

# Other Disorders

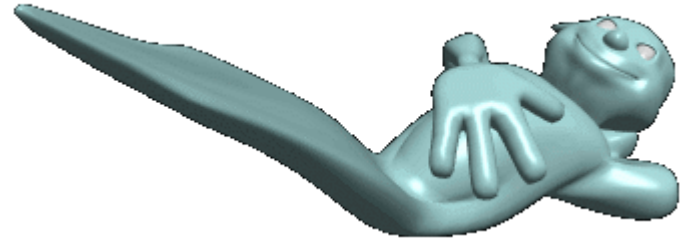
Dissociative  
Disorders

Somatic  
Symptom  
Disorders

Personality  
Disorders

# Dissociative Disorders

- Disorders in which conscious awareness becomes separated (dissociated) from previous memories, thoughts and feelings.



# Dissociation in the news

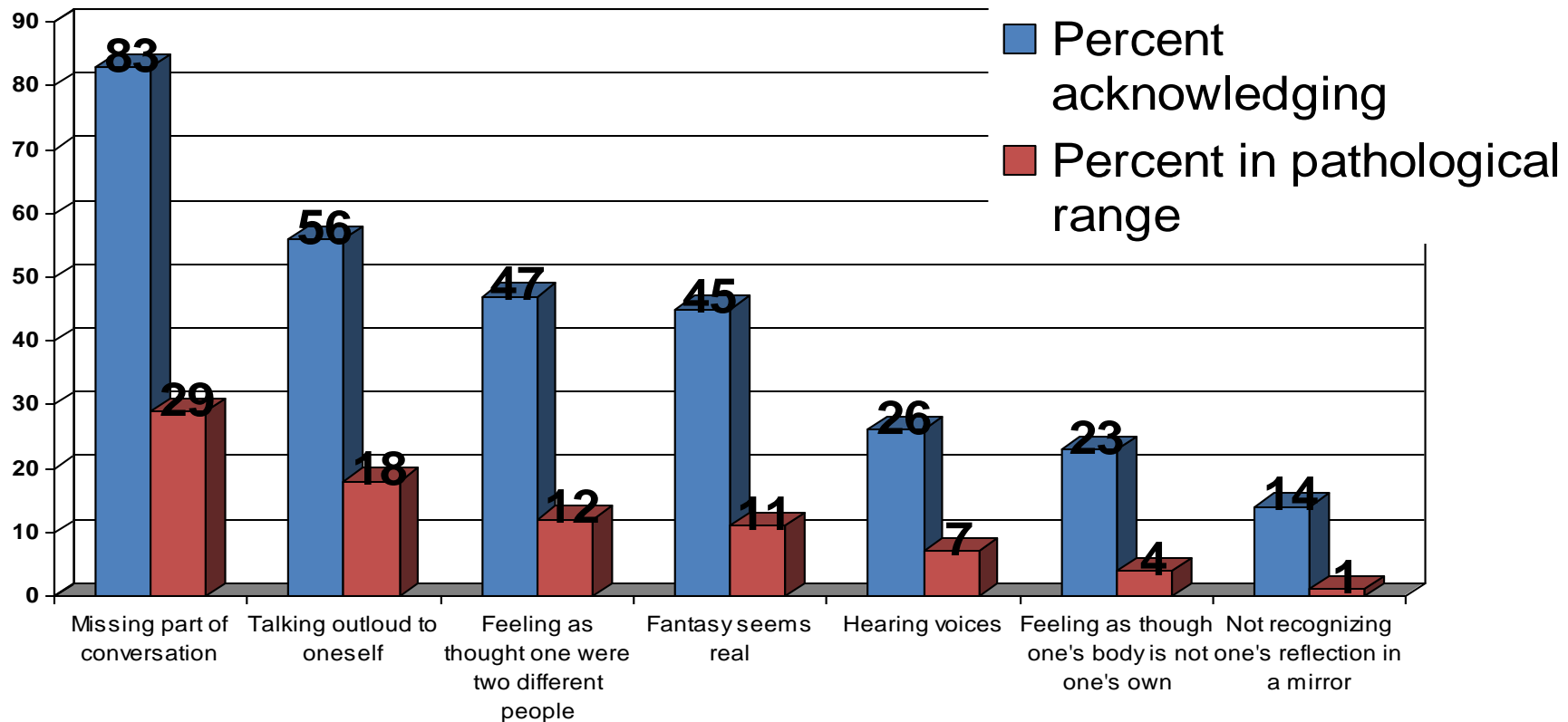
**I'm not really running, I'm not really running...** (NYTimes, Dec 6, 2007)

"Without realizing what I was doing, I dissociated a few months ago, in the middle of a long, fast bike ride. I'd become so tired that I could not hold the pace going up hills. Then I hit upon a method — I focused only on the seat of the rider in front of me and did not look at the hill or what was to come. And I concentrated on my cadence, counting pedal strokes, thinking of nothing else. It worked. Now I know why. "

Dr. Bill Morgan, who has worked with hundreds of sub-elite marathon runners, said every one had a dissociation strategy. One wrote letters in his mind to everyone he knew. Another stared at his shadow.



