Schizophrenia vs Dissociative Identity Disorder
Schizophrenia is a complex mental disease affecting approximately 1% of the population.

People with schizophrenia are found all over the world.

Men and women are equally likely to be diagnosed with schizophrenia.

- Typical age of onset for men is in the early twenties.
- Typical age of onset for women is in the late twenties, early thirties.
- A diagnosis of schizophrenia in children is extremely rare.
Etiology, genetic

- There is a clear genetic component to schizophrenia
- The likelihood of an “average” person being diagnosed with schizophrenia is 1 in 100
- The likelihood of a person whose identical twin is schizophrenic being diagnosed with schizophrenia is almost 1 in 2
The incidence of schizophrenia is higher in people who are related to a schizophrenic.

- Unrelated person (0%)
- Spouse (0%)
- Nephew or niece (25%)
- Sibling (50%)
- Offspring of one patient (50%)
- Fraternal twin (50%)
- Offspring of two patients
- Identical twin (100%)

Percentage risk of developing schizophrenia:

- 1%
- 2%
- 3%
- 10%
- 13%
- 14%
- 46%
- 46%
There is also strong evidence that prenatal environment is important as well.

- If a pregnant woman has one of a variety of viruses (flu, rubella, etc) there is an increased likelihood that her child will later develop schizophrenia.
Diagnosis

- there is no medical test to determine whether a person is schizophrenic
- diagnosis is made based on clinical symptoms
- a person with schizophrenia is often psychotic
  - has lost touch with reality
- symptoms are described as positive or negative
Positive Symptoms

- hallucinations
  - sensory experiences without sensory input
  - can impact any of the 5 senses, but are most frequently auditory
  - visual hallucinations often manifest as a distortion of visual input, rather than totally fictional images
- **delusions**: false beliefs about reality which are strongly held in spite of evidence to the contrary

- **paranoid delusions/delusions of persecution**: someone is “out to get you”

- **delusions of reference**: things about the environment seem directly related to you, such as special messages are being communicated to you through the TV

- **delusions of grandeur**: believing that you are very important or have special qualities, like believing that you are Jimi Hendrix

- **somatic delusions**: false beliefs about your body, like believing that there is an implant in your arm
Cognitive Symptoms

- disorganized thinking: looseness of associations, flight of ideas
- disorganized speaking: Word Salad
- difficulty understanding others
- poor concentration and memory
Negative Symptoms

- these symptoms are characterized by a lack of important abilities
- **Alogia**: “poverty of speech”
- **Avolition**: inability to initiate and/or persist in goal-directed behavior
- **affective flattening**: without the normal range of emotional expression
- **catatonia**: stupor, exhibits almost total lack of movement
in rare cases, some catatonic patients exhibit **waxy flexibility**

bodies can be moved by others, and then they remain in that position as they are unable to move themselves back
Schizophrenic Subtypes

- Clearly there are a wide variety of schizophrenic symptoms
- not every schizophrenic exhibits every symptom
- subtypes include (more on each to follow)
  - paranoid
  - disorganized
  - catatonic
  - undifferentiated
Paranoid Schizophrenia

- marked mostly by hallucinations and/or delusions
- often, but not always, these hallucinations and delusions are consistent, and form an alternate reality
Disorganized Schizophrenia

- marked by disorganized speech or behavior
- flat affect or inappropriate emotion
- when there are delusions and hallucinations, they tend to be random and sporadic
Catatonic Schizophrenia

- immobility
- lack of speech
- parrotlike repeating of another’s speech or movement
Undifferentiated Schizophrenia

- “catch-all”
- exhibits schizophrenic symptoms, but does not fit neatly into one of the other subtypes
Treatment

- Treatment is usually most effective in reducing positive symptoms.
- Anti-psychotics can diminish delusions and hallucinations.
- Medication works in about 70% of patients.
- Much harder to treat negative symptoms.
- In fact, sometimes the anti-psychotics have side effects that mimic negative symptoms.
psychotherapy increases the chance of recovery when a patient is also taking medication

- teaches coping mechanisms
- sets realistic life goals
- encourages patient to remain on medication and looks out for side effects
Case study: Gerald

- As you watch the following video clip, identify symptoms that show that Gerald has paranoid schizophrenia.
❖ Dissociative Identity Disorder is a relatively rare dissociative disorder in which a person exhibits two or more distinct and alternating personalities.

❖ skeptics believe that D.I.D. is a cultural phenomenon more than a valid psychological disorder.

❖ Between 1930-1960 the number of DID diagnoses in North America was 2 per decade, in 1980s, when the DSM first included MPD, the number of reported cases exploded to more than 20,000 a year.

