

Types of Disorders

Anxiety disorders

Includes disorders in which anxiety is the main symptom (generalized anxiety or panic disorders) or anxiety is experienced unless the individual avoids feared situations (phobic disorders) or tries to resist performing certain rituals or thinking persistent thoughts (obsessive-compulsive disorders). Also includes post-traumatic stress disorder.

Mood disorders

Disturbances of normal mood; the person may be extremely depressed, abnormally elated, or may alternate between periods of elation and depression.

Personality disorders

Long-standing patterns of maladaptive behavior that constitutes immature and inappropriate ways of coping with stress or solving problems. Antisocial personality disorder and narcissistic personality disorder are two examples.

Schizophrenia

A group of disorders characterized by loss of contact with reality, marked disturbances of thought and perception, and bizarre behavior. At some phase delusions or hallucinations almost always occur.

Delusional (paranoid) disorders

Disorders characterized by excessive suspicions and hostility accompanied by feelings of being persecuted; reality contact in other areas satisfactory.

Sexual disorders

Includes problems of sexual identity (for example, transsexualism), sexual performance (for example, impotence, premature ejaculation, and frigidity), and sexual aim (for example, sexual interest in children, sadism, and masochism).

Psychoactive substance abuse disorders

Includes excessive use of alcohol, barbiturates, amphetamines, cocaine, and other drugs that alter behavior. Marijuana and tobacco are also included in this category, which is controversial

Somatoform disorders

The symptoms are physical, but no organic basis can be found and psychological factors appear to play the major role. Included are conversion disorders (for example, a woman who resents having to care for her invalid mother suddenly develops a paralyzed arm) and hypochondriasis (excessive preoccupation with health and fear of disease when there is no basis for concern.) Does not include psychosomatic disorders that have an organic basis.

Dissociative disorders

Temporary alterations in the functions of consciousness, memory, or identity due to emotional problems. Included are amnesia (the individual cannot recall anything about his or her history following a traumatic experience) and Dissociative Identity Disorder (multiple personality) (two or more independent personality systems existing within the same individual).

Anxiety Disorders

Everyone feels a little nervous sometimes. However, people with anxiety disorders feel an abnormal amount from common things. In all types of anxiety disorders, (surprisingly) anxiety is the main symptom. There are four major types of anxiety disorders: **generalized anxiety/panic disorders, phobias, obsessive-compulsive disorders, and post traumatic stress disorder.**

General Anxiety/Panic Disorders

A person with general anxiety disorder lives in a state of constant nervousness. People with this disorder usually overreact to any type of stress. Typically, individuals have trouble making decisions and when they actually do this usually only causes additional worries. Sufferers of general anxiety tend to have panic attacks. Some theorists think that this disorder is caused by a learned anxiety. For example, being nervous once about something and learning to avoid that something.

Phobias

A phobia is a fear of a specific stimulus of a situation. The sufferer of a phobia usually knows that the fear is irrational but cannot do anything about it. Phobia has three sub-classes: simple phobia, social phobia, and agoraphobia.

Simple phobias

A simple phobia is a fear of a specific thing or situation. A person may have one phobia but be normal in all other aspects. However, in serious cases, a person may have multiple phobias that interfere with their everyday life.

Social phobias

Individuals with this class of phobia have an extreme fear of social situations and of embarrassing themselves. The most common types of this phobia are public speaking and eating in public.

Agoraphobia

This is the most common phobia that people seeking professional help have. It is also the most difficult to cure. This type of phobia creates an irrational fear of unfamiliar situations. People with agoraphobia avoid open spaces, crowds, traveling, and in extreme cases do not even leave their home.

Obsessive-Compulsive Disorders

"An obsession is the persistent intrusion of unwelcome thoughts, images, or impulses, that cause anxiety. A compulsion is an irresistible urge to carry out certain acts or rituals that reduce anxiety." These two things are often linked together. Individuals with obsessive-compulsive

disorder know that their behavior is irrational and repugnant but are unable to resist. The resistance only causes them to become anxious and only the carrying out of the act will relieve that anxiety. Compulsion has many forms, but the two most common are washing and checking. The obsessive-compulsive disorder is related to the phobias in that both cause severe anxiety and a patient may suffer from both disorders.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder is caused by a traumatic event that overwhelms a person and ruins their ability to cope with a situation. It can cause flashbacks, nightmares, insomnia, and/or guilt. It is usually extremely long lasting.

