

The Story of SamanthaLynn

by

Gary Solomon

Case Study

After some twenty years of working in the mental health field, specifically in the field of psychiatric diagnosis, I have continuously been frustrated with the structure of case study books relating to psychiatric diagnosis. I can recall my original training while working on my master's and doctorate degrees. Attempting to comprehend the diagnostic and statistical manual of psychiatry disorders was an overwhelming task. In an attempt to supplement my learning and knowledge, I turned to case study books. Although written with good intent they are often full of material that side tracks the reader leading them ultimately to greater confusion. Today as an academic and researcher I work to resolve the ambiguity that exists in diagnostic analysis and case study presentation.

When the first edition of this book was released, the book did not contain a case study. The truth is, I had yet to solve the problem of how to present a case study that clearly paralleled the text on psychiatric diagnosis such that you, the reader, could see clear examples of how the case is directly linked to a particular psychiatric diagnosis. It was in late 2007 that I recognized the solution. Below you will find an individual story titled "Samanthalynn". Instead of using numerous, separate stories, to identify a particular psychiatric illness; I am using Samanthalynn to describe every psychiatric disorder that is represented in this book. As you read the story I will give Samanthalynn certain and specific characteristics that are pathogenomic to the illness that Samanthalynn will be described as having. As soon as I do I will supply you with the diagnosis. Additionally you will be supplied with the page number that will link to that diagnosis that will supply you with more information about the diagnosis. This process should supply you with an easy to read, simple to use, learning tool to comprehend psychiatric illness.

Before entering into the story of Samanthalynn I would like to caution you of a few important points. First, this story and accompanying diagnoses, will not take into account the differential diagnosis. At the time of the writing of this text I am looking at a way that I might include a story that encompasses every possible different diagnosis. I would simply say at this time that to do such a writing as part of this text could make the book an excess of a thousand pages. Second, the new student to the field of psychology and psychiatry should not consider that an individual could suffer from every psychiatric illness; rather the story is a paradigm to present those illnesses as a learning mechanism. I would also invite you to recognize, as stated earlier in

the text, all human beings experience some degree of each psychiatric presentation, though those presentations may not affect the individual lives. Finally, keep in mind that this book is structured alphabetically therefore disorders are listed on each page in their alphabetical relation to the disorder before and after. Once you have investigated an individual page to look at single psychiatric diagnoses I would strongly recommend that you turn to the psychiatric group under which that psychiatric disorder falls. For instance, I may discuss Bi Polar 2 Disorder. Once you have looked up Bi Polar 2 Disorder take the time to look at the category of mood disorders. If you practice this you will find that you will quickly memorize the categories for each of the individual disorders. Good luck on the journey.

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The Story of SamanthaLynn

“Don’t play in the tunnel!” She told them over and over again. “Ya’ hear me? Don’t play in that tunnel. It’s too dangerous. You’re gonna get yourselves killed.” She could not have been clearer; she could not have been more firm or adamant. Yet each time she screamed the plea, her twin boys Timmy and Robert Jr. yelled back, “Why? You’re just scared of nothin’. There’s no train on that track anymore. And anyway, if we hear a train we can always run out the other end. You’re just being stupid, Mom. You’re being a fradycat.”

It was the same story every time: She’d plea with them; they’d argue with her. She would make them promise to stay away from the tunnel, and they would play in the tunnel anyway.

SamanthaLynn tried telling herself that it didn’t matter; that they wouldn’t get hurt, but she never believed her own unconvincing mantra. It was no surprise to her when she heard a loud knock from her front door from the police one Tuesday afternoon informing her of the accident.

“I’m sorry, SamanthaLynn,” bemoaned the police chief. “These kids didn’t have a chance. I mean, there’s not more than an inch to spare on either side of that tunnel. There was no place for them to go.” Handing her a torn paper bag, slightly stained with the blood of her two young boys, he said, “This is all we’ve been able to find. It’s all that’s left. I’m terribly sorry, SamanthaLynn. I am so, so sorry.”

As Officer Gilbert drove off, SamanthaLynn remained frozen at the opening of the door to her small two-bedroom home. She had inherited the home from her parents who died almost ten years earlier. Just one day after the birth of her twin boys.

