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Compare two Variant Psychological Disorders Afflicting the Same Individual- Case Studies with Details of Diagnosis and Treatment.

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Abstract

A mental condition, sometimes called a mental disease or psychiatric problem, is a pervasive pattern of thought or behaviour that significantly hinders one's ability to function in daily life.

Clinically substantial dysfunction in thinking, feeling, or acting is another hallmark of mental illness. It's common for people to experience discomfort or a decline in key areas of functioning as a result. There is a wide spectrum of mental illnesses. Mental health issues are another term for mental illness. These characteristics might last for a long time, cycle on and off, or just once. Numerous illnesses have been recognised, each with its own unique set of symptoms. A mental health expert, often a clinical psychologist or psychiatrist, may make a diagnosis in these cases.

Keywords: dissociation, did, personality disorders, mental disorder, distress, impairment, clinical psychology, psychiatrist

Introduction

It's not always easy to pin down what causes mental illness. Research from several disciplines may be incorporated into a single theory. Symptoms of mental illness may include changes in behaviour, emotion, perception, or cognition. Often in a social setting, this is linked to potential brain areas or functions. One facet of mental health is the absence of mental disorders. Diagnosis should take into consideration cultural and religious views as well as societal standards. Assessments are conducted by those working in mental health like psychiatrists, psychologists, mental nurses, and social workers with clinical expertise in mental health facilities or outside of them using a variety of methods like psychometric tests but typically relying on observations and questioning. Numerous specialists in mental health care are available to treat patients. Treatment options include psychotherapy and psychiatric medication. Alterations to one's way of life, in addition to social actions, peer support, and self-help, are also effective remedies. It's possible that some people may be detained or treated against their will. Depressive symptoms respond well to depression prevention programmes.

In 2018, common mental disorders around the globe include:

a) One in every 264 people suffers from depression.

b) Bipolar disorder, that affects almost 45 million people worldwide,

c) Fifty million people worldwide suffer from dementia.

d) About 20 million individuals worldwide suffer from other types of psychosis.

Disorders of the brain's nervous system include those with early beginnings, such as Attention Deficit Hyperactivity Disorder, or Attention Deficit Hyperactivity (ADHD), Autism Syndrome Disorder (ASD), and intellectual handicap. There have been several social initiatives in recent years that aim to raise awareness about mental health issues and combat the stigma and prejudice that often accompany them.

Defining the Theoretical Implications

Researchers, clinicians, and patients all have a vested interest in determining how best to define and categorise mental health conditions. The inability to perform normally is a hallmark of mental disorders. The word "disorder" is most often used in international clinical publications, however the term "sickness" is also frequent. It's been pointed out that when we say something is "mental," we don't always mean it's unconnected to the rest of our anatomy. “A mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), is a syndrome or pattern of psychological symptoms that causes distress (e.g., via a painful manifestation), disabilities (impairment in a particular area of functioning), a greater likelihood of death, and causes a substantial loss of autonomy; nevertheless, it does not include normal responses like grief from the loss of a loved one, and it also does not include deviant conduct for political, religious”.

“DSM-IV qualifies the definition by saying that, like many medical terms, a mental disorder "lacks a uniform operational description that covers all situations," and that different levels of conceptualization can be used to provide medical definitions, such as pathologists, symptomology, deviation from a normal range, or aetiology; the same is true over mental disorders, so that at times one type of definition is suitable, and sometimes another is. Psychiatric disorders were reclassified by the American Psychiatric Association that are (APA) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a syndrome characterised by clinically significant disruption in an individual's thinking, emotion regulation, or behaviour that reflects an imbalance in the biological, developmental, or psychological mechanisms underlying mental functioning in 2013.”

The general public may use the phrases "mental breakdown" or "nervous breakdown" interchangeably to describe a mental health condition. There is a notable lack of "nervous collapse" or "mental breakdown" definitions in the scientific literature on mental illness and in medical diagnostic systems like the DSM-5 and ICD-10. Despite the lack of a strict definition, polls of the general public show that the phrase "nervous breakdown" refers to a distinct acute time-limited reactive disease characterised by symptoms like depression or anxiousness and often triggered by external stresses. In modern parlance, many medical professionals consider an anxiety attack a mental health emergency.