Mood Disorders

There are two general classifications for mood disorders, also known as affective disorders. There are **bipolar disorders**, where the patient experience swings from depression (extreme sadness) to mania (extreme happiness), and **depressive disorders**, where the person experiences extended, unexplainable periods of sadness.

Bipolar Disorder

In bipolar disorder, formerly known as manic-depression, there are swings in mood from elation to depression with no discernable external cause. During the manicky phase of this disorder, the patient may show excessive, unwarranted excitement or silliness, carrying jokes too far. They may also show poor judgment and recklessness and may be argumentative. Manics may speak rapidly, have unrealistic ideas, and jump from subject to subject. They may not be able to sleep or sit still for very long. These symptoms are predominant for a specific period of time lasting for a few days or even a few months. Hospitalization can often be necessary to keep the person from harming themselves and others.

The other side of the bipolar coin is the depressive episode. Bipolar depressed patients often sleep more than usual and are lethargic. This contrasts with those with major depression, who usually have trouble sleeping and are agitated. During bipolar depressive episodes, a patient may also show irritability and withdrawl. Manic episodes can occur without depression, but this is very rare.

Bipolar disorder is relatively uncommon, occurring in less than 1% of the population. Many researchers believe that it has an organic basis, as it is more common among identical than fraternal twins and may reflect an excess of norepinephrine (a neurotransmitter believed to play a part in depression).

Depressive Disorders

Major Depressive Disorder

A person suffering from major depressive disorder is in a depressed mood for most of the day, nearly every day or has lost interest or pleasure in all, or almost all, activities, for a period of at least two weeks. It is not necessary for the person to report feeling depressed to be diagnosed with major depression- the presence of depressed mood can be implied from observing the person's behavior. Similarly, they may not complain of a loss of interest or pleasure.

Other features include: significant weight change and appetite disturbance (especially loss of appetite), sleep disturbance, slowed movements and speech, restlessness, decreased feelings of energy, feelings of worthlessness, difficulty in thinking or concentrating, indecisiveness, excessive or inappropriate guilt, thoughts of death and suicide or suicide attempts.

Single Episode

Single episode depression is like major depression only it strikes in one dramatic episode.

Recurrent

Recurrent depression is an extended pattern of depressed episodes. Depressed episodes can include any of the features of major depressive disorder.

Treatment

Mood disorders respond to two major forms of treatment, biogenic and psychotherapeutic. The best approach is usually a combination of the two.

Biogenic Treatment

Two major types of drugs, tricyclics and MAO inhibitors are used in treatment of moderate to severe disorders. In unusually severe cases where drugs have been unsuccessful, electroconvulsive therapy may even be tried. The treatment of choice for bipolar disorders is lithium carbonate.

Psychotherapeutic Approaches

There are many types of psychotherapy that can be used to treat sufferers of depression. The National Institute of Mental Health studied interpersonal therapy as one of the most promising types of psychotherapy. It's a relatively short-term therapy, usually lasting between 12 and 16

weeks with weekly sessions. It was specifically developed for the treatment of major depression and does not address unconscious phenomena, such as defense mechanisms or internal conflicts. Instead, it focuses primarily on the conscious factors that directly interfere with social relationships.

The National Institute of Mental Health studied cognitive behavioral therapy as the other most promising type of psychotherapy. This type of therapy focuses on changing the patient's negative thoughts and dysfunctional attitudes in order to overcome their pessimism and hopelessness.

Psychoanalytically oriented therapy focuses on the opposite of cognitive behavioral therapy in that it concentrates on hypothesized unconscious phenomena, such as defense mechanisms or internal conflicts. It also differs from interpersonal therapy in that it looks towards the patient's past rather than the "here and now." It has yet to be scientifically proven effective.

Personality Disorders

Personality disorders are long standing patterns of maladaptive behavior. The personality disorders are when a person uses improper and immature ways to deal with problems or situations. People with this type of disorder do not feel like they are doing anything wrong and therefore do not want to change their behavior like people with anxiety disorders. There are 11 major personality disorders defined by the DSM-III. Some of these include: Antisocial Personality Disorder, Avoidant Personality Disorder, Borderline Personality Disorder, Dependent Personality Disorder, Histrionic Personality Disorder, Narcissistic Personality Disorder, Obsessive- Compulsive Personality Disorder, Paranoid Personality Disorder, Schizoid Personality Disorder, and Schizotypal Personality Disorder.

