BIPOLAR DISORDER

ANNA BURNS, AUBREY ETUE, ALAINA LIDDELL, MARIA NORVELL



DEFINITION (AB)



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photos by: health central



TYPES OF BIPOLAR DISORDER (AE)



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SIGNS OF BIPOLAR DISORDER (AL)



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PARTS OF THE BRAIN AFFECTED (MN)

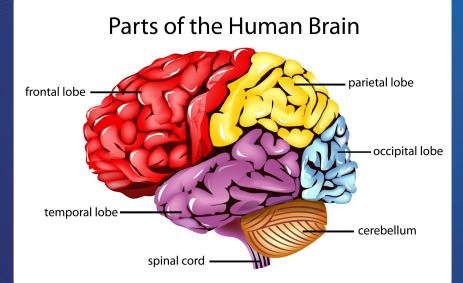


photo by: Simply Psychology

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TREATMENT (MN)



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ACCURATE PORTRAYALS IN SOCIETY (AE)



photo by: IMBd



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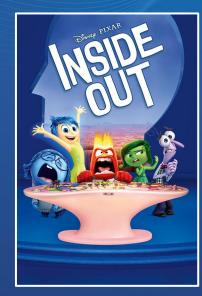


photo by: Disney Movies



FAMOUS INDIVIDUALS WITH BIPOLAR DISORDER (AE)

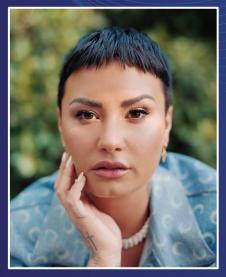


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FAMOUS INDIVIDUALS WITH BIPOLAR DISORDER (AE)

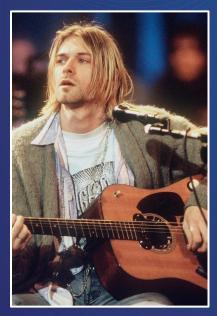


photo by: Vogue



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QUESTIONS

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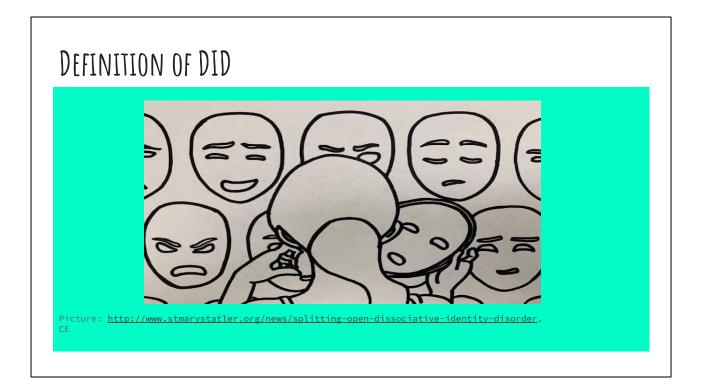
DISSOCIATIVE IDENTITY DISORDER

By: Candice Etta, Auriel Blakey, Katelyn Moyer, and Sabrina Thomas

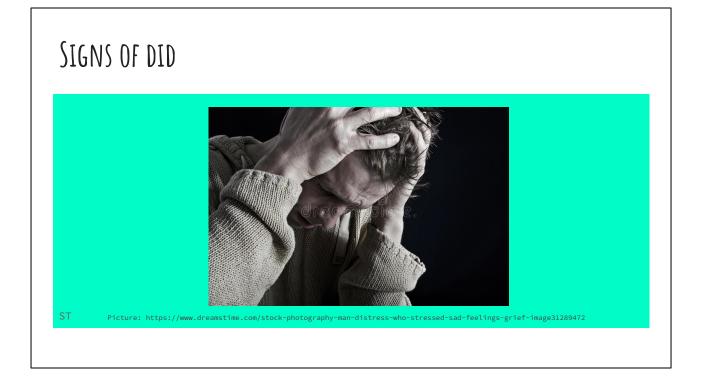
- start off with a hook- introduce ourselves twice once as ourselves, the second time as a completely different person and personality.