By the next day SamanthaLynn had tossed whatever belongs she thought she needed into the blue 1998 Chevy truck that her ex husband, Robert, bought her three years earlier. The gift came just a few months before he decided to leave, never telling where he was going; never returning to their home. Pulling the truck to the end of the driveway, she stopped to look at the unruly flames bursting from the windows of the place she had called home for all thirty-one years of her life. **Breaking the silence of the moment, she heard the spilling sound of a fire truck coming toward her from the opposite end of the small community she would never see, or want to see, again.** Never again would she mention the tragedy, the ungodly event that changed the course of her life.

From that point on she drove, passing the deafening wails of the fire engines that seemed to be screaming the cries of anguish and pain she felt. “Drive, Sam. Just drive,” were the only

words of encouragement she could mumble to herself as she sped away from the only life she knew.

Maybe California? , where she could walk along the sand and watch the tide wash away her footsteps as quickly as she imprinted them. Or maybe the East coast. New York possibly? The busy city might keep her so occupied that she wouldn't have the time to think or grieve for all that was lost. She could just pass through life in the bustle of the city, like the other emotionless human shells.

She began to think of her boys, how much they had filled up her life every day with joy, in every way a person possibly could. She thought of how empty she felt now that all she had ever loved was nothing more than a memory to her, a chapter in time that had ended all too quickly.

Suddenly she jolted from her thoughts and back into reality by the sputter of her engine. She looked down at the gauges and wondered how long her gas light had been on. She pulled into a gas station that was conveniently on her left hand side. Robotically she asked the attendant for \$40 on pump 3. She didn't even have to think of what she was doing as she filled her tank mechanically; doing the same things she had done for the past ten or so years. Following the same routine, the same gas station, the same truck... the only thing that wasn't the same was her life and everything in it.

Once again she was struck back into reality by the feeling of liquid hitting her bare, sandaled feet. She shook her feet dry and got behind the wheel of her truck. She barely noticed her neighbor of 23 years waving at her from behind his silver Honda at the next pump. She couldn't even gather the courtesy to wave back in reply. Somehow it didn't matter anymore to her to follow the rules of common courtesy that most lived by in her small town. She had lost the desire to care.

She didn't care that she had \$4.87 left on pump 3. She didn't care that she had no idea which direction she was going. As she pulled back onto the road, her foot still damp from the gasoline, she didn't notice the faint smell of gasoline enveloping her small truck cab, or that the end of her skirt was stuck beneath the door frame and flapping furiously in the wind. She most definitely didn't notice the car that had been parked at the gas station, observing her every robotic move, which was now following her at an unalarming distance. All she took notice of was the song playing on her static filled radio. It had been her sons' favorite song. For the first

time in many years she reflected on her unhappy and unrewarding past growing up on Bricker Lane.

Bricker Lane is as unpleasant a place to be born as one might envision. The seemingly endless dirt path that acted as Bricker Lane's slightly navigable road eventually connected to a rutted, poorly paved cross street on the outer most region of Bernalillo, a small and unmemorable town 55 miles outside of Albuquerque, New Mexico. The almost forgotten, pocked dirt road dead ended in front of an old rundown shack that Randal and Kathryn Mason somehow managed to call home. Whoever named the street did so with a great deal of optimism.

The five room house which included a failing kitchen and a poor excuse for a bathroom was held up by weakening stilts that skirted the rim of the house. The white paint, now almost completely unrecognizable from the years of neglect, was the only redeeming quality to the metal roofed shanty. The two wooden steps that lead to the porch were long since gone, replaced by three rotten planks that stretched from the ground to the ailing wood porch. If ever a house did not look like a home it was the shabby residence located at 117 Bricker Lane.

Although she had no way of knowing the unfortunate day to which she was being born, SamanthaLynn would soon learn her fate. For it was on December 7, 1975 that she would first see the light of day. And it was on that day some 33 years earlier that Japan's air force bombed Pearl Harbor, killing Randal Mason's father in the process. As soon as his mother received word from the man in a roving topless gray jeep who spent his days informing wives that they were now widows, Randal's mother walked into a hall closet that bedded her husband's shot gun, put the oiled barrel well into her dry mouth and with her toes wrapped on the trigger blew her head completely off her body.

