Key Dates

- TU Mar 7 Begin Dimensions-Physical, Units IID and Unit 14; MW Ch 5 Alix, Pam ; Term Paper Step 1
- TH Mar 9 Units 15-16; MW Ch 8 Tim, Marilyn
- SPRING BREAK!
- TU Mar 21 Begin Explanations and Treatments, review Unit 3, plus Unit 17
- TH Mar 23 Unit 18; “Loss of control drinking in alcoholics” (on course website)

Goal: To recognize and differentiate different forms of psychopathology that involve disturbances in consciousness and memory and our awareness of self

UNIT 12: CONSCIOUSNESS AND SELF-AWARENESS

Learning Outcomes

- By the end of this class, you should be able to:
  - Define “dissociation” and its connection to the *DSM-5* disorders of dissociative amnesia and depersonalization/derealization disorder
  - List and define the key aspects of how the *DSM-5* describes dissociative identity disorder
  - Explain the controversy that surrounds the inclusion of gender dysphoria in the *DSM-5*

Consciousness and Self-Awareness

- The concept of *dissociation*: a mental process by which normally-integrated functions such as memory, identity, perception, etc., become disrupted and split off from conscious awareness
- Dissociation is a common human response to trauma
- Dissociative symptoms are often seen in both posttraumatic and acute stress disorders

Consciousness and Self-Awareness

- Dissociative experiences can be culturally sanctioned, as in drug-induced trance states or religiously-based conversion (“born-again”) experiences
- But such experiences can also be unbidden, intrusive, and associated with impairment or distress
- When dissociation is the dominant experience, DSM-5 refers to Dissociative Disorders

Consciousness and Self-Awareness

- Dissociative disorders are rare
- They are also controversial, especially because they can (easily?) be faked, and many reported cases emerge in people arrested and accused of a crime
- Also, reports of such cases have become much more frequent in recent years, raising questions about both the reliability and the validity of the diagnosis

Consciousness and Self-Awareness

- Amnesia
  - Amnesia (loss of certain memories) is a common occurrence after a head injury or stroke
  - Used only to refer to loss of long-term memory
  - Difficulties with short-term memory are commonly seen in various forms of dementia (Unit 16)
  - But amnesia can also be “psychogenic”

Consciousness and Self-Awareness

- Dissociative amnesia
  - Involves loss of autobiographical memories of events and/or aspects of personal identity
  - Usually selective, but can be generalized
  - Not attributable to any medical condition
  - Not attributable to the effects of alcohol or drugs
  - Might be chronic, or might partially or fully remit

Consciousness and Self-Awareness

- Dissociative fugue
  - Previously a separate disorder of its own, fugue is now a specifier for dissociative amnesia
  - A fugue is a period of time in which the person engages in purposeful travel or aimless wandering, with little or no memory of personal identity
  - Dissociative amnesia, with or without accompanying fugue, is though to be uncommon
  - Seems to occur more often in females than males
  - Generalized dissociative amnesia tends to have sudden onset, perhaps as a response to life stress

Consciousness and Self-Awareness

- Dissociative identity disorder
  - Previously known as multiple personality disorder, sometimes popularly referred to as “split personality” (but *definitely not the same as schizophrenia*)
  - The person experiences two or more distinct, often opposite, personality states (sometimes called “alters”), with discontinuity and disconnections in sense of self and dramatic changes in behavior, emotional responding, sometimes even voice quality and appearance
  - Significant amnesia is common (“lost time”), adding further to the disconnection

Consciousness and Self-Awareness

- Unanswered questions about DID
  - Some accounts also report changes in handwriting, language, even EEG patterns (though not always verified)
  - Long thought to be rare, but reported cases have increased dramatically in past 30 years
  - “Hollywood” influence
  - Linked to criminal actions, so faking has to be considered

