Module 33

Dissociative Disorders, Schizophrenia, and Personality Disorders

Learning Goals

33-1 Describe the symptoms and causes of dissociative disorders.

33-2 Describe the symptoms and causes of schizophrenia.

33-3 Identify the personality disorders.

Is it possible to be two different people? Can you really split from reality? Serious psychological disorders are the topic of this module.

Consider Gene Saunders. Gene was a manager at a manufacturing company. Work had become a struggle, with missed production goals, criticism from his supervisor, and disappointment when an expected promotion didn't come through. The stress at work led to additional problems at home, including a violent argument with his teenage son. Two days after the argument, Gene disappeared. A year and a half later, police in a town hundreds of miles away picked up a drifter who had been working as a short-order cook. The drifter's name was Burt Tate, and although Burt knew what town he was in, he had no knowledge of his life before arriving in town. There were no physical or drug problems that would account for the memory loss. You guessed it—Gene and Burt are the same person.[1]

Consider Emilio. His twelfth hospitalization occurred when he was 40 because his mother, with whom he lived, feared him. He dressed in a ragged old coat and bedroom slippers, with several medals around his neck. Much of what he said was simply nonsense. When interviewed, he claimed he had been "eating wires and lighting fires." He alternated from being angry toward his mother to childlike giggling, and he heard nonexistent voices. Emilio had been unable to hold a job since his first hospitalization at age 16.[2,3]

Consider Mary. She was 26 years old when referred for hospitalization by her therapist because she had urges to cut herself with a razor. For more than 10 years, Mary struggled with issues related to religion and philosophy. Her academic performance in college dropped when she began experimenting with a variety of drugs. When Mary entered therapy, she became both hostile and demanding, sometimes insisting on two therapy sessions a day. She did not exhibit stability in her moods or relationships.[4]

Gene, Emilio, and Mary suffer from psychological disorders we discuss in this module. These disorders are not nearly as common as *anxiety disorders* (such as phobias) and *major depressive disorder*, but they represent an sample of the variety of disturbances that can plague people. Keep in mind that in this text we do not come even close to examining all disorders—the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* fifth edition (DSM-5), lists more almost 300 specific mental disorders. Several of the people you read about in this module have lost some aspect of their sense of self like Gene (dissociative disorders); others have lost contact with reality like Emilio (schizophrenia); and still others have developed lasting and counterproductive patterns of behavior like Mary (personality disorders).

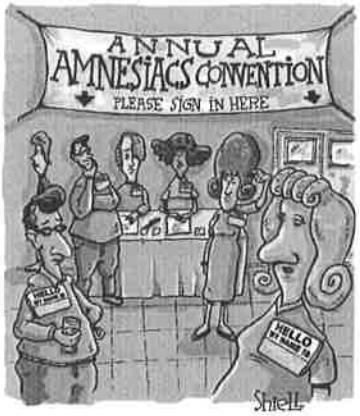
dissociative disorders
Disorders in which the sense of self has become separated (dissociated) from previous memories, thoughts, or feelings.

Memory and Your Sense of Self
We often joke about forgetfulness, but the dissociative disorders all involve serious disruption of memory.

Dissociative Disorders

33-1 What are the symptoms and causes of dissociative disorders?

Dissociate is the opposite of *associate* (to make connections). If a person has a **dissociative disorder,** his sense of self has become separated (dissociated) from his memories, thoughts, or feelings. Dissociative disorders are quite rare and usually represent a response to overwhelming stress. Two specific forms are dissociative amnesia and dissociative identity disorder (see **Figure 33.1**).



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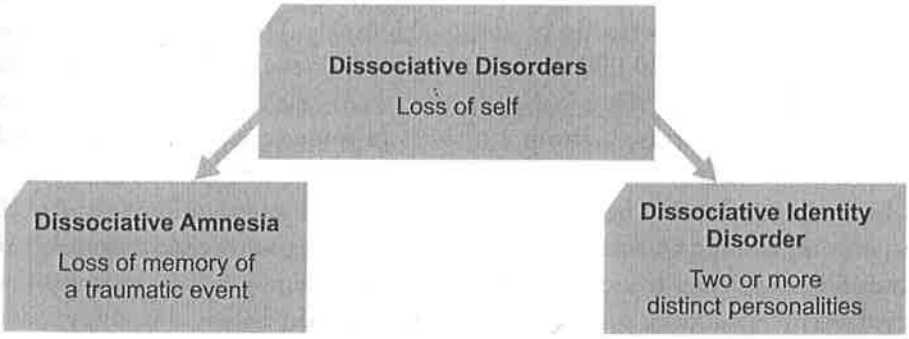


FIGURE 33.1
Dissociative Disorders
Two dissociative disorders are dissociative amnesia and dissociative identity disorder.

