from the anxiety disorders section and given its own chapter along with related ones.	Obsessive-Compulsive Disorder	Repetitive thoughts that produce anxiety **(obsessions);** and repetitive behaviors that reduce anxiety associated with the obsessions (**compulsions).**	Psychoanalytic: Result from the discharging of repressed impulses. Behavioral: Negative reinforcement of compulsive behaviors (for example, washing hands repeatedly is negatively reinforcing since it removes the anxiety of thinking about germs). Biological: evolutionary, genetic, too much activity in amygdala, frontal lobe, and anterior cingulate; too little GABA.
	Hoarding Disorder	Person accumulates lots of items that interferes with functioning	
	Body Dysmorphic Disorder	This is a person's preoccupation with a perceived defect or flaw in physical appearance that seems insignificant to others. Person may explore excessive plastic surgeries in an effort to achieve their distorted sense of perfection.	
Trauma-Related Disorders: The DSM-5 removed PTSD from the category of anxiety disorders and created its own category.	Post-Traumatic Stress Disorder	A maladaptive reaction to a traumatic experience such as recurrent intrusive memories of the event, flashbacks, fear of stimuli associated with he event, negative changes in mood and ability to concentrate, irritability, and feelings of detachment	Psychological: Negative appraisals, fatalistic beliefs, early childhood traumas, lack of social support, poor coping skills, low efficacy. Biological: abnormal levels of epinephrine and cortisol; abnormal activity in amygdala.
Somatic Symptom Disorders Stress converts into physical symptoms, which have no biological explanation. Symptoms must cause significant distress or impairment in functioning.	Functional Neurological Symptom Disorder (conversion disorder)	Anxiety converts into physical problem. Patient may experience physical symptoms with no physiological explanation. May lose a sensation like sight or touch.	Conversion episodes are nearly always triggered by a stressful event, an emotional conflict. Easterners (Case of Pol Pot) and women (Case of Le Roy, NY) cheerleaders) of all cultures are more vulnerable.
	Illness Anxiety Disorder (hypochondria)	Normal problems become life-threatening. Headache turns into tumor. Stomachache turns into cancer. Patient goes from doctor to doctor seeking a cure.	Although the causes are unclear, it's thought that personality, life experiences, upbringing and inherited traits may all play a role.

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Dissociative Disorders: Disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment.	Dissociative Amnesia	Inability to recall important personal information NOT due forgetfulness or brain injury. Sometimes it can result in a **fugue state**, where the person travels a long distance from their home.	Environmental stress or psychological trauma.
	Dissociative Identity Disorder	Presence of two or more identities that take control of the individual's behavior accompanied by lapses in memory.	Traumatic childhood trauma, usually sexual in nature. Such memories are repressed. Critics suggest such personalities were manufactured by therapists using hypnosis on suggestible patients (Case of Sybil).
Bipolar and Depressive (formerly called Mood Disorders) These disorders are characterized by emotional extremes	Major Depressive Disorder	Without apparent reason one descends for weeks or months into deep unhappiness, lethargy, and feelings of worthlessness before rebounding to normality.	Psychoanalytical: Losses evoke memories of negative child experiences or unresolved anger towards parents. Biological: Genes predispose individuals. Abnormalities in the neurotransmitters serotonin and norepinephrine. Lack of activity in the frontal lobes, especially in the left one. Shrinkage in the frontal lobes and amygdala. Social-cognitive: Negative, self-defeating beliefs can result in learned helplessness. **Stable** (this will last forever), **global** (this affects everything), and **internal** (this is all my fault) explanations of failures make one prone to depression. Females tend to overthink, making them more vulnerable.
	Persistent Depressive Disorder (formerly called dysthymia)	Although less disabling, dysthymic disorder is marked by chronic low energy and poor self-esteem.	
	Disruptive Mood Dysregulation Disorder	New disorder used to replaced childhood bipolar disorder. Child is irritable or angry all day. Temper outbursts occur 3 or more times per week.	
	Premenstrual Dysphoric Disorder	Significant mood swings or depressive symptoms that occur in the week prior to the onset of menses and are absent in the week post menses	
	Bipolar Disorder	Person alternates between the hopelessness and lethargy of depression and the hyperactive, wildly optimistic, impulsive phase of mania.	
Schizophrenia Schizophrenia typically strikes during late adolescence. It affects men and women about equally, and it seems to occur in all cultures	Now placed on a spectrum. Subtypes have been eliminated in DSM-5 because they did not aid in validity due to overlapping symptoms. Some of the subtypes are now used to help provide further detail in diagnosis, such as **catatonia** (marked by motor immobility and stupor).	Disorganized thinking and delusions (false beliefs), which may stem from a breakdown of selective attention); disturbed perceptions (including hallucinations); and inappropriate emotions and actions. Emerges as chronic/process (slow occurring) or as acute/reactive (sudden reaction to stress. Chronic/Process has more dim view of treatment than acute/reactive.	Increased receptors for dopamine contribute to positive symptoms; lack of glutamate may contribute to negative ones. Large ventricles in frontal lobe and shrinkage in amygdala and thalamus regions. Twin and adoption studies point to a genetic predisposition. Prenatal factors like nutrition and exposures to virus increase risk.