The Unbordered Realm of Nervous Illness

Some have proposed that the term of nerve sickness should be brought back into use instead of the more modern one of mental disorder. About half of them are sad', writes Edward Shorter, an instructor of psychiatry and the history of medicine, in How Everyone Became sad: the Rise and Fall of the Nervous Breakdown (2013). At least, that seems to be the case after they were on antidepressants. They show up to work despite being unpleasant and uncomfortable, nervous, exhausted, in pain from a variety of sources, and generally preoccupied with their task. They used to use a decent old-fashioned phrase for what they had, but those days are long gone. They suffer from nerves or a related disorder. It's not simply a mental or neurological issue; it affects the whole body. Mild sadness, some anxiety, exhaustion, physical aches, and compulsive thinking are all part of this mix. We've been plagued with nerve disorders for millennia. A nervous breakdown occurs when anxiety levels become intolerable. However, although still being in common use, this phrase is no longer used in the medical field. Depressed people nowadays are analogous to anxious patients of yore. The bad news is that depression and other mood disorders have their roots in a more serious medical condition. We need to shift the focus away from sadness and onto this underlying condition in the brain and body, whatever we want to label it. This is exactly the purpose.

In its efforts to eradicate mental breakdowns, psychiatry has gone dangerously close to experiencing one of its own.

No matter how hard we try to ignore them, nerves are at the root of most forms of mental disease.

A "nervous breakdown" is a faux-medical phrase for a wide range of stress-related emotions, and the

widespread acceptance of this word has been shown to exacerbate the actual symptoms of stress.[1]

Classifying Mental Disorders and their Cure

There are currently two widely established systems that classify mental disorders:

(i) "ICD-11 Chapter 06: Mental, behavioural or neuro-developmental disorders, part of the International Classification of Diseases produced by the WHO (in effect since 1 January 2022)."

(ii) "Diagnostic and Statistical Manual of Mental Disorders (DSM-5) produced by the APA since 1952."

Standardised diagnostic criteria are available for each of these diagnostic groups. In recent iterations, they've worked to consolidate their scripts so that their respective guides are more similar to one another overall. Non-Western cultures may use other categorization methods, such as the Chinese categorization of Mental Disorders, and those with different theoretical orientations may use different manuals, such as the Psychodynamic theory Diagnostic Manual. In contrast to neurological diseases, learning difficulties, and intellectual disability, mental health issues tend to be placed in their own category.

Some methods do not follow the DSM's and ICD's model of categorising disorders by symptom profiles that might be either "normal" or "abnormal," respectively. The scientific community is deeply divided on the topic of whether or not quasi-categorical (or hybrid) schemes, often known as continuous and dimensional models, are superior to their more traditional counterparts. A spectrum strategy might include features of both.

There are two opposing viewpoints in the scholarly and scientific literature on the definition or categorization of mental disorder: "one claims it is entirely dependent upon of value decisions (including of what constitutes normal), while the other claims it is or could be completely neutral and scientific (which includes by reference to statistical norms). Hybrid perspectives often take one of two positions: either that the idea of mental disease is objective, although a fuzzy model that can never be exactly defined, or that the term always comprises a combination of empirical facts and subjective value judgements. Even though the diagnostic groups are called disorders, they are not verified in the same manner that most medical diagnoses are. Others have suggested greater integration of the various ideological and practical viewpoints, while neurologists have argued that categorization will only be trustworthy and meaningful when based on neurobiological traits rather than clinical interview."

Some experts feel it is preferable to focus at fundamental brain differences, which may predate symptoms by many years, and the DSM and ICD method remains under criticism for both of these reasons.

Presence of Comorbidities and Evolving

Some have proposed dimensional models as an alternative to the DSM and ICD because of the substantial comorbidity between diseases in these categories. It has been hypothesised that the underlying latent (unobserved) components or dimensions in the framework of mental diseases may represent etiological processes, and research on comorbidity has provided evidence for this. The difference between internalising illnesses like mood or anxiety and externalising disorders like behaviour or drug use is reflected in these two aspects. The existence of a unifying component of psychopathology, analogous to the g factor of intelligence, has been corroborated by research. The p factor hypothesis provides further evidence for the creation of a third dimension of psychotic diseases like schizophrenia, while also lending credence to the internalizing-externalizing dichotomy. The internalizing-externalizing pattern of mental diseases is supported by biological data as well; research on twins and adoptees show that both internalising and externalising disorders share heritable characteristics.[When it comes to dimensional models, the Hierarchical Classification of Psychopathology is a frontrunner. Many diverse aspects of human behaviour and personality are susceptible to disorder, and hence there are many distinct types of mental illness. The following is a list of them:

(i) Anxiety disorder: Anxiety or worry that gets in the way of daily life may be indicative of a more serious condition known as an anxiety disorder. Anxiety disorders may be broken down into several subtypes, the most well-known of which are particular phobias, GAD, SAD, PA, PTSD, and the other three.

[1] Richard E. Vatz, co-author of explication of views of Thomas Szasz in "Thomas Szasz: Primary Values and Major Contentions

(ii) Mood disorder: It's also possible for other affective (emotional/mood) processes to go awry. Major depression (sometimes called unipolar and clinical depression) is a mood illness characterised by extreme and persistent feelings of sorrow, melancholy, or despair. Dysthymia is a diagnosis for milder, chronic depression. Mania and hypomania, the "high" or stressed mood states associated with bipolar illness (which is also referred to as manic depression), alternate with normal or sad emotions. There is substantial controversy in the scientific community about whether unipolar and bipolar moods phenomena constitute different types of disease or whether they mix and blend along a line or spectrum of mood.