PSA

https://youtu.be/76tNSxQx54M



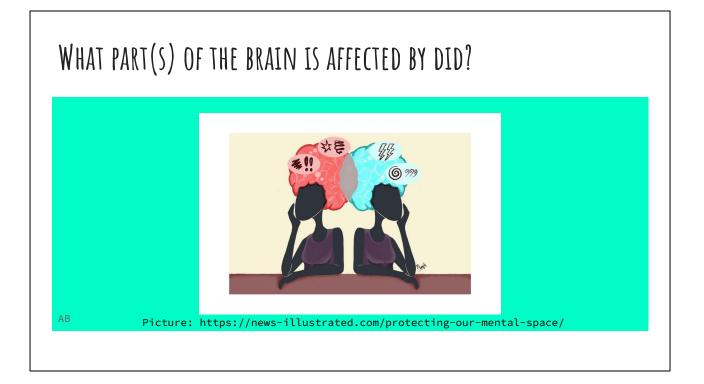
Dissociative Identity Disorder (also known as DID) - is a rare psychological disorder in which two or more personalities with distinct memories and behavior patterns apparently exist in one individual.



So how can one identify signs of dissociative identity disorder? Well some common signs are having anxiety and/or depression, experiencing delusions, disorentation while doing normal tasks, memory loss, drug or alcohol abuse, and in worse cases, suicidal thoughts or self-harm. People may also feel detached from yourself and emotions, constant stress, and inability to cope with emotional or professional stress. Finally, one may notice constant sudden mood changes.



The causes of Dissociative Identity Disorder can be from a number of things. The most common cause is from childhood physical, sexual, or emotional abuse. This trauma is usually from age 6 or below yet it can be from years past the age of 6. These people who have endured these traumas have never coped correctly and due to that, they turn to different personalities to help them forget the trauma and block it out. This is sort of their way of coping. Other causes can be from stress whether it is from ones work, school, or personal life. This can cause them to be completely overwhelmed and develop this disorder. The reason this disorder is so prevalent and develops from childhood experiences is because kids are still figuring out who they are and who they want to be as a child. This means that these kids do not know how to handle stressful situations and they never cope with their stress in a healthy way leading to this disease.



DID includes involuntary intrusions of sensory, affective, and cognitive information into conscious awareness or behavior. The underlying neural causes of dissociation are still unknown. However, several studies have been experimented by scientists who have made discoveries about how the brain is affected by dissociative identity disorder. Neuroimaging was used to scan the brain and research more information about this illness. Despite their best efforts, not all cases were accurate, and experimenters were proven incorrect about certain determinations they had previously made.

The Vermetten and Weniger Studies concluded a number of details about DID subjects and their brains. Female DID patients' hippocampus was remarkably smaller than healthy women's by 19.2% and their amygdala was smaller by 31.6%. The hippocampus aids in the process of constructing long-term memories and the amygdala helps regulate emotions. As Vermetten found during his studies, effects on the brain are

sometimes common between DID and comorbid PTSD patients. He believed that it was almost impossible to find someone with DID who did not have PTSD, but was disproved by Weniger when he had subjects just so. One study highlighted the regional cerebral blood flow, or rCBF, in the host personality with normal controls having lower rCBF in the orbitofrontal cortex, or OFC. The orbitofrontal cortex is believed to be involved in making decisions. Although, it is more complex in it's responsibility, as author Rhawn Joseph described it's job as the "senior executive of the emotional brain".