Dissociative Amnesia

Can you remember the meaning of the word *amnesia?* Amnesia is memory loss, and any number of factors, including drug use, can cause it. Drinking too much alcohol, for example, can lead to a blackout of all memories of the drinking episode. Head injury, fatigue, and physical disorders such as Alzheimer's disease can also cause amnesia. To qualify as **dissociative amnesia,** however, the memory loss is usually a reaction to a traumatic event. Serious personal threats are the most common causes of dissociative amnesia. Combat soldiers may report losing their memory for hours or days.[5] Survivors of natural disasters, such as floods or wildfires, sometimes experience similar losses.[6]


Scott Nelson/Getty Images

Trauma and Amnesia
People under extreme stress, such as these soldiers in combat in Afghanistan, may experience dissociative amnesia.

In one case of dissociative amnesia, an 18-year-old man lost his memory of sailing with friends off the coast of Florida. A storm had come up, and only he had the foresight to put on a life jacket and tie himself to the boat. His friends

dissociative amnesia
A dissociative disorder characterized by loss of memory in reaction to a traumatic event.

dissociative fugue
A dissociative disorder characterized by loss of identity and travel to a new location.

were swept overboard in the high waves. Psychologists determined that, because of the emotional trauma, the young man lost all memory of the tragic storm and the several days he spent hoping to be rescued.[7]

Dissociative fugue is an extended form of dissociative amnesia characterized by loss of identity and travel to a new location. (The word *fugue* comes from the same root as *fugitive.*) A dissociative fugue state can be short, lasting only a few hours, or long, lasting months or even years. The person may develop a new identity, form new friendships, or even enter a new line of work. The case of Gene Saunders at the beginning of this module represents dissociative fugue. His stressful work and home situations led to his disappearance, and even he was not aware of the history behind his transformation into Burt Tate.

Dissociative Identity Disorder

dissociative identity disorder
A rare and controversial dissociative disorder in which an individual exhibits two or more distinct and alternating personalities.

Have you ever felt like a different person? Have you ever said, "I have no idea why I did that"? Magnified to an extreme, these feelings are central features of **dissociative identity disorder** (formerly known as *multiple personality disorder*)—a rare and controversial disorder in which an individual exhibits two or more distinct and alternating personalities. These subpersonalities reportedly can differ in age, gender identity, and self-perception of physical characteristics. Some researchers have even reported changes in brain function or handedness as a patient switches from one personality to another. Sometimes subpersonalities seem to be aware of one another, and sometimes they do not.[8–10]

Diagnosed cases of dissociative identity disorder increased dramatically in the final decades of the twentieth century. Before the 1970s, fewer than 100 cases had ever been reported in professional journals. Then, in the 1980s alone, reports of more than 20,000 diagnosed cases of dissociative identity disorder appeared, almost all of them in North America.[11] The average number of subpersonalities also increased—from 3 to 12.[12] In some cases, dozens of personalities were reported.

Psychologists debate whether dissociative identity disorder really exists. Are clinicians simply more knowledgeable about and willing to make the diagnosis? Are better diagnostic rules reducing the number of cases that in the past were misdiagnosed as other disorders, such as schizophrenia? Skeptics believe the power of suggestion has been at work here. Clinicians, who now have read a great deal about these fascinating cases, may unintentionally suggest multiple personalities to their clients.[13] Questions such as "Have you ever felt another part of you is in control?" may lead the patient (who has also read about the disorder or seen depictions in the media) to construct subpersonalities in an effort to please the therapist by responding to perceived expectations. This, of course, is also unintentional.

Sybil Dorsett's famous case of dissociative identity disorder was the subject of a book, *Sybil,* and a made-for-TV movie of the same name in 1976 (remade in 2007). However, after the death of Sybil's psychiatrist, a different picture emerged. After reading her recently released records, some experts have come to believe that Sybil's multiple personalities were the result of her therapist's suggestions.[14] By giving names to Sybil's emotional states and asking her to take on these roles as part of the therapeutic process, the psychiatrist could have led Sybil to believe that she possessed multiple personalities. (Other problems that originate in the mind can have physical results, as discussed in Psychology in the Real World: Mind and Body in Psychological Disorders.)