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Personality Disorders: Enduring, maladaptive patterns of behavior that impair social functioning. Some critics feel there is too much overlap between subcategories.	Narcissistic	Pervasive pattern of grandiosity, need for admiration, lacks empathy. Requires excessive admiration, takes advantage of others, arrogant, envious of others.	Some evidence links the cause to a dysfunctional childhood, such as excessive pampering, extremely high expectations, abuse or neglect. Other evidence points to genetics.
	Histrionic	A pervasive pattern of excessive emotionality and attention seeking. (wants to be center of attention, inappropriate sexual behavior, rapidly shifting and shallow expression of emotions, dramatic.)	A combination of genetic and environmental factors may play a role.
	Borderline	Instability with regard to identity, mood, relationships and includes problems such as impulsivity, feelings of emptiness, suicidal ideation, self-injurious behaviors.	Generics, and environmental factors like child abuse and neglect may play a role. Certain brain chemicals that help regulate mood, such as serotonin, may not function properly.
	Antisocial	A pattern of disregarding and violating the rights of others that includes such problems as deceitfulness, impulsivity, aggressive behavior, recklessness, lack of conscience, viewing others as prey. Can be violent, or a charming con artist.	Reduced activity in the frontal lobe and amygdala, low levels of autonomic arousal and stress hormones and genetics play a role. Mistreatment in childhood an failure to make positive relations with others.

Perspectives of Psychological Disorders

Defining Psychological Disorders: Between normality and abnormality there is not a gulf but a somewhat arbitrary line. Where we draw this line depends on how atypical, disturbing, maladaptive, and unjustifiable a person's behavior is.

Understanding Psychological Disorders: The medical model's assumption that psychological disorders are mental illnesses displaced earlier views that demons and evil spirits were to blame. However, critics question the medical model's labeling of psychological disorders as sicknesses. Most mental health workers today adapt a biopsychosocial perspective. They assume that disorders are influenced by genetic predisposition, physiological states, psychological dynamics, and social circumstances.

Classifying Psychological Disorders: Many psychiatrists and psychologists use the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) for naming and describing psychological disorders in treatment and research. Diagnostic labels facilitate mental health professionals' communications and research, and most health insurance policies in North America require DSM-5 diagnoses before they will pay for therapy.

Labeling Psychological Disorders: Critics point out the price we pay for these benefits of classifying disorders. Labels also can create preconceptions that unfairly stigmatize people and bias our perceptions of their past and present behavior.

Rates of Psychological Disorders

Recent survey findings revealed that one in seven Americans have experienced a clinically significant psychological disorder in the prior year. Among them, the three most common were phobic disorder; alcohol abuse or dependence (with men outnumbering women five to one); and mood disorder (with women outnumbering men two to one). Poverty is a predictor of mental illness but it can also be the result of mental illness due to inability to function effectively in society and thus being driven into poverty.