It would be from that day forward that Randal Mason learned to loathe December 7 and any event even remotely connected to that date. Shuttled from one foster home to another, Randal was inured to abuse that would become the cornerstone of his personality. At the age of eleven, Randal's grandfather took over raising his grandson. Having gone deaf as a result of operating jack hammers in the perdition of the Pennsylvania coal mines, Randal's grandfather was banished by the physicians to live in the middle of the hot, dry climate of New Mexico to help keep him alive one day at a time. With Randal as his primary caretaker, his grandfather taught the young boy everything he needed to know about how to down a bottle or two of got-rot whisky. It was on that whisky that Randal grew to be a tall, handsomeless young man.

Having quit high school at the age of fifteen, the school board was overjoyed to be rid of the boy who offered trouble to anyone who crossed his path. Finding a job changing tires and oil on cars that had long since lost their heart, Randal lived day to day in the house that his grandfather left him when Randal was twenty-six. Though it appeared unlikely that anyone would ever want this recalcitrant and hard bitten young man, he found and married a young homeless girl named Kathryn. She had learned to put up with his maltreatment of her for the right to live under a roof.

While Randal was away at work or drinking the night into the next day, Kathryn slowly turned their shack of a house into a real home. Little by little she fixed what she could. If she needed Randal for some money or muscle to repair the house, she would use her body on him at the same time requesting these favors. Since Randal was always drunk, he never figured out that Kathryn was simply selling her body and her soul to have a home, something she had learned to do as a child.

While Kathryn squatted in the chipped tiger paw tub in their only bathroom moaning to give birth to the reluctant SamanthaLynn, Randal drank himself into a promise: he would teach this new kid of his what being born on the same day that his parents left him was all about. Turning up the music on the radio, the bacchanalian Randal Mason was sent as far away from his young wife's scream as he would need to get through the next fourteen hours of SamanthaLynn's birth.

Adjustment Disorders

Adjustment Disorders consist of individuals with mental disorders who are having a difficult time adjusting to life situations. The adjustment problems exist to a degree that they develop clinically significant behavioral and emotional symptoms as a direct result of a psychosocial stressor. These difficulties are beyond what would be expected for a given situation. The adjustments may be related to new jobs, being fired, death, ending of a romantic relationship, business problems, natural disaster, inability to attain personal goals, ending of a friendship, relocation, etc.

Possibilities

As a result of SamanthaLynn losing her children in the train accident, she suffers from problems relating to adjusting to her new life without her children.

[Adjustment Disorder](#)

She moves to New York and attempts to hide herself in the fast-paced lifestyle. For a number of reasons, including the geographical shift, she suffers from:

[Culture Shock](#)

Disorders in this Category

[Adjustment Disorder](#)

[Culture Shock](#)

Anxiety Disorders

Individuals with Anxiety Disorders experience abnormal or inappropriate levels of heightened anxiety. These individuals do not react to particular stimuli with the normal Fight or Flight response: that is, by either fighting or abandoning the environment or situation. Instead, these individuals become overly anxious as a result of the presence or anticipation of the presence of a particular stimulus; their reaction to the stimulus is unwarranted.

As a result of SamanthaLynn's difficult life experiences, she suffers from multiple anxiety disorders. She has never been clinically diagnosed.

Possibilities

She lives a life of sadness, restlessness, exhaustion, and fear of the future.

[Generalized Anxiety Disorder](#)

She spent her childhood sad, restless, exhausted, and fearful of the future.

[Overanxious Disorder](#)

She is shocked and traumatized as a result of the events regarding the death of her two children.

[Acute Stress Disorder](#)

She is shocked and traumatized as a result of the events regarding the death of her two children for more than thirty days.

[Post Traumatic Stress Disorder, Survivor Syndrome](#)

She shifts her fear of small places onto her children and experiences feelings or sensations of panic as her children play in the tunnel.

[Agoraphobia With History of Panic Disorder](#)

She shifts her fear of small places onto her children but does not experience feelings or sensations of panic as her children play in the tunnel.