# Dissociative Experiences in the General Population



## Dissociative Disorders

### Some common examples:

- Driving past one's expressway exit
- Not hearing your name called by instructor
- 3-yr old having imaginary playmate
- Dissociation can serve as a psychological escape from an overwhelmingly stressful situation.
- A **dissociative disorder** refers to *dysfunction and distress caused by chronic and severe dissociation.*

### Forms:

#### Dissociative Amnesia:

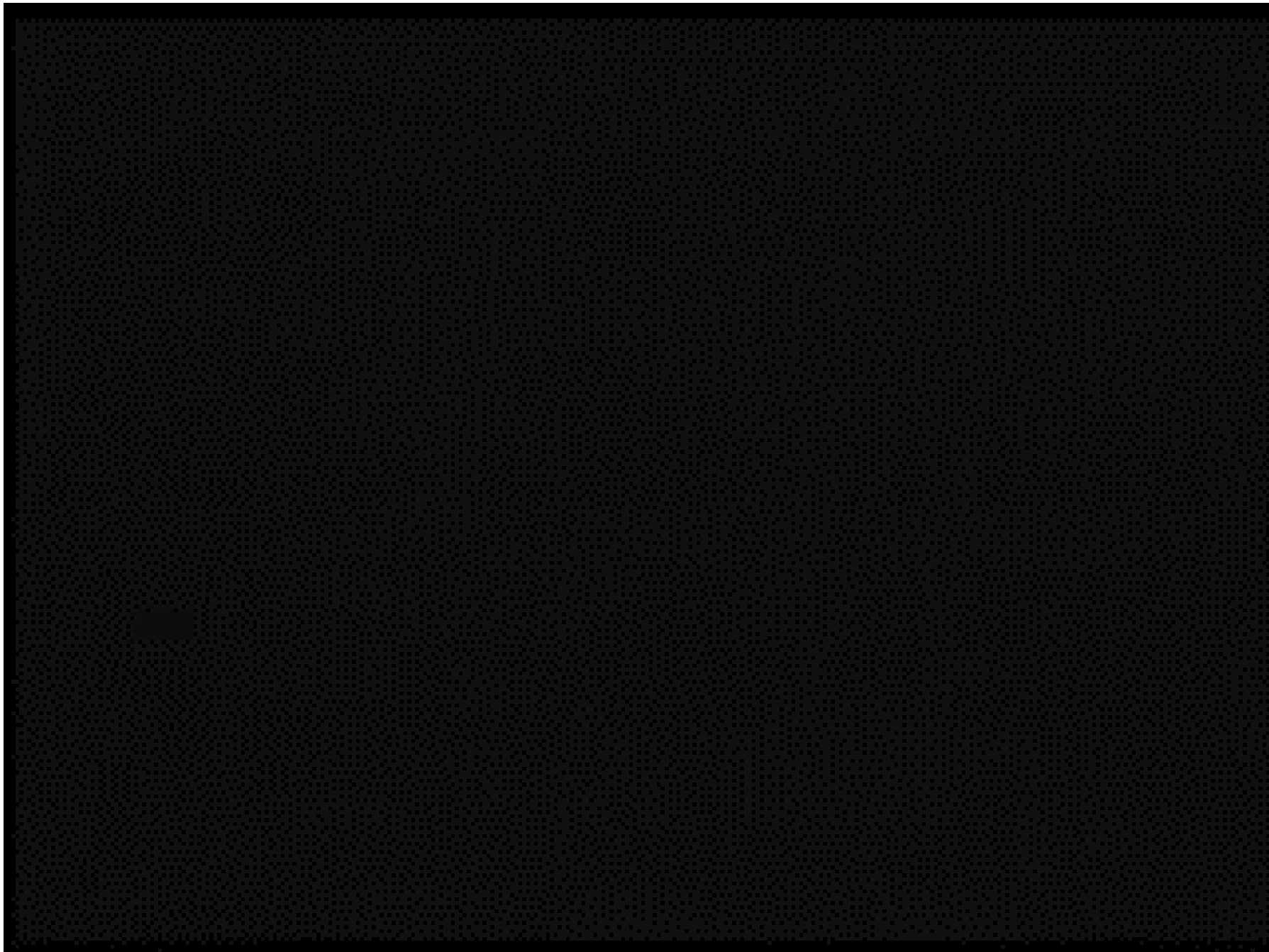
Loss of memory with no known physical cause; inability to recall selected memories or any memories. Semantic memory (facts) remains intact.