John Springer Collection/CORBIS/Corbis via Getty Images

The Everett Collection

The Media and Mental Disorders
The controversy about dissociative identity disorder has been partially fueled by the public's interest in the disorder. Two classic films—*The Three Faces of Eve* (left) and *Sybil* (right)—have showcased "multiple personality." Some are concerned that these kinds of films and other media attention lead to false diagnoses of this disorder.

PSYCHOLOGY IN THE REAL WORLD

Mind and Body in Psychological Disorders

The relationship between mind and body has fascinated psychologists since this science was born. Psychological disorders are a good place to look for this interaction, because such disorders almost always have both psychological and physical components. This is most dramatic in **somatic symptom disorder**, in which the symptoms take a bodily form without apparent physical cause and the reasons behind many visits to the doctor are "medically unexplained."[15] (*Somatic* comes from a Greek word for "body.")

You're probably already familiar with one of these disorders—**illness anxiety disorder**, formerly called hypochondriasis and commonly referred to as *hypochondria*, which is characterized by imagined symptoms of illness (see **Figure 33.2**). People with illness anxiety disorder actually experience symptoms of physical illness, such as headaches and fleeting joint pains, but medical exams reveal nothing physically wrong with their bodies. The disorder is, quite literally, all in the mind. However, people with illness anxiety disorder suffer because they *believe* they are sick. All of us occasionally have anxiety about our physical condition, worrying that we may be sick but then turning out to be fine. Athletes, who must be tuned in to their bodies, may experience these worries frequently—but not usually to the extent seen in this mind–body disorder. Let's be clear about one more thing: *Pretending* to be sick to avoid responsibility or

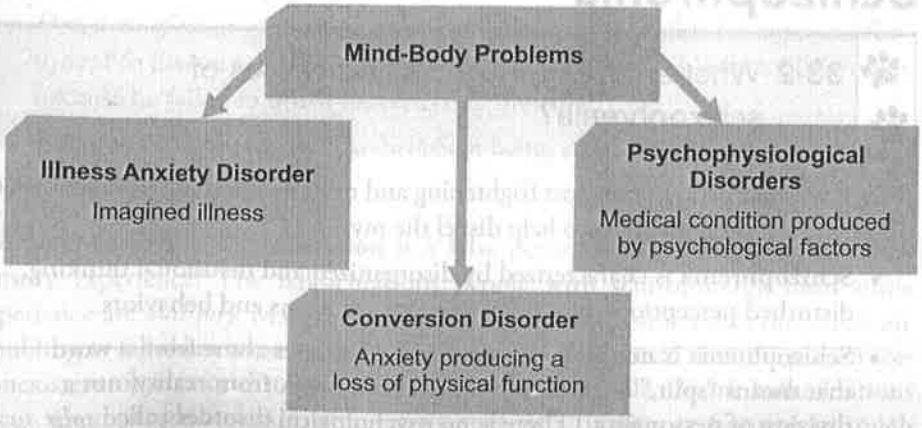


FIGURE 33.2
Somatic Symptom and Related Disorders
Somatic symptom and related disorders include illness anxiety disorder, conversion disorder, and psychophysiological disorders.

PSYCHOLOGY IN THE REAL WORLD (Continued)

to gain attention does not qualify as illness anxiety disorder or somatic symptom disorder (although DSM-5 does have a category known as malingering to cover this situation).

Another related disorder, *conversion disorder* (formerly called *hysteria*), takes its name from its main symptom—the change, or conversion, of a psychological factor (typically anxiety) into an actual loss of physical function. A person with conversion disorder might suddenly experience blindness, laryngitis, or paralysis that has no physical cause. Have you ever been so frightened you momentarily lost the ability to move, or so stunned you momentarily lost the ability to speak? Then you've experienced, on a minor, short-term level, the core requirement of conversion disorder—loss of function for psychological reasons. Although some disorders, such as major depression, appear to be increasing in modern times, conversion disorder has become quite rare.

The symptoms of illness anxiety disorder and conversion disorder have no real physical basis, but sometimes psychological factors can lead to or aggravate real medical conditions. Stress, for example, contributes to asthma, ulcers, headaches, and high blood pressure. Such conditions, called *psychophysiological* or *psychosomatic disorders,* involve a more complete interaction of mind and body. With these disorders, it's not mind *or* body—it's mind *and* body interacting to produce trouble.

somatic symptom and related disorders Psychological disorders in which the symptoms take a bodily form without apparent physical cause.

illness anxiety disorder A disorder characterized by imagined symptoms of illness.

