Agenda: Psychiatric Diagnoses

• Announcements
• Lecture: Psychiatric Diagnoses
• Film: Dialogues with Madwomen
Announcements

• Section: everyone should be in one
• DRC accommodation forms
  – present hard copy to me in person
  – by end of next week, if possible
• Many films can be viewed at McHenry
  – see web page (URL on syllabus) for call numbers
  – 9/11 call number is: DVD 10005
  – as a courtesy to others, watch at the library
Announcements

• Tip sheet: how to succeed in this class
• Important tips
  – come to class
  – turn off your devices (except for note-taking)
• Purpose of films
  – voices of survivors
  – examples
  – learning to be a witness
Diagnostic Categories

• Last time, we reviewed some of the responses to trauma (symptoms)
• These responses are often categorized as psychiatric disorders
• Using criteria in the Diagnostic and Statistical Manual for Mental Disorders (DSM or DSM for short)
  – developed (and sold) by American Psychiatric Association (the other APA)
Diagnoses: Pros

• Widespread use
  – research AND clinical practice

• Helps therapists and researchers
  – identify issues
  – communicate with each other
  – make treatment advances
More Pros

• Can help survivors
  – having a label sometimes normalizes the reaction ("it's not just me; lots of people have the same reaction")
  – helps with treatment
    • being eligible for services (combat veterans)
    • insurance coverage (getting treatment paid for)
  – can lead to honorable rather than dishonorable discharge from military
Diagnoses: Cons

• Feminists (& others) have critiqued DSM
• Labeling can be stigmatizing
• PTSD and other symptoms are normal, almost universal responses to trauma
• But symptoms get constructed as "mental illness" and "mental disorder"
  – taints and stigmatizes the individual
• Once label has been applied, it can follow person through his/her life
More Cons

• System is not optional in many cases
  – All insurance companies require a diagnosis for reimbursement

• Only the more "severe" diagnoses are covered under parity laws
  – these laws require that mental health issues be covered as fully as physical health issues

• Wealthy people can avoid being labeled and stigmatized; poor and middle class people cannot
Bias in Diagnosis

- Long history of bias (racial, ethnic, gender, class, sexual orientation) in psychiatric diagnoses
  - homosexuality was listed as a mental disorder in DSM until 1974
  - replaced by "sexual orientation disturbance"
  - eliminated in 1986
My approach

• Labeling for the purposes of advancing research and theory more justifiable than for the purposes of pigeon-holing individuals

• Learn about diagnostic categories but, when possible, avoid applying them to individuals

• As a consumer of therapy services, you have the right to talk with your therapist about these issues and critiques
For Further Reading


History of Psychiatric Diagnoses

- PTSD is likely diagnosis, now, for victims of trauma
- Was not the case even 25 years ago
- Trauma histories not routinely taken
- Role of trauma in several psychiatric disorders was not well recognized
Trauma-Related Disorders

• PTSD  [cover later]
• Borderline personality disorder (BPD)
• Dissociative Identity Disorder (DID)
• Depressive disorders
• Aggressive behavior, including anti-social personality disorder
• Disorders that aren't associated with trauma: schizophrenia, bipolar (manic) depression
Borderline Personality Disorder

- Intense clinging and dependency
- Fear of abandonment
- Self-destructive behavior common
- Splitting (love/hate; good/bad)
  - Difficult to work with in therapy
- Abuse history very common
  - sexual abuse usually best predictor
BPD, cont.

- Co-occurs with other diagnoses (e.g. depression)
  - "co-morbid," "co-morbidity"
- Gender: diagnosed more in women
- Other aspects of family history important.
  - BPD: families with more conflict, less cohesion and expressiveness
DSM V Criteria for BPD

• At least 5 of 9 symptoms:
  – Frantic efforts to avoid real or imagined abandonment
  – Intense and unstable personal relationships
  – Identity disturbance or problems with sense of self
  – Impulsivity that is potentially self-damaging
  – Recurrent suicidal or self-mutilating behavior
DSM V Criteria for BPD, cont.

