

Reactive attachment disorder can result when children do not form normal healthy relationships and attachments with adult caregivers during the first few years of childhood. Symptoms of the disorder include being withdrawn from adult caregivers and social and emotional disturbances that result from patterns of insufficient care and neglect.



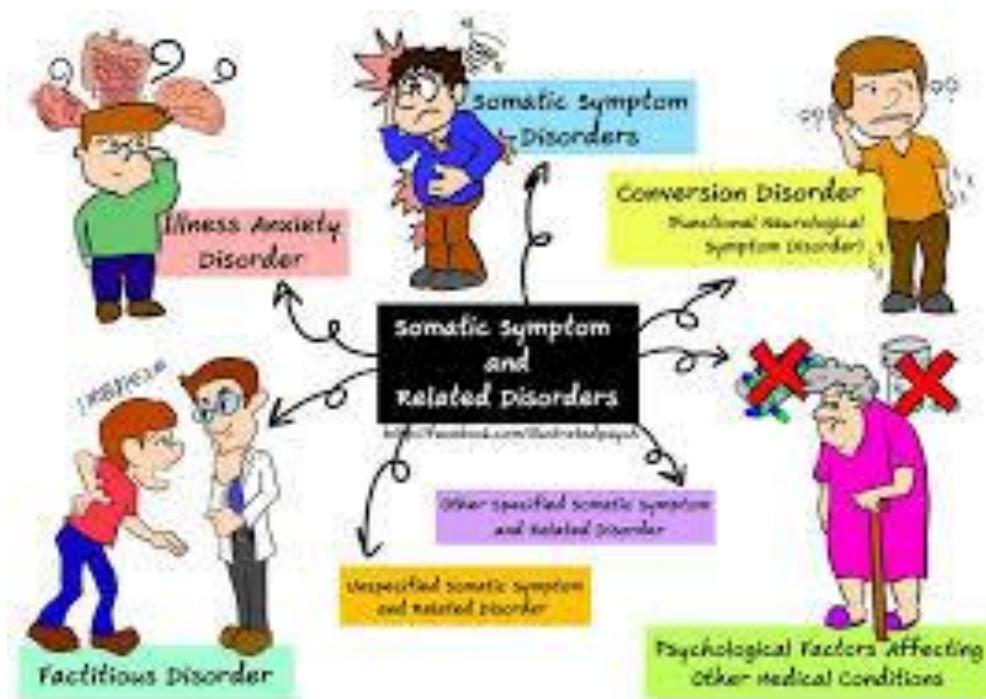
Dissociative Disorders

Dissociative disorders are psychological disorders that involve a dissociation or interruption in aspects of consciousness, including identity and memory. Dissociative disorders include:

Dissociative amnesia involves a temporary loss of memory as a result of disassociation. In many cases, this memory loss, which may last for just a brief period or for many years, is a result of some type of psychological trauma. Dissociative amnesia is much more than simple forgetfulness. Those who experience this disorder may remember some details about events but may have no recall of other details around a circumscribed period of time.

Dissociative identity disorder, formerly known as multiple personality disorder, involves the presence of two or more different identities or personalities. Each of these personalities has its own way of perceiving and interacting with the environment. People with this disorder experience changes in behavior, memory, perception, emotional response, and consciousness.

The disorder is characterized by experiencing a sense of being outside of one's own body (depersonalization) and being disconnected from reality (derealization). People who have this disorder often feel a sense of unreality and an involuntary disconnect from their own memories, feelings, and consciousness.



Somatic Symptom and Related Disorders

Formerly referred to under the heading of somatoform disorders, this category is now known as somatic symptoms and related disorders. Somatic symptom disorders are a class of psychological disorders that involve prominent physical symptoms that may not have a diagnosable physical cause.

In contrast to previous ways of conceptualizing these disorders based on the absence of a medical explanation for the physical symptoms, the current diagnosis emphasizes the abnormal thoughts, feelings, and behaviors that occur in response to these symptoms.

Disorders included in this category:

Somatic symptom disorder involves a preoccupation with physical symptoms that make it difficult to function normally. This preoccupation with symptoms results in emotional distress and difficulty coping with daily life. It is important to note that somatic symptoms do not indicate that the individual is faking his or her physical pain, fatigue, or other symptoms. In this situation, it is not so much the actual physical symptoms that are disrupting the individual's life as it is the extreme reaction and resulting behaviors.

Illness anxiety disorder is characterized by excessive concern about having an undiagnosed medical condition. Those who experience this psychological disorder worry excessively about body functions and sensations and are convinced that they have or will get a serious disease, and are not reassured when medical tests come back negative.

This preoccupation with illness causes significant anxiety and distress. It also leads to changes in behavior such as seeking medical testing/treatments and avoiding situations that might pose a health risk.

Conversion disorder involves experiencing motor or sensory symptoms that lack a compatible neurological or medical explanation. In many cases, the disorder

follows a real physical injury or stressful event which then results in a psychological and emotional response.