❖ In Britain, DID is much less prevalent than in the US, and in Japan and India it is non-existent.

❖ Despite the presence of distinct personalities, in many cases one primary identity exists. It uses the name the patient was born with and tends to be quiet, dependent, depressed and guilt-ridden. The alters have their own names and unique traits. They are distinguished by different temperaments, likes, dislikes, manners of expression and even physical characteristics such as posture and body language. It is not unusual for patients with DID to have alters of different genders, sexual orientations, ages, or nationalities.
"Dissociation" describes a state in which the integrated functioning of a person's identity, including consciousness, memory and awareness of surroundings, is disrupted.

Dissociation is a mechanism that allows the mind to separate or compartmentalize certain memories or thoughts from normal consciousness. These memories are not erased, but are buried and may resurface at a later time.

Dissociation occurs along a continuum or spectrum, and may be mild and part of the range of normal experience, or may be severe and pose a problem for the individual experiencing the dissociation. An example of everyday, mild dissociation is when a person is driving for a long period on the highway and takes several exits without remembering them. In severe, impairing dissociation, an individual experiences a lack of awareness of important aspects of his or her identity.
Etiology, environmental

- DID is currently understood to result from a set of causes:
  - an innate ability to dissociate easily
  - repeated episodes of severe physical or sexual abuse in childhood
  - lack of a supportive or comforting person to counteract abusive relative(s)
  - influence of other relatives with dissociative symptoms or disorders

The primary cause of DID appears to be severe and prolonged trauma experienced during childhood. This trauma can be associated with emotional, physical or sexual abuse, or some combination. One theory is that young children, faced with a routine of torture, sexual abuse or neglect, dissociate themselves from their trauma by creating separate identities or personality states.
Symptoms

❖ **AMNESIA.** Amnesia in DID is marked by gaps in the patient's memory for long periods of their past, and, in some cases, their entire childhood. Most DID patients have amnesia, or "lose time," for periods when another personality is "out." They may report finding items in their house that they can't remember having purchased, finding notes written in different handwriting, or other evidence of unexplained activity.

❖ **DEPERSONALIZATION.** Depersonalization is a dissociative symptom in which the patient feels that his or her body is unreal, is changing, or is dissolving. Some DID patients experience depersonalization as feeling to be outside of their body, or as watching a movie of themselves.

❖ **DEREALIZATION.** Derealization is a dissociative symptom in which the patient perceives the external environment as unreal. Patients may see walls, buildings, or other objects as changing in shape, size, or color. DID patients may fail to recognize relatives or close friends.

❖ **IDENTITY DISTURBANCES.** Persons suffering from DID usually have a main personality that psychiatrists refer to as the "host." This is generally not the person's original personality, but is rather one developed in response to childhood trauma. It is usually this personality that seeks psychiatric help. DID patients are often frightened by their dissociative experiences, which can include losing awareness of hours or even days, meeting people who claim to know them by another name, or feeling "out of body."
Diagnostic Criteria

- The *DSM-IV-TR* lists four diagnostic criteria for identifying DID and differentiating it from similar disorders:

  **Traumatic stressor**: The patient has been exposed to a catastrophic event involving actual or threatened death or injury, or a serious physical threat to him- or herself or others. During exposure to the trauma, the person's emotional response was marked by intense fear, feelings of helplessness, or horror. In general, stressors caused intentionally by human beings (genocide, rape, torture, abuse, etc.) are experienced as more traumatic than accidents, natural disasters, or "acts of God."

  The demonstration of **two or more distinct identities** or personality states in an individual. Each separate identity must have its own way of thinking about, perceiving, relating to and interacting with the environment and self. Two of the identities assume control of the patient's behavior, one at a time and repeatedly.

  Extended periods of **forgetfulness** lasting too long to be considered ordinary forgetfulness.

  Determination that the above symptoms are not due to drugs, alcohol or other substances and that they can't be attributed to any other general medical condition. It is also necessary to rule out fantasy play or imaginary friends when considering a diagnosis of DID in a child.
Treatment: Psychotherapy

- treated by a therapist with specialized training in dissociation.

- Psychotherapy for DID patients typically has several stages: an initial phase for uncovering and "mapping" the patient's alters; a phase of treating the traumatic memories and "fusing" the alters; and a phase of consolidating the patient's newly integrated personality.
Case study: Frank

- As you watch the following clip identify symptoms that illustrates that Frank suffers from dissociative identity disorder.
Other Dissociative disorders

- dissociative fugue
- dissociative amnesia
- depersonalization disorder
Sources