Antisocial Personality Disorder

This disorder is characterized by the careless disregard for the rights of others. It can be recognized by several symptoms. Someone with an antisocial personality is usually deceitful and is remorseless. Other symptoms include the reckless disregard of safety-both of him/herself and of others, a large irritability and aggressiveness coupled with impulsiveness. Most antisocial personalities also fail to conform to social norms.

Avoidant Personality Disorder

Individuals with this disorder feel inadequate, have great sensitivity to what others think and say about them, and are socially impotent. This disorder is characterized by someone who is terribly reluctant to take personal risks or try new things because they may be embarrassed. Avoidant personalities don't like to get involved in intimate relationships, constantly think about being criticized or rejected, and see themselves as socially inept and inferior.

Borderline Personality Disorder

Sufferers of this disorder have highly unstable interpersonal relationships. The cause of this instability is closely related to the person's self image and also their early social interactions. Symptoms include an unstable self image, rapid mood changes, a need to avoid feelings of

abandonment whether real or imagined. The person also may have difficulty controlling their anger and have recurring feelings of emptiness. Suicide attempts and self-mutilation are also among the recognized symptoms.

Dependent Personality Disorder

This disorder is characterized by a need to be taken care of and a fear of being abandoned. Sufferers of it are very clingy and usually have the following symptoms: helpless when alone because of exaggerated sense of not being able to care for self, when one close relationship ends the person immediately tries to find another, problems initiating projects or ideas because of a lack of self esteem, difficulty disagreeing with others, needs other to take responsibility for him/her, cannot make decisions without advice from others.

Histrionic Personality Disorder

People with this disorder excessively seek emotion and attention for themselves. This disorder can be recognized by these symptoms: the person is uncomfortable when he/she is not the center of attention, easily suggestible, uses physical appearance to draw attention, emotions are rapidly changing and shallow, speech very impressionistic and lacks detail, thinks that relationships are more intimate than they really are, exaggerated expression of emotion, and interaction with others is usually characterized by inappropriate sexual behavior.

Narcissistic Personality Disorder

Individuals, who are excessively grandiose, have a need for admiration, and lack empathy are usually considered to be a narcissistic personality. They can only truly be shown to have the disorder if the person has five of the following symptoms: extreme arrogance and haughtiness, envious of others or believes that they are envious of him, doesn't recognize the feelings of others, exploits other persons for his/her own aims, requires admiration, has fantasies of success and power, has a sense of entitlement and believes that he/she is special.

Obsessive-Compulsive Personality Disorder

An obsessive-compulsive personality has a preoccupation with orderliness, perfection, as well as mental and interpersonal control. However this usually comes at the cost of flexibility, efficiency, and openness. Four of the following are used to determine if someone has this disorder: miserly attitude- wants to save money for a future disaster, very rigid and stubborn, doesn't like to delegate unless the person will do it exactly the way the sufferer would, pack rat- unable to discard things, preoccupied with details, perfectionism interferes with ability to finish tasks, excessively devoted to work, and inflexible in matters of morality, ethics, or values.

Paranoid Personality Disorder

Often misunderstood as malevolent because paranoid personality disorder sufferers are distrustful and suspicious of others. Only four of the following are needed to indicate paranoid personality disorder: individual suspects, with no cause, that others are out to get him; is reluctant to confide in others; is suspicious, without cause, that significant other is being unfaithful; doesn't forgive grudges; has doubts about the loyalty of friends and relations; reads hidden threatening messages into benign statements or situations.

Schizoid Personality Disorder

A person who has a detachment from social relationships and a restricted range of emotional expression in interpersonal situations is considered a schizoid personality. This can be verified by four out of seven symptoms. These symptoms are: a loner-always chooses solitary activities, doesn't want or enjoy any close relationships-including family, has very little interest in having sexual experiences with another person, has no close friends except for immediate family, demonstrates emotional coldness and detachment, takes enjoyment in very few activities, and appears indifferent to what others think of him/her.