THINK ABOUT . . . Psychology in the Real World

1. What characterizes illness anxiety disorder?
2. What's the nature of conversion disorder?
3. Hypothesize how the mind and body interact when it comes to somatic symptom and related disorders.

MAKE IT STICK!

1. True or false: Dissociative amnesia is often caused by drug use or head injuries.
2. What extended form of dissociative amnesia is characterized by loss of identity and relocating?
3. True or false: Psychologists debate whether dissociative identity disorder really exists.

Schizophrenia

33-2 What are the symptoms and causes of schizophrenia?

Schizophrenia is perhaps the most frightening and most misunderstood psychological disorder. Here are some facts to help dispel the myths:

schizophrenia A disorder characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions and behaviors.

- **Schizophrenia** is characterized by disorganized and delusional thinking, disturbed perceptions, and inappropriate emotions and behaviors.
- Schizophrenia is not "split personality." *Schiz* does come from a word that means "split," but the split represents a break from reality, not a division of personality. (There is no psychological disorder called *split personality.* Dissociative identity disorder, discussed earlier in this module, comes closest.)

- Schizophrenia occurs in about 1 percent of the world's population.[16] Schizophrenia typically develops in late adolescence or early adulthood and strikes men at a slightly greater rate than it strikes women.[17,18]

Symptoms of Schizophrenia

A variety of symptoms characterize schizophrenia (see **Figure 33.3**). No one will experience them all, but everyone with the disorder will experience some of them. Common symptoms include delusions, hallucinations, and inappropriate emotions or behaviors.

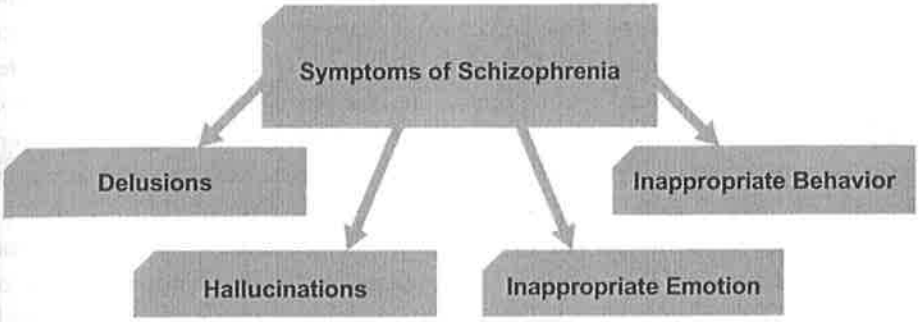


FIGURE 33.3
Symptoms of Schizophrenia
It would be unusual for a person with schizophrenia to experience all of these symptoms, but some of them will be present.

Delusions A **delusion** is an irrationally held false belief. We all believe false things sometimes, but the delusions of schizophrenia are more extensive, more complex, and often longer term. It may be that these delusions develop initially because individuals with schizophrenia have trouble focusing their attention on appropriate environmental stimuli. Instead, their attention may be captured by insignificant things, or they may not notice important ones.[19] Delusions fall into several broad categories:

delusions False beliefs that are symptoms of schizophrenia and other serious psychological disorders.

- *Delusions of grandeur* are false beliefs that you are more important than you really are. People with schizophrenia may actually believe they are someone else, such as a famous political leader (Abraham Lincoln, for example) or religious figure (Jesus).
- *Delusions of persecution* are false beliefs that people are out to get you. A person may believe that she is being followed or that the CIA is engaging in an elaborate plot to capture her.
- *Delusions of sin or guilt* are false beliefs of being responsible for some misfortune. For instance, a person might believe he is responsible for a plane crash because he failed to brush his teeth one morning.
- *Delusions of influence* are false beliefs of being controlled by outside forces: "The devil made me do it."

Hallucinations A **hallucination** is a false perception, in other words, a false sensory experience. The hallucinations people with schizophrenia most often experience are *auditory.* Many report hearing voices, and sometimes the voices are troubling or tell them what to do. If the hallucination is *visual,* then the person sees nonexistent objects or distorted images of items or people. *Tactile* hallucinations occur when people feel skin stimulation, such as a tingling or burning or touch that is not real. Hallucinations can also distort *taste* and *smell.* Note the difference: Delusions are beliefs with no logical basis; hallucinations are perceptions with

hallucinations False perceptions that are symptoms of schizophrenia and other serious psychological disorders.