#### Dissociative Fugue

"Running away" state; wandering away from one's life, memory, and identity, with no memory of these

#### Depersonalization Disorder

feeling detached or distant from one's own experience, body, or self.



# Dissociative Identity Disorder (D.I.D.)

*formerly “Multiple Personality Disorder”*

In the rare actual cases of D.I.D., the personalities:

- are distinct, and not present in consciousness at the same time.
- may or may not appear to be aware of each other.

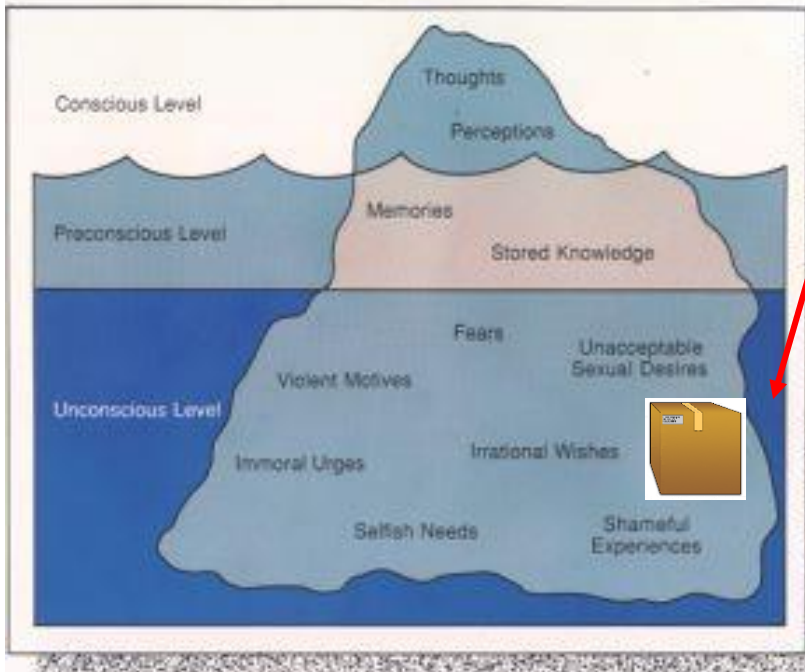


- People with DID commonly have a history of childhood abuse or trauma.
- Usually one is central & guides interactions
  - Called the 'host'
  - Other personalities are called 'alters'
- Transitions from one identity to another are often triggered by stress.

# Another look at Repression

- Trauma is tucked into unconscious
- Repression
  - NOT under voluntary control
  - You can't choose to repress
  - Won't know if you have done it
- We all do this, small scale
- DID- massive scale