Schizotypal Personality Disorder

Schizotypal personality disorder is characterized by people who have discomfort with, and a reduced capacity for, close relationships, cognitive or perceptual distortions, and eccentricities of behavior. There are nine symptoms but only five are needed to confirm that someone is schizotypal. These symptoms are: the person has ideas of reference, has odd beliefs or thinking that doesn't agree with sub cultural norms (ie belief in clairvoyance), odd speech patterns, strange perceptual experiences, a lack of close friends other than immediate family, extreme social anxiety, strange behavior or appearance, suspicious or paranoid ideas, and inappropriate or constricted affect.

Schizophrenia-

A group of disorders characterized by loss of contact with reality, marked disturbances of thought and perception, and bizarre behavior. At some phase delusions or hallucinations almost always occur.

Schizophrenia is among the most debilitating and complex of the psychoses. Approximately 1% of the world population is afflicted with this mental illness.

"Emil Kraepelin first identified the illness in 1896 when he distinguished it from the mood disorders. Kraepelin believed that all psychiatric disorders were caused by organic factors, and his experience suggested to him that the onset of the disease occurred early in the life of the individual. Hence, he called it *dementia praecox*, which means a premature deterioration of the brain."

Many psychiatrists later disputed Emil's thoughts. One of these was Eugene Bleuler, an eminent Swiss psychiatrist, who, in 1911 found that the onset of the disease could in fact occur in the later years. He also reported that schizophrenia was not characterized by the progressive deterioration over the life of the patient, but rather that most patients, after an original severe deterioration, tend to stabilize and remain at the same point in their psychosis for extended periods of time. Bleuler also felt that in order to avoid any misunderstanding of the nature of the

illness by the now obvious misnomer attached to it, the disease would be much better served if it were referred to as "schizophrenia." Bleuler invented the word by combining two Greek words meaning "split" and "mind." This emphasized a splitting apart of the patient's affective and cognitive functioning, which are heavily affected by the aforementioned disease.

Types

There are two types of schizophrenia accordingly enumerated Type I (Reactive or Acute Schizophrenia) and Type II (Process Schizophrenia):

Reactive or Acute Schizophrenia

Reactive schizophrenia is usually sudden and seems to be a reaction to some life crisis. Since the premorbid history is usually good, when the disease does manifest itself, it is in the early phases. Reactive schizophrenia is a more treatable form of the illness than process or chronic schizophrenia.

Process Schizophrenia

Also referred to as poor premorbid schizophrenia, this type is characterized by lengthy periods of its development with a gradual deterioration and only exclusively negative symptoms. It doesn't seem to be related to any major life change or negative event. Usually this type of schizophrenia is associated with "loners" who are rejected by society and tend to not develop social skills and don't excel out of high school.

Symptoms

Positive versus negative

The positive symptoms are things like bizarre behavior, hallucinations, or delusions. Negative symptoms refer to the absence of any adjustive behavior in the important areas of life, a chronic maladaptiveness, flatness of affect, and absence of developed interpersonal relationships (social skills).

Paranoid versus nonparanoid

These symptoms are more easily defined, as the presence of heavily paranoid behavior or the absence thereof. The presence of paranoid symptoms early in the disease apparently suggests a good prognosis. There is a relationship between reactive schizophrenia and paranoid thinking.

Content of thought

The principal disturbance in the schizophrenic's thought processes is multiple delusions. This is divided into two sub-categories, persecutory delusions (in which the schizophrenic believes that he/she is being talked about, spied upon, or their death being planned) and delusions of reference (which is when the schizophrenic gives personal importance to completely unrelated incidents,

objects, or people. Others include common delusions which primarily includes thought broadcasting (they believe their thoughts are visible to the outside world) and thought insertion, which is what most people perceive schizophrenia as consisting of (their thoughts are not their own and are in truth being inserted into their minds by some outside force. Other delusions such as believing in Jesus may appear in extreme cases.

Form of thought

Either schizophrenics express their thoughts in a loose manner, where ideas shift from one subject to another with seemingly no purpose, or "poverty of content," where communication is so vague, abstract, or repetitive, that it is meaningless to the listener. Made up words, or illogically strung together phrases, may appear in writing or speech as well.

Perception

As we well know, the perception of the world is distorted in the experience of a schizophrenic. This may occur with any of the afflicter's senses, but most often appear as auditory, with voices in the patient's head or commands from high authorities which are obeyed at high risk to others or the patient themselves. Visual hallucinations happen less often. Affect (BOLD). This symptom is easiest described as an excessive lack of correlation between what an individual is saying and what emotion they are expressing (i.e. recounting an experience of serious horror while chuckling).