United Archives/IFTN Cinema Collection/Alamy Stockphoto

Hallucinations John Nash, the Nobel Prize–winning mathematician featured in the 2001 movie *A Beautiful Mind,* suffered many classic symptoms of schizophrenia, including disturbing hallucinations. In this photo, Nash (played by Russell Crowe) is seeing, hearing, and feeling things that are not there.

no outside stimulation. But hallucinations often provide "evidence" for delusions—it's quite logical to believe someone is plotting to kill you if you can taste poison in your food. Life becomes unimaginably difficult if we can't trust the input from our own senses.

Inappropriate Emotions or Behaviors Many specific symptoms fit into the broad category of inappropriate emotions or behaviors. Schizophrenia can produce wildly inappropriate emotions. A patient might laugh uncontrollably when sadness is the more appropriate response. Another sufferer might have flat emotions, showing little or no emotional response. Inappropriate behaviors may be verbal or physical. Some people may not speak. Others may produce *word salad,* which is nonsense talk. (Remember Emilio at the beginning of this module? His claim of "eating wires and lighting fires" is one of several symptoms of schizophrenia that he exhibits. Can you identify the others? After you have tried, check your answers in the next paragraph.) People with schizophrenia may act in inappropriate ways (examples include speaking too loudly or engaging in odd mannerisms) or may be almost completely inactive. In rare cases, *waxy flexibility* occurs, a state in which you could place the person's arm, as you would place a doll's arm, in some position of your choice. The person would hold that position for hours. Quite often, people with schizophrenia withdraw from the affairs of the real world. This withdrawal further limits their knowledge of current events and their social skills.

Emilio exhibits several symptoms of schizophrenia. We've already established that he is speaking in *word salad.* His bizarre dress is *inappropriate behavior.* His mood swings are *inappropriate emotion.* Finally, the voices he hears are *auditory hallucinations.*

Causes of Schizophrenia

Complex disorders have complicated causes, and there is probably no psychological disorder more complex than schizophrenia. As is often the case, biological factors and psychological factors seem to interact to produce schizophrenia.

Biological Factors The biological approach to schizophrenia has received so much research support in recent years that some experts say we are wrong to call it a psychological disorder. Rather, it is a brain disorder that produces changes in a person's mind. Let's examine the biological factors in more detail.

- *Genetics*—The risk of schizophrenia increases substantially if relatives have the disorder (see **Figure 33.4**). Although roughly 1 percent of the general population has schizophrenia, the risk rises to about 10 percent if a parent or sibling has the disorder. These odds are even higher—almost 50 percent—if the relative with schizophrenia is an identical twin.[20] This evidence shows that, while genetics is an important factor, no single gene or set of genes guarantees schizophrenia will develop. If there were, the risk for an identical twin whose co-twin had the disorder would be 100 percent, because identical twins have identical genes. Instead, genetics seems to produce a *predisposition* for schizophrenia—an increased likelihood that the disorder will develop. The search is on for the specific genes that might combine to alter the brain in a way that produces schizophrenia.[21–23] Other factors, as you will see, determine whether the increased likelihood will lead to a full-fledged disorder. A similar situation

