

## About Psychological Disorders:

**Neurosis** is characterized by anxiety, often as a result of inner conflict. The outward signs of anxiety may be hidden as the person uses ego defenses to keep the anxiety under control. This person remains in good contact with reality (no irrational thought, delusions, or hallucinations).

**Psychosis** is characterized by a loss of contact with reality. The person may be delusional, have irrational beliefs that conflict with common sense, or suffer hallucinations. Anxiety may be present, though it is not a characteristic of the disorder.

The major category of neurosis has been replaced by several more specific categories in the current scheme of classification. Those milder disorders that would have first fallen under *neurosis*, beginning with the ***anxiety disorders*** are:

- ***Specific Phobia***- a specific phobia is an irrational fear of some specific thing or situation. The fear is "irrational" in the sense that it is out of proportion to the actual danger presented. For example, some people are terrified when they see a spider, even though it is on a wall 20 feet away and could not possibly do the person any harm from that distance. A common phobia is agoraphobia (literally, "fear of the marketplace"), in which a person develops a fear of being among crowds of people.
- ***Panic Disorder***- a disorder characterized by unforewarned attacks of extreme dread, as if some terrible thing is about to befall the person, generally lasting only a couple of minutes and leaving the person physically exhausted because of the extreme activation of the physiological mechanisms aroused by terror. These attacks do not appear to be caused by any particular situation or thing, but if they occur several times within a given context, the person may develop agoraphobia as a secondary effect.
- ***Post-Traumatic Stress Disorder***- the disorder arises when people are exposed to severely stressful, life-threatening situations in which they perceive that they have no control over the outcome. Those affected have flashbacks about the situation in which they were helpless, nightmares, difficulty sleeping, and find it impossible to put the situation behind them and get on with their lives. Situations inducing the disorder include military combat, sexual or physical assault, natural disasters,



accidents and being taken hostage, among others.

- ❑ ***Obsessive-Compulsive Disorder***- obsessions are thoughts, usually of a distressing nature, that constantly and repeatedly intrude on one's awareness. Compulsions are ritualistic behaviors a person feels a need to perform repeatedly, as not performing doing so means experiencing rapidly increasing levels of anxiety. Certain drugs and behavior modification techniques have been used to treat the disorder.
- ❑ ***Generalized Anxiety Disorder***- the person suffering from this disorder experiences continuous, high levels of free-floating anxiety that does not seem to have a specific antecedent. The symptoms of anxiety are often treated by prescribing minor tranquilizers as an initial step; this is followed by psychological therapy aimed at uncovering and eliminating the source of the anxiety.

***Somatoform Disorders*** are disorders with some obvious connection to the state of the body. Included are the following two diagnoses:

- ❑ ***Hypochondriasis***- a hypochondriac is someone who is perpetually convinced that s/he has some dreaded disease which, if not treated promptly, is going to lead to their demise. The disorder may be maintained by a strong fear of death, although being the center of attention and concern of physicians, friends, and others can provide its own source of motivation.
- ❑ ***Conversion Disorder***- (formerly hysteria) person with this diagnosis has suffered a loss of sensory experience (sight, hearing, feelings in some part of the body) or a paralysis of some part (e.g., arms, legs), but medical examination reveals no abnormalities. Another symptom is that the person appears to be surprisingly unconcerned about developing the problem and does not wish to seek help to get it cured (indifference toward the disorder).

***Dissociative Disorders*** includes those psychological disorders that involve a "walling off" of some part of the mind from consciousness. (The walled off parts are said to become "dissociated." At one time conversion disorder was included here, but evidently it was needed above so that somatoform disorders would include more than just hypochondriasis!

- Dissociative Amnesia***- loss of memory due to psychological factors as opposed to physical trauma to the brain.
- Dissociative Fugue***- person disappears, forgets their true identity and past, replacing them with an imaginary identity and past, and begins a new life in some other place, but is not conscious of having done these things.
- Dissociative Identity Disorder*** (old name: "Multiple Personality) -- the person develops several alternate personalities, each of which seems like a normal person. The currently "active" personality may or may not have any awareness of what was happening when other personalities were active.

Each of the above disorders would formerly have fallen under the category neurosis. Two of the more severe disorders which would have formerly fallen into the category ***psychosis*** are bipolar disorder and schizophrenia.

***Bipolar disorder***, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar disorder symptoms can result in damaged relationships, poor job or school performance, and even suicide. But bipolar disorder can be treated, and people with this illness can lead full and productive lives.

***Schizophrenia*** is a chronic, severe, and disabling brain disorder that has affected people throughout history. About 1 percent of Americans have this illness. People with the disorder may hear voices other people don't hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can terrify people with the illness and make them withdrawn or extremely agitated.

People with schizophrenia may not make sense when they talk. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking. Families and society are affected by schizophrenia too.

Many people with schizophrenia have difficulty holding a job or caring for themselves, so they rely on others for help. Treatment helps relieve many symptoms of schizophrenia, but

most people who have the disorder cope with symptoms throughout their lives. However, many people with schizophrenia can lead rewarding and meaningful lives in their communities. Researchers are developing more effective medications and using new research tools to understand the causes of schizophrenia. In the years to come, this work may help prevent and better treat the illness.

### **Ways an instructor may be able to help:**

- Reduce stress by going slowly when introducing new concepts and instructions
- Help students set realistic goals for academic achievement and extra-curricular activities
- Encourage students to work with the Office of Accessibility to help determine if the student has specific strengths that can be capitalized upon to enhance learning.
- Be open to regular meetings with the student for feedback and updates on progress.
- Be mindful of various campus resources in the event that referrals become helpful or necessary.
- Because these disorders can be complex and often debilitating, the individual and her support team can provide the information you will need to understand the student's behaviors, the effects of the psychotropic medication and how to develop a learning environment.
- Be open to participating in a team meeting to discuss the various aspects of the development.
- Foster a tolerant environment; encourage other students to be patient, extend their friendship