(iii) Psychotic disorder: Disrupted regulation of cognition, language, and reality perception may lead to psychotic symptoms such delusions, thought disorder, and hallucinations. Schizophrenia and delusional disorder are two examples of psychotic illnesses in this group. People who exhibit characteristics of both schizophrenia or affective illnesses are classified as having schizoaffective disorder. Those who exhibit symptoms of schizophrenia but do not match the diagnostic criteria are said to be schizotypal.

(iv) Personality disorder: Personality— person's core traits, which shape how they think and behave regardless of context or time, may be pathological if they are inflexible and unhelpful. Although some professionals choose to see them as distinct conditions, diagnostic manuals like the DSM-IV classify them as mental illnesses, although placing them on a different axis II. Paranoid, schizoid, and schizotypal personality disorders are included, as well as those that have been described as dramatic and emotional, such as antisocial, near, histrionic, or narcissistic personality disorders, and those that have been described as characterised by excessive worry, such as anxious-avoidant, dependent, or obsessive-compulsive personality disorders. In most cases, the onset of personality disorders is thought to occur either during childhood or the teenage years at the latest. A category for long-lasting changes in personality due to trauma or mental illness is included in the ICD as well. An adjustment disorder may be more appropriate to describe a pattern of distress that starts within three weeks of a stressful event or scenario and resolves within six months when the stressor is no longer present. A growing body of evidence suggests that personality disorders, like personality characteristics in general, consist of both short-term dysfunctional behaviours that may sometimes be overcome and longer-lasting maladaptive temperamental qualities. Furthermore, there are non-categorical schemes, such as schemes that utilise dimensional models, that score all persons based on a profile of multiple dimensions of personality with a symptom-based cut from typical personality variation.

(v) Eating disorder: An abnormal perspective on food and one's physical appearance are hallmarks of the mental illness known as "anorexia nervosa." They may lead to serious physiological and mental issues. Disproportionate preoccupation with eating and body image characterises eating disorders. Anorexia nervosa, bulimia exercise bulimia, and binge eating disorder all fall under the umbrella of eating disorders.

(vi) Sleep disorder: Disruptions to regular sleep cycles are often connected with sleep disorders. Insomnia, defined as trouble getting asleep or staying asleep, is a frequent sleep problem. Sleep apnea, REM sleep behaviour disorder, chronic lack of sleep, and restless leg syndrome are all other sleep disorders.

(vii) Narcolepsy: It's characterised by a chronic tendency to nod off at the most inopportune times and places. Those who suffer from narcolepsy sometimes wake up feeling rejuvenated after a nap, only to fall asleep again later. In order to diagnose narcolepsy, physicians often request that patients spend the night in a sleep centre and analyse their sleep history including sleep logs. Actigraphs and polysomnography are two more tools used by doctors. Multiple sleep latency tests are used by doctors to determine how long it takes for a patient to nod off.

(viii) Sleep Apnea: It's possible to suffer from a major sleep problem if your breathing regularly stops and begins while you're asleep. Sleep apnea may be categorised as one of three subtypes: obstructive, central, or complicated. Polysomnography is the gold standard for diagnosing sleep apnea, but it may also be done at home. If the problem persists, a visit to an ENT specialist may be in order.

(ix) Sexuality Related: Dyspareunia is one kind of sexual dysfunction, and there are many types of paraphilia (sexual attraction to items, events, or people that are abnormal or damaging to the individual in question or others).

(x) Other Disorders:

a. **Impulse Control Disorder:** Disorders like kleptomania (the compulsive need to steal) and pyromania (the compulsive need to start fires) fall under the umbrella term of "impulse control disorder," which describes people who are unusually unable to control certain cravings or impulses that might be detrimental to themselves or others. Addiction to any number of activities may be considered pathological, including gambling. Although compulsion play a role in certain cases of obsessive-compulsive disorder, OCD is often thought of as an anxiety illness.

b. **Substance Use Disorder:** The term "drug addiction" is used to describe a pattern of drug usage (legal or illicit, including alcohol) that continues despite negative consequences. The DSM classifies reliance on and misuse of psychoactive substances as subtypes of this disorder. Tolerance to the drug's effects and feelings of withdrawal upon reduction or cessation of usage may be the outcome of a pattern of obsessive and repeated use, which may be the cause of substance use disorder.