Consciousness and Self-Awareness

- Depersonalization/derealization disorder
  - New in DSM-5; previously listed as two separate disorders
  - Experiences of either feeling detached from one's own body or from one's surroundings
  - But without any true loss of contact with reality (i.e., these are not psychotic episodes)
  - Not attributable to the effects of a drug or fatigue
  - Common as a transient experience, especially due to fatigue or jet lag or sudden panic
  - But can be a more persistent or frequently recurring condition that leads to significant impairment or distress; considered relatively rare

Consciousness and Self-Awareness

- Gender dysphoria ("dysphoria" = negative or depressed mood)
  - Separate category in DSM-5
  - Previously known as gender identity disorder, sometimes referred to as "transsexualism"
  - Disconnect between one's sense of personal gender and how one is perceived by others
  - Strong cross-gender identification, with insistence on cross-gender dress, roles, activities, playmates
  - Rejection of one's own dress and roles and activities
  - Dislike of one's sexual anatomy and desire for the sexual characteristics of the opposite gender

Consciousness and Self-Awareness

- Separate listings for gender dysphoria in children and for adolescents-adults
- Considered rare, more common in males than females (at least in U.S.)
- DSM-5 includes specifier to note when there is an actual physical abnormality involving the sex steroids that control development of primary and secondary sex characteristics

Consciousness and Self-Awareness

- Gender dysphoria has been a source of confusion and controversy
  - Does it have any connection to sexual preferences with regard to same-sex/opposite-sex partners?
  - Can it be distinguished from cross-dressing or transvestism as a form of paraphilia?
  - Does it “pathologize” those who are now often called transgendered?
  - Can it represent a delusion?

Consciousness and Self-Awareness

- Other specified: DSM-5 makes brief mention of identity disturbance that might be due to brain-washing or long-term imprisonment
- Differential and co-morbid considerations
  - All dissociative disorders overlap to some extent with each other
  - Brief dissociative episodes are common, and might be culturally supported, so not necessarily evidence of mental disorder
  - Dissociative experiences occur in trauma- and stress-related disorders, panic disorder, depressive episodes
  - Reality-testing should remain intact, but dissociative disorders can be confused with, or overlap with, psychotic episodes (but never confused with schizophrenia)

Goal: To recognize and differentiate different forms of psychopathology that involve impairments in the development of basic mental abilities

UNIT 13: MENTAL ABILITIES

Learning Outcomes

- By the end of this class, you should be able to:
  - List and describe the key aspects of how the *DSM-5* describes autism spectrum disorder and what it means to call it a “spectrum”
  - List and define the key aspects of how the *DSM-5* describes attention-deficit/hyperactivity disorder (ADHD) and explain how it might be subject to misdiagnosis

Mental Abilities

- A major part of human development is the development of some very basic mental abilities:
  - Intelligence
  - Speech and language
  - Social communication
  - Ability to learn and remember
  - All of these are very closely tied to brain development, so DSM-5 has a category of “Neurodevelopmental Disorders”

Mental Abilities

- Intelligence and IQ
  - No consensus among psychologists regarding the definition of intelligence, or how many “intelligences” we have
  - But for over a century, psychologists and educators have relied on IQ (intelligence quotient) tests: Stanford-Binet, the Wechsler tests
  - Calibrated such that 100 represents the mean, with standard deviation of 15: normal distribution, or “bell-shaped curve”
  - So 85-115 is “normal” (~65% of the population) 70-84 and 116-130 are “dull normal” or “bright normal” (another ~30% of the population)

Mental Abilities

- Intellectual disability
  - Formerly known as “mental retardation”
  - Defined in part by scores <70 on IQ test, ~2.5% of population
  - But IQ tests are not always valid, especially in lower IQ range
  - So DSM-5 does not accept IQ score alone
  - Also required is evidence of “functional deficits” that impair a person’s ability to develop what the culture expects in areas of independence and social responsibility, with limitations in various activities of daily living (ADLs)