[Agoraphobia Without History of Panic Disorder](#)

- ▶ Her emotional reaction could be flip flopped. She may feel panic first, along with the Agoraphobia, making the diagnosis [Panic Disorder With Agoraphobia](#) . If it is only a sense of panic, the diagnosis would be [Panic Disorder Without Agoraphobia](#) .

She experienced depression in her early childhood.

[Anaclitic Depression](#)

She experienced depression in her early childhood as a result of frequent trips to the hospital due to multiple and continuing medical illnesses.

[Hospitalism](#)

She developed a Streptococcal infection while checked in to a hospital and as a result developed an anxiety disorder.

[Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections](#)

She had various childhood onsets relating to obsessions and compulsions.

[Obsessive-Compulsive Disorder](#), [Obsessional Neurosis](#), [Transference Neurosis](#)

She has a specific phobia, for example: a phobia of trains and tunnels.

[Anxiety Hysteria](#), [Specific Phobia](#), [Simple Phobia](#)

She has a phobia of locations including other people whom she may have to encounter.

[Social Phobia](#)

She dreads developing cancer.

[Anxiety Disorder Due to a General Medical Condition](#)

She is anxious yet unable to describe her symptoms clearly.

[Anxiety Disorder Not Otherwise Specified](#)

She quickly abandons her home as it burns to the ground, leaving no time to stabilize herself emotionally.

[Hysteria](#)

She experiences certain emotions as a result of actions against her by an unwitting victimizer.

[Marshall Long-Term Syndrome](#)

She remembers the suicide of Margo Thomas, a famous singer whom she loved and worshiped, resulting in her own consideration of suicide.

[Werther Syndrome](#)

You may recall that Randall, SamanthaLynn's father, was quite a terror to the rest of the school kids. It is suspected that he suffers one of the following possible anxiety disorders.

He has memories that affect him negatively as a result of the things he did to the other children, though the other children do not.

[Chandler Long-Term Syndrome](#)

He suffers from an anxiety disorder coupled with multiple substances provided by his grandfather, Otis.

[Substance-Induced Anxiety Disorder](#)

SamanthaLynn's mother, Kathryn, is suspected to have a few anxiety disorders of her own. The possibilities are as follows:

She collects and saves everything and cannot throw anything away.

[Compulsive Hoarding](#)

She collects and saves everything, cannot throw anything away, and presents other aberrant behaviors.

[Defense Hysteria](#), [Retention Hysteria](#)

She is shocked by the home birth of her only child, SamanthaLynn, and is sent into a hypnotic state.

[Hypnoid Hysteria](#)

She is easily startled and reacts to sudden sounds or movements but does not experience defense hysteria.

[Exaggerated Startle Reaction](#), [Familial Startle Disease](#), [Hyperexplexia](#), [Hyperekplexia](#), [Kok Disease](#), [Raggin' Cajun](#)

She has fears of harming other people including her child, SamanthaLynn.

[Harming Disorder](#)

One of SamanthaLynn's sons, Timmy, was not known to suffer any anxiety disorders. Robert Jr., however, was thought to have suffered the following:

He feels deprived and detached from others due to the lack of participation of his father in his upbringing.

[Maternal Deprivation](#)

He feels deprived and detached from others due to the lack of participation of his father in his upbringing, resulting in more extensive and related problems as he travels further into his adolescent and teenage years.

[Separation Anxiety Disorder](#)

Disorders in this Category

Acute Stress Disorder
Agoraphobia With History of Panic Disorder
Agoraphobia Without History of Panic Disorder
Anaclitic Depression
Anxiety Disorder Due to a General Medical Condition
Anxiety Disorder Not Otherwise Specified
Anxiety Hysteria
Chandler Long-Term Syndrome
Compulsive Hoarding
Defense Hysteria
Exaggerated Startle Reaction
Familial Startle Disease
Generalized Anxiety Disorder
Harming Disorder
Hoarding Disorder
Hospitalism
Hyperkplexia
Hyperplexia
Hyperstartle Disorder
Hypnoid Hysteria
Hysteria
Infections
Kok Disease
Marshall Long-Term Syndrome
Maternal Deprivation
Obsessional Neurosis
Obsessive-Compulsive Disorder
Overanxious Disorder
Panic Disorder with Agoraphobia
Panic Disorder without Agoraphobia
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal
Post Traumatic Stress Disorder
Raggin' Cajun
Retention Hysteria
Separation Anxiety Disorder
Simple Phobia
Social Phobia
Specific Phobia
Startle Disorder
Substance-Induced Anxiety Disorder
Survivor Syndrome
Transference Neurosis
Werther Syndrome