– Affective instability
– Chronic feelings of emptiness
– Inappropriate intense or uncontrollable anger
– Transient stress-related paranoid ideation or severe dissociative symptoms
Dissociative Identity Disorder

• Added to DSM in 1994
  – replaced Multiple Personality Disorder

• History of childhood abuse common
  – "Patients have been found to almost invariably report some form of childhood trauma, most commonly physical abuse, sexual abuse, or both." (Gleaves; Table 3)

• Abuse history is often "severe, extensive, and sadistic"
More on DID

• Associated with other childhood traumas
  – neglect, abandonment
  – wartime experience
  – seeing parents or siblings killed
  – near death experiences
  – painful medical procedures
More on DID

• DID patients often also meet criteria for PTSD
  – typically ~ 80% will meet diagnostic criteria
  – most of the other 20% will have at least some symptoms

• Positive relationship between trauma and dissociative symptoms
  – i.e., DID may be a more extreme form of dissociation more generally
  – more on dissociation in next lecture
DSM V Criteria

• Disruption of identity characterized by two or more distinct identities or personality states
  – marked discontinuity in sense of self and agency
  – accompanied by alterations in affect, behavior, consciousness, memory, perception, cognition, and/or sensory-motor functioning
  – observed by others or reported by the person themselves
DSM V Criteria

• Gaps in recall of everyday events, personal information or traumatic events – too extensive to be explained by ordinary forgetting.

• Symptoms cause clinically significant distress or impairment in social, occupational or other areas of functioning
DSM V Criteria

• Disturbance is not a normal part of a broadly accepted cultural or religious practice
  – in children, symptoms are not better explained by fantasy play

• Symptoms not attributable to physiological effects of a substance (e.g., alcohol) or another medical condition
Gleaves, 1996

• Review article (Psychological Bulletin)
• Strong evidence that trauma and DID are related
• Consistent over all studies reviewed
• Created alter personalities (alters)
  – dissociated aspects of person's whole personality
• Conclusion: dissociation was creative response that helped child cope with trauma
Table 3
Percentages of Patients With DID and Reported Histories of Trauma, Abuse, or Both

<table>
<thead>
<tr>
<th>Study</th>
<th>N</th>
<th>Sexual</th>
<th>Physical</th>
<th>Sexual or physical</th>
<th>No trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Putnam et al. (1986)</td>
<td>100</td>
<td>83.0</td>
<td>75.0</td>
<td>NR</td>
<td>3.0</td>
</tr>
<tr>
<td>Coons et al. (1988)</td>
<td>50</td>
<td>68.0</td>
<td>60.0</td>
<td>96.0</td>
<td>NR</td>
</tr>
<tr>
<td>Ross, Norton, &amp; Wozney (1989)</td>
<td>236</td>
<td>79.2</td>
<td>74.9</td>
<td>88.5</td>
<td>NR</td>
</tr>
<tr>
<td>Ellason et al. (in press)</td>
<td>135</td>
<td>92.3</td>
<td>90.0</td>
<td>96.2</td>
<td>NR</td>
</tr>
<tr>
<td>Ross et al. (1990)</td>
<td>102</td>
<td>90.2</td>
<td>82.4</td>
<td>95.1</td>
<td>NR</td>
</tr>
<tr>
<td>Schultz et al. (1989)</td>
<td>355</td>
<td>86.0</td>
<td>82.0</td>
<td>NR</td>
<td>2.0</td>
</tr>
<tr>
<td>Boon &amp; Draijer (1993a)</td>
<td>71</td>
<td>77.5</td>
<td>80.3</td>
<td>94.4</td>
<td>NR</td>
</tr>
</tbody>
</table>

*Note.* DID = dissociative identity disorder; NR = not reported.
Dialogues With Madwomen

• Interviews with 7 women who have been diagnosed with mental health problems

• We'll view 3
  – Allie Light (director of film): depression
  – Mairi: Dissociative identity disorder
  – Susan: Borderline personality disorder

• Warning: Descriptions of abuse, cutting behavior, images of women cutting themselves, brief nudity
To Look For

• Symptoms of BPD, DID
• How does health care system respond?
  – Re-abuse by health care professionals
  – Over-medication
  – Sexism
  – Classism
  – Lack of attention to trauma
  – Importance of finding a therapist who will allow for story-telling work
Mairi

- “One of the most important things for me in my healing was my spirituality ... I see the divinity in myself .... mostly, I just really love my spirit”