IV. Dissociative Disorders – memory loss, disconnection from personal identity

A. Dissociative Identity Disorder (Multiple Personality) – two or more distinct personalities each of which manifests itself at times
   1. One personality may have no memory of the others
   2. Often stems from childhood trauma such as sexual abuse

B. Psychogenic amnesia (dissociative amnesia)
   1. Traumatic event leads to memory loss
   2. No physical trauma, no medical condition, not caused by drug use
   3. Memory recall may occur suddenly or gradually

C. Psychogenic fugue (dissociative fugue) – amnesia and flight
   1. May not remember who they are and sometimes assume new identity
   2. Recovery may be rapid

D. Causes of Dissociative Disorders
   1. Dissociative amnesia could represent and attempt to disconnect or disassociate one’s conscious state from awareness of traumatic experiences, psychological pain, conflict
   2. Symptoms may protect self from anxiety that could occur if memories became fully conscious
   3. People with D.I.D. may split off parts of themselves from consciousness
      a) Severe repetitive physical or sexual abuse in childhood (beginning before age 5)
   4. People with D.I.D. may continue to use their alternate personality to block out memories of childhood trauma and of conflicting emotions that these experiences bring up
   5. Some psychologists believe it is a genuine disorder in few individuals as a way of coping with terrible physical and sexual abuse dating back to childhood
V. Mood Disorders – disturbance in mood

A. Seasonal Affective Disorder (SAD)
   1. Type of major depression which people experience patterns of depression in the fall and
      winter months and elevated moods in the spring and summer months
   2. Can be treated with exposure to bright artificial light to substitute for natural sunlight

B. Dysthymic Disorder – mild but chronic depression, symptoms are less severe than major depression. People are dispirited or down for long periods of time (5 years or longer). 6% of pop. developed this at some point in life. It’s more common in women.
   1. Chronic low energy and self-esteem
   2. Difficulty sleeping, eating, and making decisions

C. Major Depressive Disorder – severe depression
   1. Two or more weeks of depressed moods, feelings of worthlessness, and diminished
      interest or pleasure in most activities
   2. Distress and impairment in social, occupational, or other areas of daily living
   3. Rate of cases increasing and diagnosing at an earlier age; affects women more than men
      (5-12% of men vs. 10-25% of women)
   4. There are underlying hormonal and biological differences between men and women that
      explain the more cases in women, including greater stress in women’s lives today
      (physical and sexual abuse, poverty, single parenthood, sexism, woman usually have the
      bulk of household and childcare chores)
   5. Men are more likely to distract themselves when depressed; women are more likely to
      stir and dwell in their problems which can worsen the depression

D. Bipolar Disorder (manic depressive) – high and low moods. Moods shift between
   euphoric feelings and depression. There are periods of normal moods in between.
   1. Mania – extreme agitation, hyperactivity, excitement, restlessness, and trouble
      concentrating, talkative (talks too rapidly, jumps from one topic to another, has inflated
      sense of self-worth, may also become delusional)
   2. Depression
   3. Affects men and women equally (1% of US adult pop suffers from some sort of bipolar
      disorder)
E. Causes (a whole body disorder)

1. Genetic – tends to run in families (especially bipolar)
2. Biochemical – affects neurotransmitters
   a) Norepinephrine (too much causes mania and too little causes depression)
   b) Serotonin (exercise increases serotonin and reduces depression)
3. Attributional style – how individuals explain the causes of events that happen to them
   a) Internal vs. External
      (leave space for additional notes with Ms. Reoven)
   b) Global vs. Specific
      (leave space for additional notes with Ms. Reoven)
   c) Stable vs. Unstable
      (leave space for additional notes with Ms. Reoven)
   d) Depressive attributional style (internal, global, and stable) are at greater risk of developing major depression
4. Stressful events and negative thoughts

F. Suicide – closely linked to mood disorders, especially major depression and bipolar disorder
   (leave space for additional notes with Ms. Reoven)