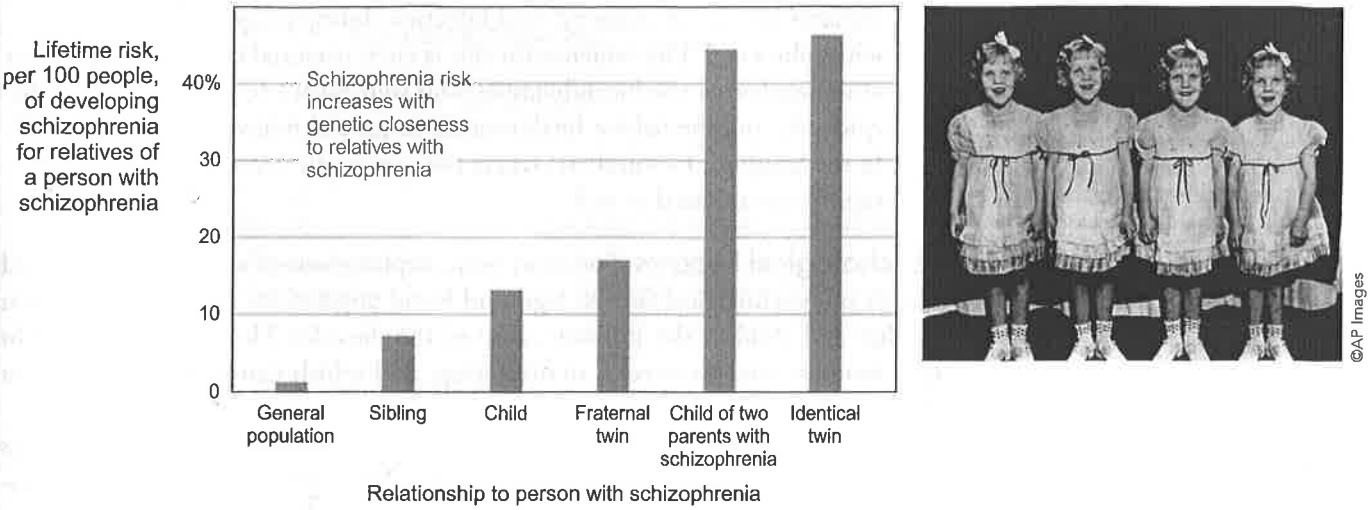


FIGURE 33.4
Genetics and Schizophrenia: The Genain Quadruplets
Nora, Iris, Myra, and Hester Genain are identical quadruplets who all developed schizophrenia. If they had been randomly selected, the probability of this would be 1 in 100 million. We can assume that no single gene or set of genes is directly responsible for schizophrenia, however. If such a direct cause existed, the figure for identical twins, who are genetically identical, would be 100 percent. Because two of the sisters have more serious forms of schizophrenia, it is likely that both heredity and environment—nature and nurture—are involved. (Adapted from Gottesman, 2001.)

exists for various kinds of heart disease. Genetics may put a person at risk, but factors such as exercise, diet, and smoking play a critical role in determining whether the disease will develop.

- *Brain structure*—The brain structure of people with schizophrenia differs markedly from normal brain structure (see **Figure 33.5**). Brain scans show that schizophrenia is often associated with smaller amounts of brain tissue and larger, fluid-filled spaces around that tissue.[24] Particular brain structures may be affected by schizophrenia. For example, the thalamus, responsible for the routing of incoming sensory information, is smaller when schizophrenia is present and may hinder the person's ability to focus attention.[25]

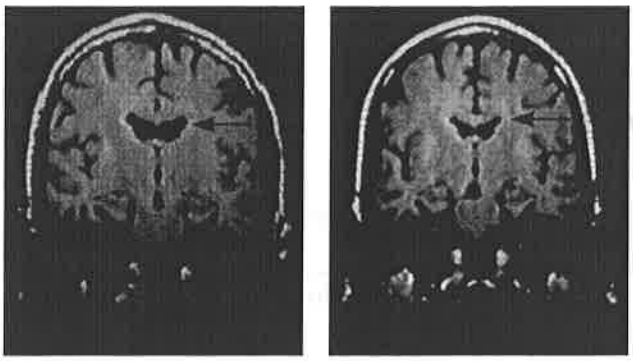


FIGURE 33.5
Schizophrenia and Brain Structure
These two brain scans are from identical twins, one who has schizophrenia and one who does not. Note that the open space (actually, a cavity in the brain filled with fluid) is larger for the twin with schizophrenia (Suddath et al., 1990). Because identical twins have identical genes, this difference must have been caused by some environmental factor, such as a virus.

- *Brain function*—Positron emission tomography (PET) scans, which show the parts of the brain that are active during particular tasks, reveal that the brain of a person with schizophrenia operates differently than does the brain of someone without the disorder. One difference appears in the frontal lobes—the center of our most advanced thinking abilities—which show less activity when schizophrenia is present.[26,27] Brain chemistry also differs for a person with schizophrenia. Researchers have discovered as many as six times the normal number of receptor sites for the neurotransmitter *dopamine* when they examined the brains of people with schizophrenia after death.[28] This abnormally high number of receptors may explain the delusions and hallucinations associated with schizophrenia. Medication that blocks these receptor sites reduces such symptoms. Researchers are working on medications for another neurotransmitter, glutamate, in an attempt to diminish other symptoms of schizophrenia.[29]

- *Prenatal viruses*—A maternal viral infection during pregnancy may cause schizophrenia.[30] The evidence for this is circumstantial but persuasive. Rates of schizophrenia rise for individuals who were born a few months after a flu epidemic, and the riskiest birth months in general follow the flu season.[31,32] In the Southern Hemisphere, where the seasons are reversed, the high-risk months are reversed as well.[33]