Volition

Simply the occurrence of paralyzation on the patient's will to act out on a decision by their ambivalence.

Sense of self

Schizophrenics generally are not aware of their individuality to an extent that they maintain a perplexity about who they are.

Relationship to the external world

Although obvious, most schizophrenics are so preoccupied with the effects of their illness that they tend to be unavailable to others, which is referred to as autism. They don't notice the world that is happening before them.

Classes of Schizophrenia

Paranoid Schizophrenia - Patient displays the psychotic symptoms.

Undifferentiated Schizophrenia - Used when the patient's symptoms clearly point to schizophrenia but are so clouded in that classification into the different types of schizophrenia is very difficult.

Residual Schizophrenia - Advised when an individual has been through at least one episode of schizophrenia (6 months) but then "recover."

Schizophreniform Disorder - Best understood as a schizophrenic disorder that has lasted for more than two weeks but less than six months. A less serious diagnosis, as it has likelihood for the patient to return to a normal citizen of society.

Delusion Disorders

Sometimes referred to as paranoia, this disorder is portrayed in the media more heavily than it actually occurs. There is little written about this disease, not surprising considering it's rarity.

Symptoms

A well-supported delusion (in that it is ably defended) is the chief and often times the only symptom of disease. Other characteristics appropriate to the delusion can also be present, such as resentment or aggression.

Types

The delusion may manifest itself as any of the following types:

Persecutory type in which the individual believes he or she is being threatened or mistreated by others.

Grandiose type, in which victims of the disorder believe that they are extraordinarily important people or are possessed of extraordinary power, knowledge or ability.

Jealous type, in which the delusion centers on the suspected unfaithfulness of a spouse or sexual partner. This delusion is more common than others.

Eroticmatic type, in which individuals convince themselves some person of eminence, often a movie star or well-known political figure (often whom they have never met but to whom they have written frequently) is in love with them.

Somatic type, in which the false belief focuses on a delusional physical abnormality or disorder.

One extremely rare instance of this disease is called folie à deux. It results from a close relationship with someone else that already has a delusional disorder, often under a closed environment. Both persons then share the delusion, such as the situation in the movie "Nell," where the main character is raised away from society with only her sister to associate with.

It is important to note the distinguishment between this disorder and paranoid schizophrenia, which is that in this disorder; the symptoms of hallucination, incoherence, and loosened association are not present.

This disorder occurs in middle-aged to older persons, however it is free from further deterioration or any type of remission. Typical is the disease's unwillingness to participate in treatment or associate casually. It is generally believe that this the delusional disorder stems not from genetic or physical means, but rather from pathological early life experiences.

Sexual Disorders

Sexual disorders include problems of sexual identity, sexual performance, and sexual aim. There are three major categories of sexual disorders: **sexual dysfunctions**, **paraphilia**, and **gender identity disorders**.

Sexual Dysfunctions

Sexual dysfunctions prevent or reduce an individual's enjoyment of normal sex and prevent or reduce the normal physiological changes brought on normally by sexual arousal. These dysfunctions can be classified by the phase of the sexual cycle in which they occur. It is important to keep in mind that the diagnosis of sexual dysfunction is made only when the disability persists. Any of them could occur occasionally or be caused by a temporary factor such as fatigue, sickness, alcohol, or drugs.

The Desire Phase

There are two types of dysfunctions that can occur during the desire phase. One is hypoactive desire which is basically a disinterest in sexual activity. It results in a complete or almost complete lack of desire to have any type of sexual relation. This can often result in the participation in intercourse as a simple marital duty.

The second type is an aversion to sex. This is different from simple hypoactive sexual desire in that sexual activity actually repulses the person or makes them unusually apprehensive. This is most often the result of a traumatic sexual experience, such as molestation as a child or rape.

The Arousal Phase

Erectile dysfunction is the inability of males to attain or sustain erection long enough for coitus. The inability of females to become sexually aroused is sexual arousal disorder.

The Orgasm Phase

When males are unable to control ejaculation so that it occurs before satisfying sexual relations can take place with the partner this is known as premature ejaculation. Ejaculatory incompetence is the lack or delay of reaching orgasm in males. The female version of this is inhibited female orgasm- the lack or delay of reaching orgasm in females.