PERS 5 Freud's View of the Human Mind: The Mental Iceberg





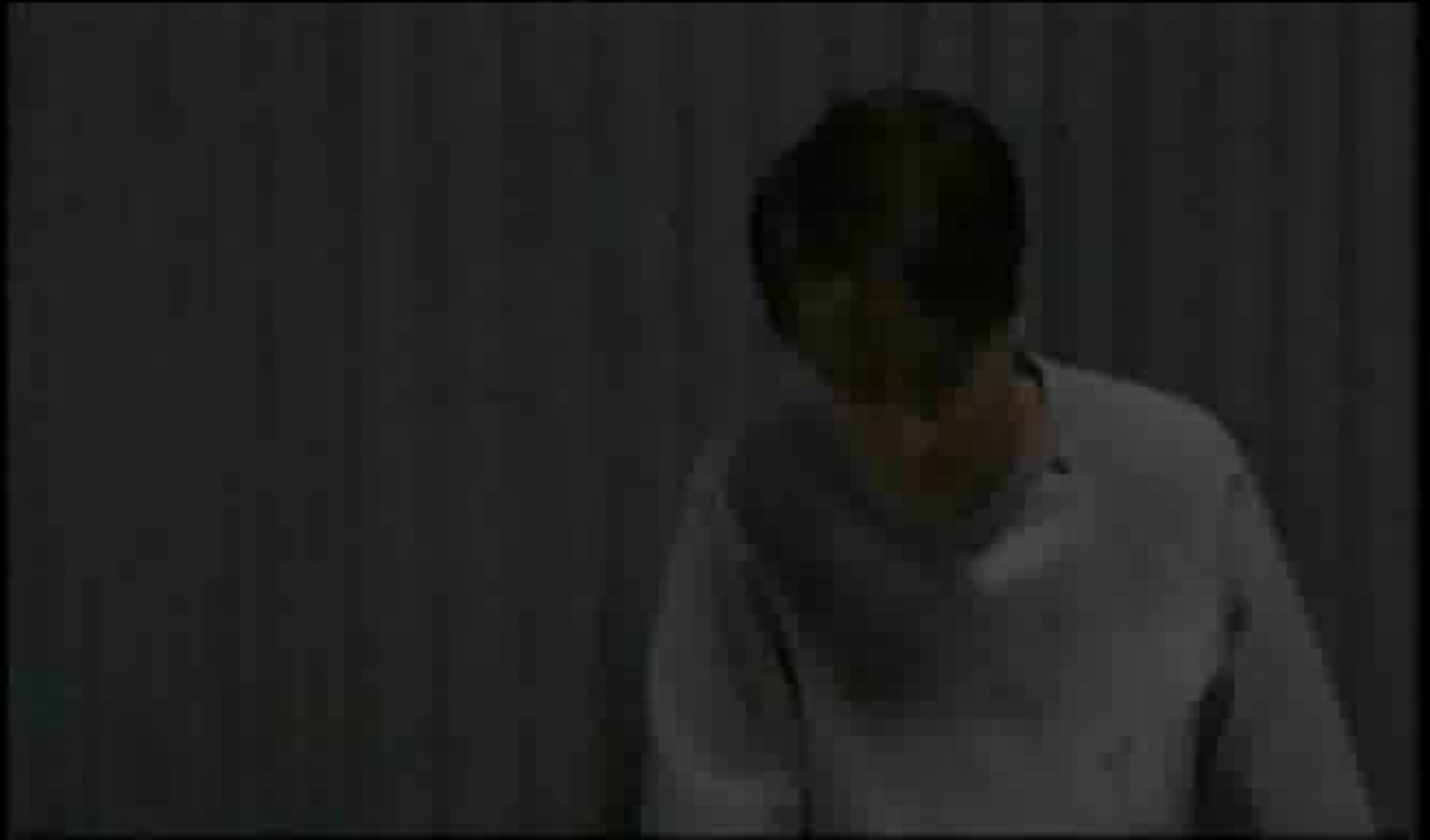
# Subpersonalities

- May be active - take charge of body
- May be observing - quiet observers
- May know of/ interact with each other or not
  - Mutually amnestic
    - None know about the others
  - Mutually cognizant
    - All know about the others
  - One-way amnestic
    - one knows of another but not the reverse
    - Most common situation



**When the Devil Knocks Documentary trailer –  
*Dissociative Identity Disorder (DID)***

# DID as portrayed in the film *Primal Fear*



# D.I.D., or DID Not?

## *Evidence that D.I.D. is Real*

Different personalities have involved:

- different brain wave patterns.
- different left-right handedness.
- different visual acuity and eye muscle balance patterns.

Patients with D.I.D. also show heightened activity in areas of the brain associated with managing and inhibiting traumatic memories.

## Alternative Explanations for D.I.D.

- Could be a negative reinforcement for anxiety
- A therapist's suggestion may lead to memories being "constructed" as a response to leading questions from the therapist.
- D.I.D. in North America might be a recent cultural construction, similar to the idea of being possessed by evil spirits.

# Handwriting Samples of Sub- personalities

• Different enough that handwriting experts believe the samples are made by separate people

Dear Others,

I would like all of you to sign your name and state your purpose in my life. What exactly do you do for me.

Debbie - I give you happiness.

Elizabeth - you can't say no to me, you.

Margo - speak the words you don't

Jillie - Sex sex sex sex!!!!

Brenda - Knowledge, the ability to talk to people intellectually.

Chira - I am gay (lesbian)

Saurie - When a stranger talks to you I come around because I'm not afraid of people I don't know.

Christine - I express deep feelings.

Bobby - Fighting physically.

Alexis - the only thing I know how to do is run away.

Melissa - I'm scared.

Valerie - Free spirits.

Cynthia - I'm the comedian.

Bethanne - love all people and talk to as many as I can.

Monica - Partying is my game.

Sarah - I play games. You always worry that you're going to win but I don't.