Psychological Factors For many years, explanations of schizophrenia focused mainly on psychological factors. Sigmund Freud targeted the relationship between mother and child as the primary cause of the disorder. He mistakenly thought that mothers who were cold, domineering, and selfish caused schizophrenia in their children.[34]

Are there any psychological factors that *do* appear important? The two areas that seem most significant are stress and disturbed family communication patterns. Recall that the major genetic contribution to schizophrenia seems to be a predisposition—a tendency to develop the disorder. Stress may be the trigger that sets off the series of events that converts schizophrenia from a possibility into a reality. Disturbed family communications are also correlated with the development of schizophrenia, but at this point, it's impossible to tell whether they are a *cause* of schizophrenia or a *result* of the disorder. One study did find that young people who developed schizophrenia were more likely to be socially withdrawn and to exhibit odd behavior before becoming schizophrenic.[35]

The bizarre world of schizophrenia has puzzled and fascinated students of human behavior for centuries. We are making progress both in understanding and in effectively treating this devastating disorder. It seems to result from a complex interaction of biological and psychological factors. To be effective, treatment must address both of these components.

MAKE IT STICK!

1. Delusions of _____ involve false beliefs that people are out to get you.
2. Roughly _____ percent of the general population has schizophrenia.
3. Nonsense talk, a symptom of schizophrenia, is also called _____.

Personality Disorders

33-3 What kinds of personality disorders are there?

personality disorders Psychological disorders characterized by rigid and lasting behavior patterns that disrupt social functioning.

Personality disorders are lasting, rigid behavior patterns that disrupt social functioning. The DSM-5 lists 10 personality disorders related to anxiety, odd or eccentric behaviors, and dramatic or impulsive behaviors (see **Figure 33.6**). The specific personality disorders are often difficult to diagnose because there is a lot of overlap among them. The behavior patterns are usually evident by adolescence and obvious to others, but the person with the personality disorder often does not recognize the problem exists, which can make treatment difficult. Let's take a look at personality disorders and a sample of the specific disorders included in each cluster.

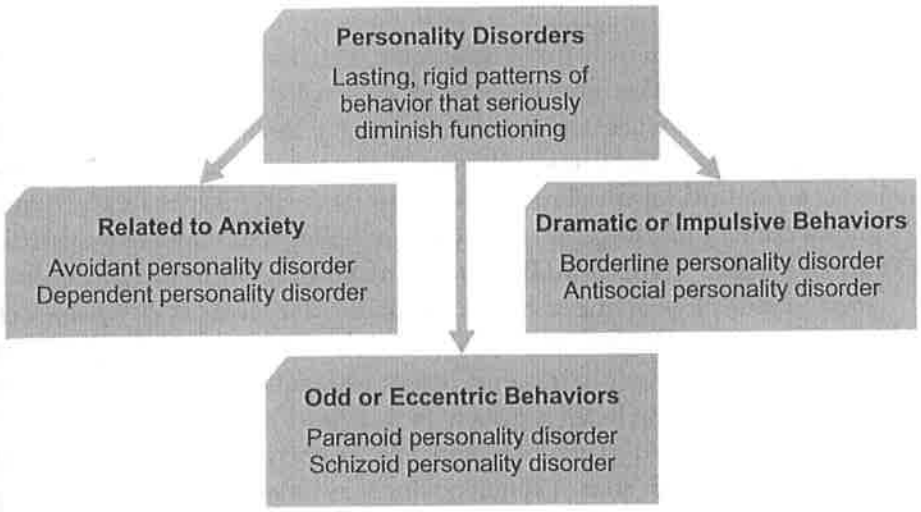


FIGURE 33.6 Clusters of Personality Disorders
The main clusters of personality disorders relate to anxiety, odd or eccentric behaviors, and dramatic or impulsive behaviors.

Personality Disorders Related to Anxiety

Individuals with *avoidant personality disorder* are so sensitive about being rejected that personal relationships become difficult. Those with *dependent personality disorder* behave in clingy, submissive ways and display a strong need to have others take care of them. Juanita, for example, is a 28-year-old with dependent personality disorder. She still lives with her mother and feels unable to live in her own apartment because she has trouble making decisions about day-to-day life. She needs constant reassurance from her mother and is afraid to disagree with her because she wants to avoid criticism, making her entirely dependent on her mother.