c. **Dissociative Disorder:** Detachment from disorder and dissociative disorder of identity (also known as multiple personalities or "split personality") are two such conditions that may be diagnosed in people who suffer from severe disturbances of self-identity, memory, and overall comprehension of their own identities and their surroundings.

d. **Cognitive Disorder:** These have an effect on one's capacity for learning and remembering. Dementia and other neurocognitive disorders (formerly known as delirium) fall within this group.

e. **Developmental Disorder:** These conditions often emerge in young children. There are a number of childhood disorders that may persist into adulthood, such as autism, oppositional defiant disorder, behaviour problems, and attention deficient hyperactivity disorder (ADHD). Antisocial personalities disorder (dissocial character disorder in the ICD) may be the diagnosis if conduct disorder persists into adulthood. Some people associate popular designations like "psychopath" or "sociopath" with these illnesses, despite their absence from the DSM or ICD.

f. **Somatoform Disorders:** When there are physical symptoms that might be signs of a mental illness, a diagnosis could be made. Disorders like somatization and conversion are included here. Body dysmorphic disorder is one example of a mental illness that manifests in the way a person thinks about their physical appearance. ICD-10 recognises the traditional diagnosis of neurasthenia, which includes somatic problems, exhaustion, and low spirits/depression, although the DSM-IV does not.

g. **Factitious Disorders:** They are identified in areas where people are suspected of exaggerating their symptoms for financial benefit. Symptoms may be related to the individual's own or to those of a close friend or family member whom they care about, and may be manufactured or mimicked on purpose.

There have been efforts to define a new kind of mental illness called "relational disorders," in which the focus is on the couple as a whole rather than on any one member. It might be a parent-child connection, a parent-spouse relationship, or any other kind of relationship. There is already a diagnosis of associated psychotic condition under the umbrella of psychosis for situations when two or more people are near enough to each other to share a same hallucination.

"Capgras syndrome, De Clerambault syndrome, Othello syndrome, Ganser syndrome, Cotard delusion, Ekbom syndrome, and additional disorders" like the Couvade syndrome as well as Geschwind syndrome are just a few examples of rare psychiatric syndromes that are often named after the person who first described them.

Onset and Treatment

In most cases, people experience the first symptoms of a mental illness somewhere between the ages of 12 and 24.Some forms of anxiety and impulsive-behavior problems first show up in young people. Later in the mid-teens, some people begin to show signs of anxiety problems, drug abuse, and mood disorders. Schizophrenia symptoms usually first appear between the ages of late adolescents and early adults.

The probable development and prognosis of mental problems vary from case to case and rely on a wide range of variables including the nature of the condition, the person, and their social context. The duration of certain

illnesses may be relatively short, while the effects of others may be more persistent.

The progression of any given illness may take several forms. Over half of people with schizophrenia recover in terms of signs, and between a fifth and a third recover in terms of signs and working, with many needing no medication at all, according to long-term worldwide research. "Late" rehabilitation is still possible, even if some people have very tough circumstances and support requirements that last for many years. According to the World Health Organisation (WHO), "releasing patients, carers, and doctors of the chronicity model which dominated thinking for most of the 20th century," is one result of the convergence of data from the long-term research.

Tohen and colleagues found that after an initial diagnosis of bipolar disorder, nearly half of patients recover (no longer satisfying criteria for the being diagnosed) within a period of six weeks, and nearly all recover (no a while meeting criteria for the diagnosis) within a period of two years, with nearly a half regaining their previous occupational and residential status during that time. Fifty percent or less will have another manic or depressive episode during the following two years.

While the functional impact of certain illnesses may be minimal, others may cause significant impairment and need extensive assistance. The extent to which one is able or unable may change over time as well as across various spheres of one's existence. In addition to the impact of the illness itself, factors such as institutionalisation, discrimination, and social isolation have been associated to persistent impairment. In addition, illness-related fluctuations and demands for regularity may lead to discrepancies in functioning, as can the stress of attempting to disguise a disease at work, school, etc.

Conclusion

Mental illnesses are among the most damaging ailments in terms of all life years adjusted for disability (DALYs), an estimate of the number of years of life lost due to early death or a state of poor well-being or impairment. In terms of years of life lost, unilateral (or major) depressive illness ranks third globally, resulting in 65.5 million years. Nearly half of all disabilities (current and as calculated to continue) was due to psychological and neurological diseases, including addiction to drugs and conditions involving self-harm, among young people aged 10 to 24, according to the initial comprehensive account of global disability resulting in youth, published in 2011. After this, communicable illnesses accounted for 10% of disabled people, and accidental injuries (12%), mostly from car accidents. Twenty percent of people with disabilities in high-income nations have unipolar severe depression, and eleven percent have alcohol use disorder. In the eastern Mediterranean, unipolar major depression accounted for 12%, whereas in Africa, it accounted for 7% and in Asia, it accounted for 5%.

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