Culture-Bound (Disorders) Syndromes

Culture-Bound (Disorders) Syndromes are patterns of aberrant behavior that do not fit easily into standard classifications of mental disorders. They are entirely or mainly restricted to particular cultural groups, usually and ethnocentrically excluding disorders such as Anorexia Nervosa that are restricted to Western industrial cultures. Social class and gender may further impact patterns of behavior both within and outside a given culture.

Do you remember the mystery man who follows SamanthaLynn at the beginning of the story? All we know of him is that he is from a foreign country and suffers from one or more disorders or syndromes found only in the noted locations below.

Possibilities

He is from Malaysia, Indonesia, Laos, the Philippines, Papua New Guinea, Polynesia, Puerto Rico, or among the Navajo in North America, and was bruting as a result of an insult that caused him to become aggressive. He now goes through periods of ideation, exhaustion, and ultimately amnesia regarding his violent behavior.

[Amok](#), [Mal De Pelea](#), [Iich'aa](#), [Cafard](#)

- In the United States, behavior such as walking into a building and randomly shooting people or taking shots from a tower is known as [Running Amok](#).

He is from the Caribbean or other Latin American and Mediterranean cultures and uncontrollably shouts, cries, trembles, and is aggressive both verbally and physically with a loss of self control.

[Ataque De Nervios](#)

He is from one of the Latin American communities and experiences intense anger or rage, nervous tension, headaches, trembling, screaming, upset stomach, and chronic fatigue.

[Bilis](#), or [Colera](#)

He is from Francophone, West Africa or Haiti, and is known to have sudden outbursts of violent behavior, periods of confusion, psychomotor agitation, and possible paranoid ideations and hallucinations.

[Bouffée Délirante](#)

He is from West Africa and was first taught and then required to speak English in school, but lost his ability to concentrate, learn, remember, or think, and experienced sensations of pain, pressure, or tightness around the head or neck.

[Brain Fog](#)

He is from India and suffers from severe anxiety along with hypochondria. His focal problems are weakness and exhaustion specifically attributed to excessive secretion of semen.

Dhat

Also written as **Dhatu**. Also known as **Jiryan**, **Shen-k'uei**, or **Sukra Prameha** in Sri Lanka.

He is from Southern United States or the Caribbean and exhibits behavior of sudden collapse, brief dizzy spells, and/or sensations of blindness with an inability to speak or move.

Falling Out

He is among the **Miskito** Indians of Nicaragua and suffers from headaches, anxiety, anger, and/or aimless running.

Grisi Siknis

He is among the Mohave American Indians and relays symptoms of insomnia, depression, loss of appetite, and/or suicidal ideation.

Hi-Waitck

He is Taiwanese and experiences brief trances including tremors, disorientation, and delirium.

Hsieh-Ping

He is from Korea or immigrant Korean communities in other countries and suppresses anger; experiences panic attacks, **dyspnoea**, **thanatophobia**, insomnia, and/or joint muscle pain.

Hwa-Byung

He is an ethnic member of a Chinese community in Southern or Eastern Asia and has anxiety that his penis is shrinking.

Koro

He is from Malaysian, Indonesian cultures or Southern Africa and is overly or abnormally suggestible and experiences Echolalia, Echopraxia, or trance like states.

Latah

- Also written as **Lattah**. Also known as **Bah Tshi** in or **Baah-ji** in Thailand, **Malimali** or **Silok** in the Philippines, **Imu** amongst the Ainu people of Japan, and **Amurakh**, **Irkunii**, **Ikota**, **Olan**, **Myriachit**, or **Menkeiti** in Siberia.

He is from Latin America or among Latino communities in the United States. He is incoherent and experiences auditory and visual hallucinations with occasional outbursts of violence or aggression.