Personality Disorders With Odd or Eccentric Behaviors

Individuals with *paranoid personality disorder* show deep distrust of other people. This suspiciousness gets in the way of personal relationships. Those with *schizoid personality disorder* are detached from social relationships. They are true hermits, preferring the life of a loner and avoiding intimate interactions with others at all costs. Henry is such a person. He does his shopping online because he doesn't like having to talk to clerks in stores. He has always lived on his own and does not attend any family holiday celebrations despite repeated invitations from relatives. He does not own a telephone.

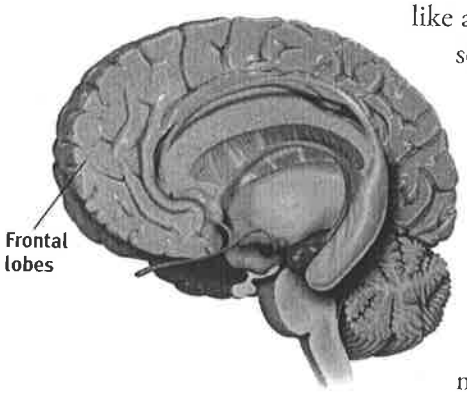
Personality Disorders With Dramatic or Impulsive Behaviors

Those with *borderline personality disorder* exhibit, above all else, instability—of emotions, self-image, behavior, and relationships. Mary, whose story is one of the cases that opens this module, is an example of a person with borderline personality disorder. Her academic struggles in college, inability to resolve religious and philosophical issues, unrealistic demands, and self-cutting all add up to a life filled with instability.

People with **antisocial personality disorder** (sometimes called psychopathic or sociopathic personality disorder) show a lack of conscience for wrongdoing and a lack of respect for the rights of other people. Antisocial personality disorder is the most dramatic and troubling of all personality disorders. Because of this lack of conscience, people with this disorder are willing to engage in wide-ranging criminal behaviors about which they show no remorse. This disorder is more likely to

antisocial personality disorder A personality disorder in which the person (usually a man) shows a lack of conscience for wrongdoing and a lack of respect for the rights of others.

Murderous Minds Researchers have found reduced activation in a murderer's frontal lobes. This may result in a lack of judgment and less ability to control impulsive or aggressive tendencies.



occur in males than in females, and it usually develops by adolescence.[36] People with the disorder are often charming and clever, which helps them get away with their misdeeds. In extreme forms, antisocial personality disorder may manifest itself in serial killing, where the murderer has no regard for the victims (think of Hannibal Lecter in the iconic 1991 film *The Silence of the Lambs*). Vicious crimes are committed for trivial reasons and dismissed with such excuses as "Once I've done a crime, I just forget it" or "I think of killing like smoking a cigarette, like another habit."[37] The horribly counterproductive behavior patterns of antisocial personality are caused by a combination of biological, psychological, and social factors. Once in place, the disorder is extremely difficult to treat effectively. As you can imagine, people with antisocial personality disorder often end up in jail instead of in treatment

Dissociative disorders, schizophrenia, and personality disorders help us understand that abnormal functioning is as varied as normal functioning and that the reasons for it are just as complex. Just as psychology can help us understand and promote productive behavior and mental processes, it can also help us comprehend the fascinating and sometimes frightening world of mental disorders. This is the first step on the road to effective treatment.

MAKE IT STICK!

1. True or false: Personality disorders usually involve patterns of behavior that are obvious to others by the time an individual is a teenager.
2. What do psychologists call lasting, rigid behavior patterns that disrupt social functioning?
3. True or false: People diagnosed with borderline personality disorder exhibit instability—of emotions, self-image, behavior, and relationships.

Module 33 Summary and Assessment

Dissociative Disorders, Schizophrenia, and Personality Disorders

33-1 What are the symptoms and causes of dissociative disorders?

- Dissociative amnesia is memory loss caused by a reaction to a traumatic event.
- Dissociative fugue is an extended form of dissociative amnesia characterized by loss of identity and travel to a new location.
- Dissociative identity disorder (formerly known as multiple personality disorder) is a rare and controversial disorder in which an individual exhibits two or more distinct and alternating personalities.
- Dissociative disorders are usually a response to overwhelming stress. They cause individuals to lose their sense of self and separate (dissociate) from their memories, thoughts, or feelings.

33-2 What are the symptoms and causes of schizophrenia?

- Schizophrenia includes symptoms of delusions, hallucinations, and inappropriate emotions or behaviors.