# Often called Schizophrenia... why?

- Misinformed public
- The two disorders are profoundly different
  - Schizophrenia - sufferers lose touch with the rational plane of reality - enter impossible worlds
  - DID - are always in the rational world, but as different people



**Explaining fragmentation  
of personality from  
different perspectives**

Psychoanalytic perspective:  
diverting id

Cognitive perspective:  
coping with abuse

Learning perspective:  
dissociation pays

Social influence:  
therapists encourage

# Dissociative Disorders

<ul style="list-style-type: none"><li>■ <b>Dissociative Identity Disorder</b></li></ul>	<ul style="list-style-type: none"><li>■ There are separate, multiple personalities in the same individual</li></ul>
<ul style="list-style-type: none"><li>■ <b>Dissociative Fugue</b></li></ul>	<ul style="list-style-type: none"><li>■ The person moves away and assumes a new identity, with amnesia for the previous identity</li></ul>
<ul style="list-style-type: none"><li>■ <b>Dissociative Amnesia</b></li></ul>	<ul style="list-style-type: none"><li>■ The person loses memory of important personal facts, including personal identity, for no apparent organic cause</li></ul>
<ul style="list-style-type: none"><li>■ <b>Depersonalization Disorder</b></li></ul>	<ul style="list-style-type: none"><li>■ Frequent episodes in which individual feels detached from his or her mental state or body</li></ul>

## Somatic Symptom Disorders

- Physical complaints without organic basis
- Occur when a person manifests a psychological problem through a physiological (physical) symptom.

### Forms:

#### Conversion Disorder:

Report the existence of severe physical problems with no biological reason. Loss/alteration of physical functioning due to stress. (Associated with Freud)

#### Illness Anxiety Disorder (hypochondria)

Client is preoccupied with fear that he/she has or will get a serious disease, leading to anxiety. Focuses on only 1-2 symptoms, fear they suggest future illness.

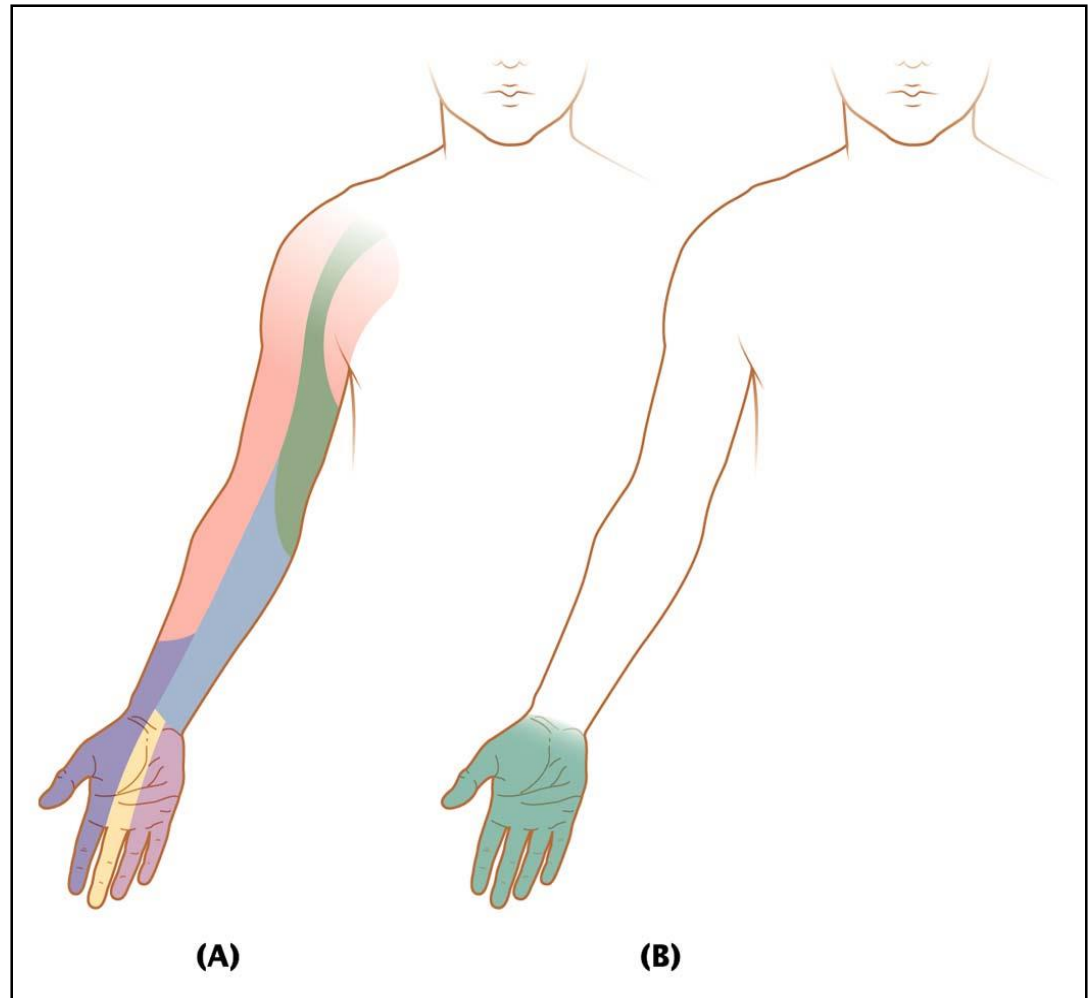
#### Body Dysmorphic Disorder

Preoccupation with imagined or exaggerated defects in physical appearance



# Glove Anesthesia

- A conversion disorder in which a person can't feel their hand (B).
- Neurologically this is impossible because the sensory nerves of the hand and arm are organized as shown in (A) rather than (B).