Factitious disorder, which used to have its own category, is now included under the somatic symptom and related disorders category of the DSM-5. A factitious disorder is when an individual intentionally creates, fakes, or exaggerates symptoms of illness. Munchausen syndrome, in which people feign an illness to attract attention, is one severe form of factitious disorder.



Feeding and Eating Disorders

Eating disorders are characterized by obsessive concerns with weight and disruptive eating patterns that negatively impact physical and mental health. Feeding and eating disorders that used to be diagnosed during infancy and childhood have been moved to this category in the DSM-5.

Types of eating disorders include:

Anorexia nervosa is characterized by restricted food consumption that leads to weight loss and a very low body weight. Those who experience this disorder also have a preoccupation and fear of gaining weight as well as a distorted view of their own appearance and behavior.

Bulimia nervosa involves bingeing and then taking extreme steps to compensate for these binges. These compensatory behaviors might include self-induced vomiting, the abuse of laxatives or diuretics, and excessive exercise.

Rumination disorder is marked by regurgitating previously chewed or swallowed food in order to either spit it out or re-swallow it. Most of those affected by this disorder are children or adults who also have a developmental delay or intellectual disability. Additional problems that can result from this behavior include dental decay, esophageal ulcers, and malnutrition.

Pica involves craving and consuming non-food substances such as dirt, paint, or soap. The disorder most commonly affects children and those with developmental disabilities.

Binge-eating disorder was first introduced in the DSM-5 and involves episodes of binge eating where the individual consumes an unusually large amount of over the course of a couple hours. Not only do people overeat, however, they also feel as if they have no control over their eating. Binge eating episodes are sometimes triggered by certain emotions such as feeling happy or anxious, by boredom or following stressful events.



Sleep - Wake Disorders

Sleep disorders involve an interruption in sleep patterns that lead to distress and affects daytime functioning.

Examples of sleep disorders:

Narcolepsy is a condition in which people experience an irrepressible need to sleep. People with narcolepsy may experience a sudden loss of muscle tone.

Insomnia disorder involves being unable to get enough sleep to feel rested. While all people experience sleeping difficulties and interruptions at some point, insomnia is considered a disorder when it is accompanied by significant distress or impairment over time.

Hypersomnolence disorder is characterized by excessive sleep during the day or prolonged nighttime sleep. People with this condition may fall asleep during the day at inappropriate times such as at work and school. In addition to this excessive

sleepiness, people with hypersomnolence may also experience anxiety, memory problems, loss of appetite, slow thinking, and disorientation upon waking.

Breathing-related sleep disorders are those that involve breathing anomalies including sleep apnea and chronic snoring that can occur during sleep. These breathing problems can result in brief interruptions in sleep that can lead to other problems including insomnia and daytime sleepiness.

Parasomnias involve disorders that feature abnormal behaviors that take place during sleep. Such disorders include sleepwalking, sleep terrors, sleep talking, and sleep eating.

Restless legs syndrome is a neurological condition that involves having uncomfortable sensations in the legs and an irresistible urge to move the legs in order to relieve the sensations. People with this condition may feel tugging, creeping, burning, and crawling sensations in their legs resulting in an excessive movement which then interferes with sleep.

Sleep disorders related to other mental disorders as well as sleep disorders related to general medical conditions have been removed from the DSM-5. The latest edition of the DSM also provides more emphasis on coexisting conditions for each of the sleep-wake disorders.

This change, the APA explains, "underscores that the individual has a sleep disorder warranting independent clinical attention, in addition to any medical and mental disorders that are also present, and acknowledges the bidirectional and interactive effects between sleep disorders and coexisting medical and mental disorders."

To be continued



Borderline Personality Disorder Test

All results are completely private.

My relationships are very intense, unstable, and alternate between the extremes of over idealizing and undervaluing people who are important to me.

- True
- False

My emotions change very quickly, and I experience intense episodes of sadness, irritability, and anxiety or panic attacks.

- True
- False

My level of anger is often inappropriate, intense, and difficult to control.

- True
- False

Now, or in the past, when upset, I have engaged in recurrent suicidal behaviors, gestures, threats, or self-injurious behavior such as cutting, burning, or hitting myself.

- True
- False

I have a significant and persistently unstable image or sense of myself, or of who I am or what I truly believe in.

- True
- False

I have very suspicious ideas, and am even paranoid (falsely believe that others are plotting to cause me harm) at times; or I experience episodes under stress when I feel that I, other people, or the situation is somewhat unreal.

- True
- False

I engage in two or more self-damaging acts such as excessive spending, unsafe and inappropriate sexual conduct, substance abuse, reckless driving, and binge eating.

- True
- False

I engage in frantic efforts to avoid real or imagined abandonment by people who are close to me.

- True
- False

I suffer from chronic feelings of emptiness and boredom.

- True
- False