Mental Abilities

- Four levels, based on both IQ scores and functional assessment:
  - Mild—about 85% of the ID population, often not recognized until adolescence and in early years seen simply as “slow”
  - Moderate—about 10% of the ID population, usually recognized earlier because of poor speech development and academic difficulties from the outset of schooling
  - Severe—no more than 3.5% of the ID population, with very limited speech, poor motor development
  - Profound—at most, 1.5%, with impairments of even the most basic self-care and interpersonal abilities

Mental Abilities

- Autism spectrum disorders
  - Previously, this was plural because it encompassed several supposedly distinct patterns: autism, Asperger's, pervasive developmental disorder, etc.
  - But DSM-5 now refers only to autism spectrum disorder, which comprises:
    - Deficits in social communication and social interaction
    - Restricted and/or repetitive patterns of behavior (including speech) and interests
  - With evidence of difficulty very early in life (formerly known as "infantile" autism)
  - And not attributable to either intellectual disability or developmental delay

Mental Abilities

- Why “spectrum”?
  - People with ASD can be of normal, above normal, or below normal intelligence
  - Occasional instances of gifted intelligence and “savant syndrome” (e.g., the Rain Man)
  - For both social communication and restricted/repetitive behaviors, further specification of three levels of severity, ranging from “requiring support” to “requiring very substantial support”

Mental Abilities

- For autism spectrum disorder, DSM includes specifier for “with or without accompanying language impairment”—some show no communicative speech at all, or very restricted speech, or patterns such as echolalia, clanging, and “sing-song”
- Long thought to be rare, now estimated to affect at least 1 in every 70 children; male:female ratio is 4:1
- Why the dramatic increase?

Mental Abilities

- Attention-deficit/hyperactivity disorder
  - Most common diagnosis among young people referred for mental health evaluation or care
  - Known over the years by many names: hyperkinetic reaction, attention deficit disorder (ADD), etc.
  - Often referred to as a “behavior” disorder, but there is a presumption that the origin is neurodevelopmental and that the primary dysfunction is in “executive functions” (planning, decision-making, rational control of behavior, ability to delay gratification, etc.), which are mental abilities, cognitive processes

Mental Abilities

- Diagnosing ADHD: beware of “rush to judgment”
  - One or both of:
    - Inattention—6 of 9 possible symptoms
    - Hyperactivity and impulsivity—also 6 of 9 symptoms
    - Diagnosis includes specification of predominantly inattentive, predominantly hyperactive/impulsive, or combined
  - Symptoms before age 12 (no adult onset, no “adult ADD”)
  - Symptoms occur in two or more settings
  - Prevalence ~5%, male:female ratio is 2:1
  - Chronic, but might diminish or disappear with age

Mental Abilities

- Other mental ability impairments in DSM-5
- Specific learning disorder (in education: "learning disability")—inability to keep up with norms for learning of the "3 R's (reading, writing 'rithmetic)
- Communications disorders
  - Language disorder—e.g., limited vocabulary, repetitive errors
  - Speech sound disorder—e.g., lisping, mumbling
  - Childhood-onset fluency disorder—e.g., stuttering
  - Social communication disorder—has language skill but uses language ineffectively, especially in interpersonal interaction
- DSM-5 provides no statistical data for any of these, but might be 5-10% of school-age population, more often seen in boys

Mental Abilities

- Differential and co-morbid considerations
  - All these disorders overlap with, or might be co-morbid with, any of the others
  - Communication problems might be better explained by some form of anxiety disorder, such as mutism or social anxiety disorder
  - Symptoms seen in these disorders can also be associated with known neurological and genetic disorders, such as traumatic brain injury, fragile X and fetal alcohol syndrome

Mental Abilities

- Differential and co-morbid considerations
  - ADHD can be hard to distinguish from oppositional-defiant disorder or conduct disorder, and often two or all three are diagnosed
  - May overlap with DMDD
  - May be situational (bad parenting, overcrowded classrooms)
  - Is it over-diagnosed? Are we blaming the victim
  - Can lead to conduct disorder, delinquency, substance abuse (but usually doesn't)