Sexual Pain Disorders

There are two sexual pain disorders. Dyspareunia is when pain occurs during intercourse. This is predominantly a female complaint, but it does occur in males occasionally. Vaginismus is a female disorder in which involuntary spasmodic muscle contractions occur at the entrance to the vagina when an attempt is made to insert the penis. If intercourse is attempted despite these contractions, a painful sexual experience results.

Paraphilia

Paraphilias are sexual behaviors in which unusual objects or scenarios are necessary to achieve sexual excitement. Eight paraphilias are recognized which are grouped into 3 broad categories.

Preferences for Nonhuman Objects

There are two types of preferences for nonhuman objects: fetishism and transvestism.

Fetishism

A fetish exists when a person is sexually aroused by a nonliving object. It can manifest in two ways, one more extreme than the other. One form associates coitus with some object (most frequently women's panties or other undergarments. It is relatively harmless if the action is taken playfully and is acceptable to the person's partner. Focus on certain parts of the body (feet, hair, ears, etc) aside from those parts of the pleasurable foreplay, can become fetishistic in its hold on the individual.

The more extreme form of fetishism is when a nonliving object completely substitutes for a human partner, such as underwear, boots, and shoes or such textured objects as velvet or silk. Here, orgasm is achieved when the person is alone, fondling the object.

Transvestism

This paraphilia exists when the person achieves sexual excitement by cross-dressing. This is very rarely found in females so the male side of this paraphilia will be used as the example.

Two different purposes seem to be associated with this act in different individuals. In one aspect the person seeks to intensify sexual excitement in intercourse with a partner by only partially dressing as a woman. In the other form, the male moves about in full female regalia, which suggests some type of gender identity problem but not necessarily homosexuality.

Preferences for Situations Causing Suffering

Sadism and Masochism

The term sadist is derived from the reported violent sexual exploits of the Marquis de Sade. "Sadist" is applied to those who derive sexual excitement from the pain of others. The term masochist was derived from the writing of Leopold von Sacher-Masoch whose characters sought out women who would beat them. "Masochist" is applied to those who derive sexual excitement through their own pain. Hence, sadists and masochists go hand in hand, one depending on the need of the other. The danger of these needs is that each may need successively more brutal treatment to satisfy their sexual needs.

Preference for Nonconsenting Partners

The three types of this category of paraphilia are exhibitionism, voyeurism, and pedophilia. All three are considered crimes in this country and are almost entirely male crimes.

Exhibitionism

Exhibitionism is the exposure of one's genitals in a public place. It is the most prominent sexual offense leading to arrest and makes up one third of all sexual crimes. From the psychological point of view, there are three characteristic features of the exhibition. First, it is always performed for unknown women; second it always takes place where sexual intercourse is impossible, for example in a crowded shopping mall; and third it must be shocking for the unknown woman or it seems to lose its power to produce sexual arousal in the individual. Exhibitionists are not assault and are considered more of a nuisance than an actual danger.

Voyeurism

Looking at sexually arousing pictures or situation is a relatively common, apparently normal activity. The difference between that and voyeurism is that in normal watching, the viewing is a prelude to normal sexual activity. In the voyeur or "Peeping Tom" the experience *replaces* normal sexual activity. Nevertheless, voyeurism may exist in a person who also engages in normal heterosexual activity.

Pedophilia

Pedophilia is the act of deriving sexual excitement through the physical contact of children. This paraphilia is radically different from exhibitionism and voyeurism in its severely damaging impact on the nonconsenting partner, a child. Ordinarily, the pedophile is someone who has ready access to the child. The child or parent would have no reason to suspect that the individual has a pedophilic orientation.

Gender Identity Disorder

A gender identity disorder exists when a person, male or female, experiences confusion, vagueness or conflict in their feelings about their own sexual identity. There is a struggle between the individual's anatomical sex gender and subjective feelings about choosing a masculine or feminine style of life.

Children can distinguish the difference between males and females by the age of two and by their fourth birthday can recognize the different roles that each sex plays in society. By the age of fifteen or so a person can relate to what arouses sexual feelings in themselves. Those with a gender identity disorder may have a problem with one or all of these aspects of identity.

Somatoform Disorders

Symptoms

The most common characteristic of the somatoform disorder is the appearance of physical symptoms or complaints of such without any organic basis. Such dysfunctional symptoms tend to range from a specialized sensory or motor disability to hypersensitivity to pain. Four major somatoform disorders exist: conversion disorder (also known as hysteria), hypochondriasis, somatization disorder, and somatoform pain disorder.