Another experiment, called the Reinders Study also contributed to the information we now know about DID's influences on the human brain. Two vocabulary words which I will be using from this point forward are NPS, which is the neutral personality state and TPS, or the traumatic personality state. Moreover, in this experiment, two autobiographical memory scripts were played in both the neutral personality state and the traumatic personality state for a DID subject. One of the scripts was a neutral memory and the other was a trauma-related occasion. Both personality states had experienced the neutral memory. However, the TPS was the only personality state to identify the traumatic experience as "personally relevant" (2120). This was the only change in the relations, as the NPS did not react differently to the neutral or trauma-related scripts. This study showed results of a deactivation in several parts of the brain. This finding is significant because the testings showed equivalent disablement patterns in DID subjects as well as non-DID subjects who reacted to non-autobiographical script audiotapes. The medial prefrontal cortex is among the parts of the brain which deactivated. This sector of the brain plays a role in how one expresses their personality and also holds the

orbitofrontal cortex, which again, is responsible for decision-making.



- The best kind of treatment for someone who has DID is therapy. The most effective kind of therapy is psychotherapy or better known as talk therapy. Psychotherapy focuses on talking with a mental health professional about one's mental health. During psychotherapy, people learn about their condition and their moods, feelings, thoughts, and behaviors. It helps people learn how to take control of their life and respond to challenging situations with healthy coping skills. Psychotherapy's goal is to learn how to cope with one's disorder and to understand the cause of it. There are some risks to psychotherapy, just like there are risks to other things in life. A key risk is that because psychotherapy can explore painful feelings and experiences, people may feel emotionally uncomfortable at times. This risk can be minimized by working with a skilled therapist who can match to your needs.
- Another type of therapy is cognitive behavior therapy. It is a type of talk therapy that focused on modifying negative thoughts, behaviors, and emotional responses. It is often the preferred type of psychotherapy because it can quickly help

- someone identity and cope with specific challenges. There's generally little risk but people may feel emotionally uncomfortable at times.
- A final type of therapy that can help someone with DID is family therapy. It can help educate the family about DID and its causes and help them recognize symptoms. It can help families communicate and resolve conflicts more. However, it can also produce signs at negative and traumatic memories of other family members which can affect progress among the person with DID. People who have DID will want to look for someone with advanced training or experience in working with people who have experienced trauma.
- Hypnosis or hypnotherapy, can also be used with psychotherapy because it can help people access repressed memories, control problematic behaviors, and help the patient.
- Finally some medication can be used in the treatment of DID. There are no specific medications, but doctors might use them for associated mental health symptoms. Some common medications used are anti-anxiety medications, antipsychotic drugs, and antidepressants.

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It can be challenging to help those with DID, but it is always important to know their experiences and give them advice if they need/want it. The first thing to do is to understand what their disorder is like. It can be hard to put yourself in someone else's shoes and see what they go through on a daily basis, but it gives you a better understanding of what DID is. Learning about this condition can teach you how to support someone with DID. You should also think about how to deal with identity alteration. Sometimes you will talk to different identities and they can communicate differently, so you might need to develop different ways of talking and communicating when different alters are in control. Try to relate to each identity. It is also important to try and stay calm especially if they are upset or scared. You should also stay calm if they switch unexpectedly and meet them where they are mentally, because if they are met with fear or hostility that can make the person very upset. Learning how to recognize and avoid triggers or keeping the person safe is another way to assist someone with DID. For people with DID, personality shifts can often be brought on by triggers that bring on dissociative symptoms

and flashbacks. Triggers can be anything that is a strong emotional response, such as places, smells, sounds, etc. Trying to understand their triggers can allow you to help them avoid them. It will also make you more prepared for symptoms when they occur. Giving someone with DID advice can be difficult, especially if it involves talking about treatment. Being patient and not overstepping boundaries can help to make the person feel safe and comfortable even when talking about heavy topics. Sometimes, all they want is for someone to listen to them and not always talk. In those cases, it is important to do just that. Finally, it is important to take care of yourself. It can be emotionally draining to be close to someone with DID. If they tell you about their traumatic experiences, hearing these experiences can be very difficult. You should always make sure you are taking care of yourself both mentally and physically and in return that can help to take care of the person with DID.