# Conversion Disorder



## THE NOSE



### YOUR SECRET TO A BEAUTIFUL FACE

Your nose is central to the way you feel about your appearance and the way other people first perceive you.

If you are in the slightest way unhappy about it, and feel it detracts from your looks, you will probably always be unhappy about it. So why put up with it any longer when it can so easily be corrected?

Nose reshaping or rhinoplasty, one of the most common of today's conservative cosmetic surgery procedures, involves the reshaping and realignment of your nose so that it is in proportion with the rest of your facial contours.

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# Do advertisements affect BDD?

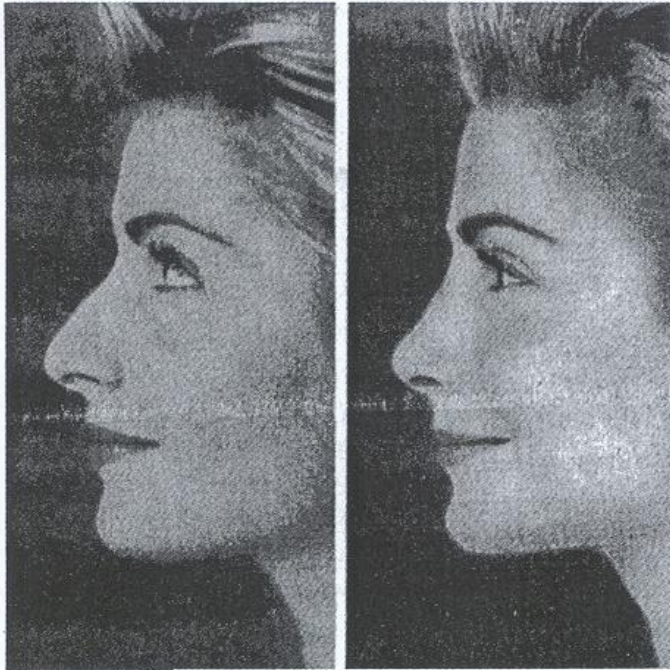
“Your nose is central to the way you feel about your appearance and the way other people first perceive you.”

“If you are in the slightest way unhappy about it, and feel it detracts from your looks, you will probably always be unhappy about it.”

# Can you see the difference?

Before.

Happily Ever After.



Once upon a time there was a young lady who had a small problem.

She didn't like her nose. She felt that it kept her from looking and feeling her best. And that bothered her. For years. And years. Until one day she decided to do something about it. So she called New York Plastic Surgery Center for a free consultation.

Call 212.861.4100 Today To Schedule A Free Consultation  
Or Receive Our Free Information Booklet.

The plastic surgery procedure she had waited years for took less than an hour. She was home in her own bed the same night. And the result will last a lifetime. Just another story with a happy ending. Except, for this young lady it was really more like a happy beginning.

**New York Plastic Surgery, P.C.**

800 Fifth Avenue, New York, New York 10021 212.861.4100



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- "Once upon a time there was a young lady who had a small problem. She didn't like her nose..."
- What might be the influence of shows like *The Swan* (Fox), *Extreme Makeover* (ABC), *I Want a Famous Face* (MTV), or *Dr. 90210* (E!)?
- Are pretty and handsome synonymous with attractive?

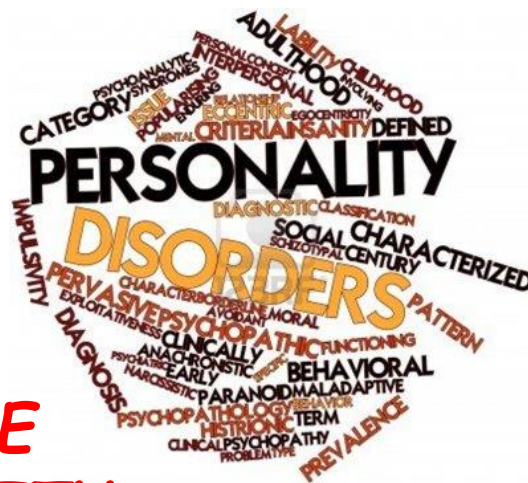
# Body Dysmorphic Disorder



# Personality Disorders: A class of their own

Psychological disorders characterized by inflexible and enduring behavior patterns that impair social functioning.