Types

Conversion Disorder

Primary symptom is often a lack or change in physical functioning. The diseased often react with an attitude of indifference, showing an amazing lack of concern. However, the primary symptoms, which may include such serious ailments as blindness, amnesia and paralysis, are used as a defense mechanism by the person to escape from a stressful situation. In addition, there may be an awareness of the gains possible through the use of the symptom, which may prolong the symptom. Symptoms are grouped as follows:

"Sensory Symptoms: These include anesthesia, excessive sensitivity to strong stimulation (hyperanesthesia), loss of sense of pain (analgesia), and unusual symptoms such as tingling or crawling sensations.

Motor Symptoms: In motor symptoms, any of the body's muscle groups may be involved: arms, legs, vocal chords. Included are tremors, tics (involuntary twitches), and disorganized mobility or paralysis.

Visceral Symptoms: Examples are trouble swallowing, frequent belching, spells of coughing or vomiting, all carried to an uncommon extreme. In both sensory and motor symptoms, the areas affected may not correspond at all to the nerve distribution in the area."

Hypochondriasis

Unlike conversion disorder where an individual perceives a functional disorder and simply use it to escape from uncomfortable situations, hypochondriacs have no real illness, but is overly obsessed over normal bodily functions. They read into the sensations of these normal bodily functions the presence of a feared disease. Symptoms:

The afflicted magnifies small irregularities in bodily functions, real or imagined, and then express concerns over their general health. Focus may lie on a changing area of the bodily system or be specific, such as a certain believed lung condition. Usually, the individual seeks opinions of many physicians and take pleasure in criticizing their methodology when they are diagnosed as perfectly healthy. Still, these individuals tend to lead a fairly normal life with some difficulty in the area of interpersonal relationships. Rarely, an afflicted person becomes a lifelong invalid and cease most independent activity, relying on others to care for their needs.

Dissociative Disorders

These include four recognized varieties: psychogenic amnesia, psychogenic fugue, multiple personality, and depersonalization disorder. Again, these are highly publicized in the media but they are relatively rare.

Dissociative (Psychogenic) Amnesia

Amnesia is the temporary or permanent loss of a part or whole of memory. When this is due to extreme psychosocial stress, it is labeled psychogenic amnesia. This stress is most often associated with catastrophic events.

There are four sub-categories of psychogenic amnesia: localized amnesia, selective amnesia, generalized amnesia and continuous amnesia.

Localized Amnesia

This is most often an outcome of a particular event. The disease renders the afflicted unable to recall the details of an usually traumatic event such as a violent incestual rape. This is undoubtedly the most common type of amnesia.

Selective Amnesia

As it's name implies, this is similar to localized amnesia except that the memory retained is very selective. Often a person can remember certain general occurrences of the traumatic situation, but not the specific parts that make it so.

Generalized and Continuous Amnesia

These less common forms of amnesia are defined as when the diseased either forgets the details of an entire lifetime, or as in the case of continuous amnesia, they can't recall the details prior to a certain point in time, including the present.

Dissociative (Psychogenic) Fugue

Recognized as an independent clinical syndrome, a fugue is simply the addition to generalized amnesia of a flight from family, problem, or location. In highly uncommon cases, the person may create an entirely new life.

Multiple Personality

Defined as the occurrence of two or more personalities within the same individual, each of which during sometime in the person's life is able to take control. This is not often a mentally healthy thing when the personalities vie for control.

Symptoms are of course somewhat self-explanatory, but it is important to note that often the personalities are very different in nature, often representing extremes of what is contained in a normal person. Sometimes, the disease is asymmetrical, which means that what one personality knows, the others inherently know.

Depersonalisation Disorder

This is the continued presence of feelings that the person is not oneself or that they can't control their own actions. While these are common human feelings, it is labeled a disorder when it is recurrent and impairs social and occupational function.

Symptoms are a change in the person's perception of himself or herself. The disease may incur strange feelings that one's limbs are not shaped or sized correctly. It also may cause a sense of being outside of one's body. While self-awareness is extremely distorted, "reality-testing functions" remain intact, which denotes an absence of delusions or hallucinations. The person perceives others as mechanical as if they existed in a dream. The afflicted have a constant worry about going insane.