Valerie Sampson from Elon University analyzed the portrayal of characters with dissociative identity disorder in eight movies to study the accurate versus inaccurate portrayals of DID in films. All of the movies were chosen from IMBd, and were described as depicting a character who suffered from DID. Additionally, every movie had been published within the last 25 years of the experiment, and was only considered showing an accurate character based on the DSM-5 criteria. According to the Diagnostic and Statistical Manual of Mental Disorders, in order for someone to be categorized as having DID, they must meet five requirements. These requirements include: having two or more distinct identities or personalities states, amnesia or gaps in memory, and significant distress about this disorder. Moreover, the mental illness cannot be due to cultural or religious practices and the symptoms cannot be associated with the physiological effects of substance use or a medical condition. The eight movies chosen by Sampson included Fight Club, Hereditary, Glass, Split, Primal Fear, Identity, The

Hours, and Secret Window. Although Glass is the sequel to Split, the experimenter still wanted to use the film because of its prevalence in society. Six out of the eight movies exhibited a DID character accurately. Those films include Fight Club, Glass, Split, Primal Fear, Identity, and Secret Window. One of the movies which inaccurately depicted a DID character is Hereditary, which does not have two or more distinct identities, and the character's condition is due to their religion or culture. The second incorrect performance is that of the character in The Hours because there are no memory gaps or amnesia represented. In most cases, the characters are shown with treatment-focused incompetency. For example, Kevin from Split and later the movie Glass, kills his therapist and ceases seeking help after he stops taking his medication. He later escapes from the mental hospital in the sequel. Likewise, Malcom from *Identity* also murders his doctor and as well as 10 of his other identities. In a similar way, the Narrator from Fight Club shoots himself in the head in an attempt to kill his alternate personalities. Furthermore, characters act aggressively and intentionally harm at least one person in the films. Although people suffering from DID are more prone to self-harm, the manner in which they are displayed in tv and film is often exaggerated and unfavorable. Despite majority of the movies truthfully illustrating DID characters, it is important to realize and understand that most of the movies lack realism when displaying the behavior of people with DID.

FAMOUS PEOPLE WITH DID



As you see these are 3 well known celebrities. Britney Spears, Nicki Minaj, and Herschel Walker. These are people some of us love and keep up with through social media. Their lives may seem perfect through pictures but what you may have not known is that each of these 3 individuals suffer from DID. According to Daily Mail in 2008 Britney Spears claimed that she suffers from DID. Britney said that she had a variety of different personalities. Those personalities include "The British Girl", The weepy girl", "the diva", and "the incoherent girl." As we know Britney Spears just recently got released from her conservatorship, and that obviously had to have been a traumatic experience and could've taken a big toll on her DID especially with constantly being told to act. Moving on to famous singer Nicki Minaj she came out with having an actor ego named Roman Zolanski she describes Roman as "so outspoken, so open, and, you know, creative." She also told MTV news that "Everybody knows my favorite actor ego is Roman. He's bad. That's why I like Roman. I think I started liking Roman more because everybody else else starting liking Roman so he became my favorite." She also explained how people are expecting him to do some real craziness on her next album. Lastly Olympian and pro football player Herschel Walker also came out in 2008 in his book "Breaking Free" that he suffered from DID. In his book he expressed that his life was out of control, he wasn't happy, he was very sad, very angry and never understood why. There are many other celebrities and well known people who suffers from DID without us even knowing, and it could be a big part of their lives, so I think that should teach us that although these people are in the public eye, and we may think they have everything great that they also go through things like the rest of us, and that they suffer with mental illnesses.



Do any of you know people with DID? Do any of you know any other celebrities with DID? Have any of previously heard of DID? Where? How do you think people with DID should be treated? Did anything surprise you throughout learning about DID? How do you think you would react if someone close to you had DID? How do you think the inaccurate portrayal of people with DID affects those with the disorder?