**DO NOT CONFUSE  
WITH PERSONALITY  
TRAITS**



- Dominates their personality
- People with these disorders generally don't feel that they have a problem...
- "Recovery" very, very rare.

# Personality Disorders

## Cluster A

*Odd and eccentric*

Marked by **eccentricity, odd behavior**, not psychosis

Share a superficial similarity with schizophrenia (a milder version)

## Cluster B

*Dramatic, emotional, or erratic*

Being **self-absorbed, prone to exaggerate importance of events**

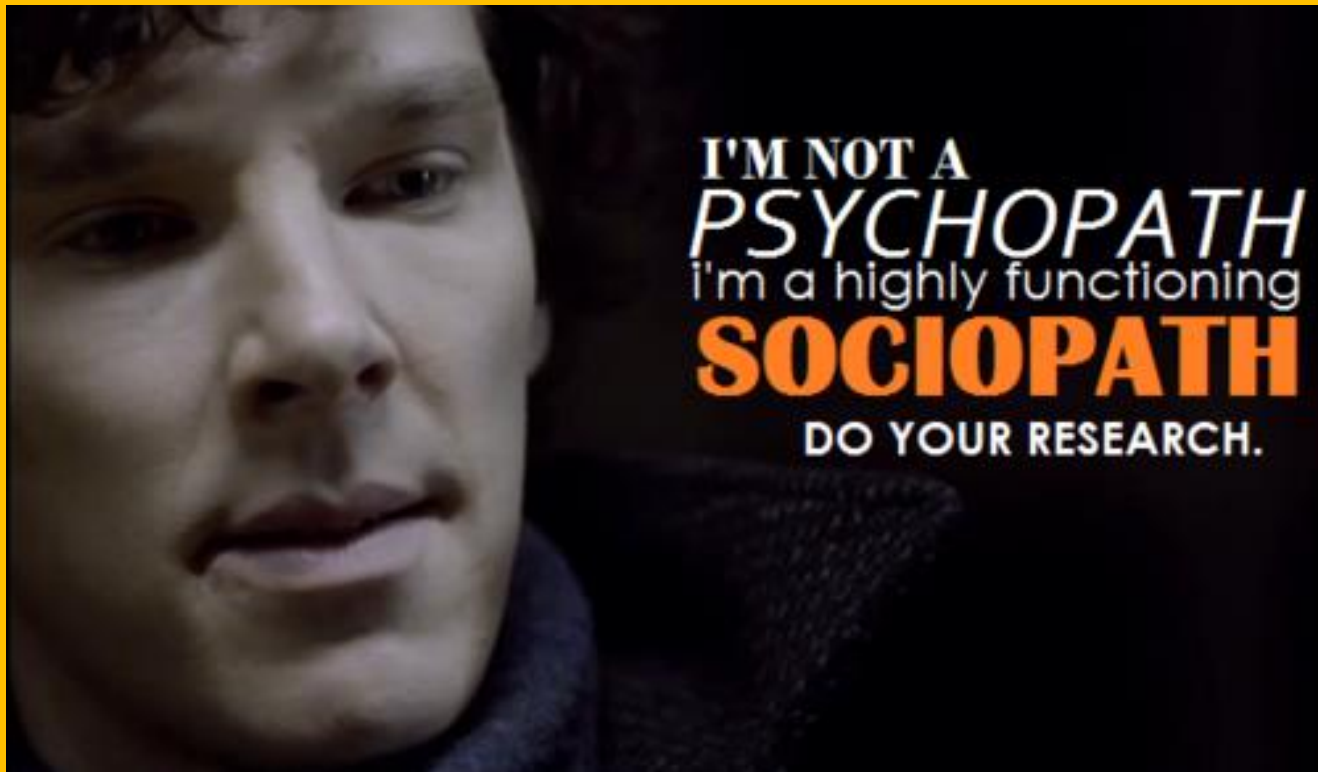
Having difficulty maintaining close relationships.

**Often associated with risky behavior, puts self in danger.**

## Cluster C

*Anxious and fearful*

People are often **anxious, fearful, and depressed**



Sherlock  
Holmes is  
neither. Why?

- No one with this disorder freely admits to being one.
- He cares for Watson.
- He cares for Ms. Hudson
- He cares for Irene Adler
- He has a conscience

There is really no distinction between the two anymore.