Locura

He is from parts of Latin America or Latino communities in the United States and experiences chronic anxiety and psychosocial stress brought about through family difficulties, headaches, tearfulness, tremor, and/or dizziness.

Nervios

- ▶ Also known as [Nerfiza](#) in Egypt and [Nevra](#) in Greece.

He is from China or Southeast Asia and is afraid of the cold - Frigophobia - or the wind - Anemophobia - and causes him to be fatigued, impotent, and afraid of death.

Pa-Leng

He is from a community in North America or Greenland and experiences fatigue, social withdrawal, and irritability that leads to taking off his clothes and practicing antisocial behavior such as Seudolalia, Echolalia, and Echopraxia.

Pibloktoq

He is from a Chinese community in southern or eastern Asia and exhibits paranoid ideation, dissociation, and psychotic signs and symptoms.

Qi-Gong Psychotic Reaction

He is from the Caribbean, African American, or Latino communities in the southern United States, where witchcraft, sorcery, and hexing is being practiced. He complains of anxiety, gastro intestinal complaints, weakness, dizziness, and the fear of being poisoned or killed.

Rootwork

He is from the Portuguese speaking Cape Verde Islands or is an immigrant from Cape Verde communities and suffers from muscle and joint pain, numbness, trembling, paralysis, and blindness.

Sangue Dormido

He is a member of a Chinese community in southern or eastern Asia and suffers from fatigue, dizziness, headaches, joint and muscle pain, gastro intestinal complaints, sexual dysfunctions, dyssomnias, and amnesia.

Shenjing Shuairuo

He is from Thai Land or ethnic Chinese communities in southern and eastern Asia and suffers from anxiety, panic attacks, somatic complaints, insomnia, sexual dysfunctions, dizziness, and back aches. His symptoms are attributed to a loss of semen brought about as a result of excessive sexual intercourse, masturbation, nocturnal emissions, and the passing of whitish urine.

Shen-K'uei

He is from Korea or Korean communities and experiences anxiety, dissociation, insomnia, dizziness, fatigue, gastro intestinal problems, and general asthenia.

Shin-Byung

He is from sub-Saharan Africa or among African-American or Latino communities in the southern United States. He experiences personality changes where he believes dead relatives are speaking to him as a result of being appointed to a position of privilege by dead ancestors.

Spell

He is either from Peru or other parts of Latin America or originates from Spanish speaking communities in the United States. He has had a frightening experience where he believed his soul departed from his body, which is now causing him to have psycho motor agitation, insomnia, hypersomnia, nightmares, depressed mood, headaches, diarrhea, and muscle and joint pain.

[Susto](#), [Espanto](#), [Perdida Del Alma](#), [Tripa Ida](#)

He is from Trinidad and his wife abandons him. As a result, he experiences depression and attempts suicide.

[Tabanka](#)

He is from Japan and experiences intense anxiety that one or more of his own body parts or body functions are embarrassing, displeasing, repugnant and/or offensive to others.

[Taijin Kyofusho](#)

He is part of the Zulu speaking Xhosa speaking communities of Southern Africa and Kenya. He believes he is possessed by a spirit as a result of witchcraft and/or magical potions administered by rejected lovers or enemies and is characterized by shouting, sobbing, Seudolalia, paralysis, convulsions, sexual nightmares, and/or loss of consciousness. [Found mainly amongst women.]

[Ufufunyane](#)

[Saka](#)

He is from the Inuit communities of northern America and Greenland and suffers from sensations from a particular sound or smell followed by a sudden paralysis, anxiety, psychomotor agitation, and/or hallucinations, all attributed to the loss of his soul or spirit possession.

[Uqamairineq](#)

He is amongst a North American Indian tribe and suffers from a rare disorder characterized by depression, homicidal or suicidal thoughts, and the compulsive desire to eat human flesh.

[Windigo](#)

➤ Also written as [Wendigo](#) and [Whitigo](#).

He is from Ethiopia, northern Africa, or Arab communities in various parts of the Middle East and believes he is possessed by a spirit. He exhibits shouting, laughing, self injury, self mutilation, singing, and/or weeping, followed by apathy and withdrawal.