One can do research and find varying explanations about how the two may differ, but they are inconsistent, and unnecessary to differentiate between, because they are no longer used. What used to be described as sociopathic or psychotic disorders is now known as ***Anti-Social Personality Disorder.***



# Antisocial Personality Disorder [APD]

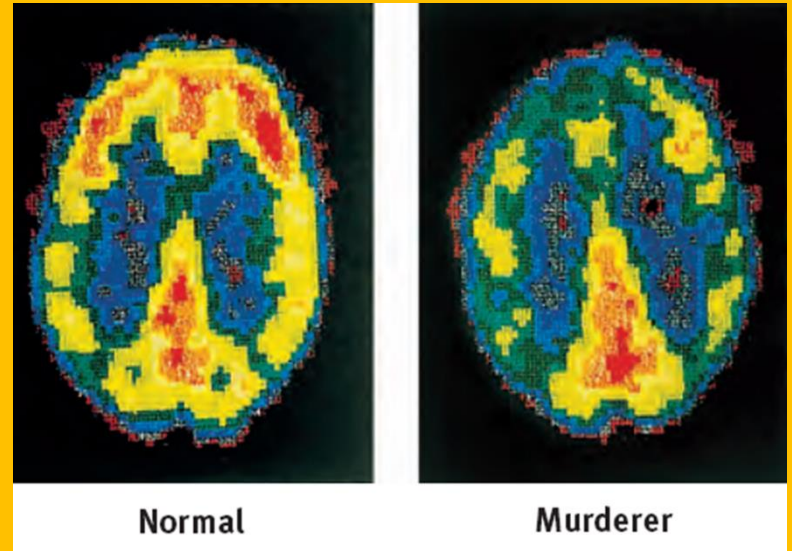
**Antisocial personality disorder** refers to acting impulsively or fearlessly without regard for others' needs and feelings.

*Criminality is not an essential component of antisocial behavior.  
("Sociopath next door")*

Other differences include:

- less amygdala response when viewing violence.
- an overactive dopamine reward-seeking system.

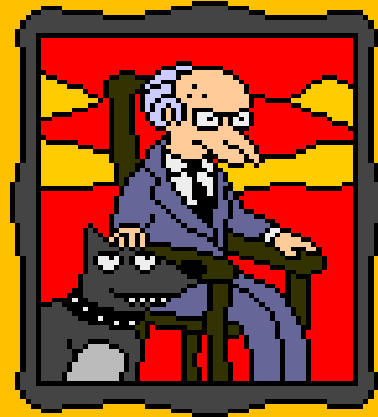
"They glibly rationalize their actions by characterizing their victims as weak and deserving of being conned or stolen from" (Comer, 1997)



- People who commit murder seem to have less tissue and activity in the part of the brain that suppresses impulses.

# Antisocial Personality Disorder

- Tend to be skillful at manipulating people.
- Are not distressed by the pain they cause, often perceived as lacking any moral conscience.
- May be able to "fake" emotions to avoid being "found out."
- They tend to lie and steal
- Respond with lower levels of stress hormones in stressful situations.
- May be able to "fake" emotions to avoid being "found out."



# Narcissistic Personality Disorder

- Characterized by self-centeredness
- They exaggerate their achievements, expecting others to recognize them as being superior.
- They tend to be choosy about picking friends, since they believe that not just anyone is worthy of being their friend.
- They are generally uninterested in the feelings of others and may take advantage of them.



# Obsessive Compulsive Personality Disorder



- Different than OCD
- Characterized by a general psychological inflexibility, rigid conformity to rules and procedures, perfectionism, and excessive orderliness.
- people with OCPD tend to stress perfectionism above all else, and feel anxious when they perceive that things aren't "right".
- OCPD does not include obsessions and compulsions like turning lights on and off 5 times or locking/unlocking a door 10 times.

# OCD

It is possible to  
have both

# OCPD

- May make lists because it may prevent the death of a loved one.
- Usually distressed by having to carry out their rituals.
- Spend a great deal of time engaged in ritualistic behavior.
- Usually seek help due to the psychological stress caused by having to carry out obsessions, or for troubling nature of obsessions
- Severity of OCD may fluctuate over time

- May make lists because list-making is a good way to work efficiently.
- View need to make lists or be organized as necessary or beneficial.
- Usually seek treatment because of the conflict caused between you and family and friends related to your need to have others conform to your way of doing things.  
(ie. - those around you are anxious, and require you to seek help.)
- OCPD symptoms are chronic with little change.

Low levels of anxiety would be most characteristic of:

- A. antisocial personality disorder.
- B. dissociative identity disorder.
- C. obsessive-compulsive disorder.
- D. paranoid schizophrenia.