[Zar](#)

Disorders in this Category

Amok
Ataque De Nervios
Bilis
Bouffée Délirante
Brain Fag
Cafard
Colera
Dhat
Espanto
Fag Brujeria
Falling Out
Ghost Sickness
Grisi Siknis
Hi-Waitck
Hsieh-Ping
Hwa-Byung
Iich'aa
Koro
Latah
Locura
Mal De Ojo
Mal De Pelea
Mal Puesto
Nervios
Pa-Leng
Perdida Del Alma
Pibloktoq
Qi-Gong Psychotic Reaction
Rootwork
Saka
Sangue Dormido
Shenjing Shuairuo
Shen-K'uei
Shin-Byung
Shinkei-Shitsu
Spell
Susto
Tabanka
Taijin Kyofusho
Tripa Ida
Ufufunyane

Uqamairineq
Windigo
Zar

Delirium, Dementia, Amnestic and Other Cognitive Disorders

Individuals with Delirium, Dementia, Amnestic and Other Cognitive Disorders have problems with cognition; processing information. This chronic or persistent disorder is due to disease or injury. Memory problems, thinking problems, personality changes, and impaired reasoning characterize this problem. The memory and thinking problems relate to storage, retrieval, and manipulation of information.

Possibilities

You might recall that Otis, Robert's father, is somewhat ill. Having to retire in the dry, New Mexico desert, Otis suffers from a wide range of problems. Some of his problems relate to Delirium. He has yet to receive an in-depth examination, so his problems with Delirium are not clearly diagnosed.

[Delirium Not Otherwise Specified](#)

He experiences reduced levels of consciousness, difficulty focusing, and/or shifting or sustaining attention, occurring over a matter of hours to days [which are typically characteristic of Delirium].

[Delirium Due to a General Medical Condition](#) , [Delirium Due to Multiple Etiologies](#) , [Substance-Induced Delirium](#)

His conditions are similar to but are far more pervasive than delirium, last more extensively over time, and present multiple complications. His conditions are likely connected to the disease of the central nervous system.

[Agnosia](#), [Aphasia](#) [Apraxia](#), [Dementia Due to Creutzfeldt-Jakob Disease](#)

He is unable to learn new information or previously learned information.

[Dementia Due to Head Trauma](#), [Dementia Due to HIV Disease](#),
[Dementia Due to Huntington's Disease](#), [Dementia Due to Parkinson's Disease](#), [Dementia Due to Pick's Disease](#) , [Dementia of the Alzheimer's Type](#), [Dementia Due to Multiple Etiologies](#) ,
[Dementia Not Otherwise Specified](#) , [Pick's Disease](#), [Lewy Body Dementia](#), [Substance-Induced Persisting Dementia](#), [Vascular Dementia](#)

- Each of the dementia in these cases have separate characteristics, such as the origin in the frontal lobe, personality changes, perceived intellectual capability, temporal lobe impairment, and/or early onset of continuous deteriorating psychosis.

Other problems of Otis' relate to amnesia.

He experiences amnesia related to a loss of neurons in the diencephalons, especially in the mid line thalamus.

[Diencephalic Amnesia](#)

He exhibits a fabrication of events, experiences and/or facts without conscious intent.

[Confabulation](#)

He believes that he has a double or replica.

[Doppelgänger](#)

He is unable to retain newly acquired information but with undisturbed previously acquired information.

[Korsakoff's Psychosis](#), [Korsakoff's Syndrome](#), [Alcohol Amnestic Syndrome](#), [Alcohol Amnestic Disorder](#)

He is incapable of remembering anything prior to the age of three.

[Infantile Amnesia](#) , [Childhood Amnesia](#)

Otis' problem relates to a psychogenesis rather than part of an organic disorder. He leaves home and creates a new life somewhere.

[Psychogenic Fugue](#)

He remembers information but is unable to recall where or from whom or how the information is obtained.

[Source Amnesia](#)

He suffers from a sudden loss of memory [both anterograde and retrograde amnesia] but recovers within 24 hours.

[Transient Global Amnesia](#)

He sees a familiar object but believes that it actually resembles another “real” object.

[Reduplicative Paramnesia](#)

He experiences amnesia as a result of being exposed to organophosphates.

[Organophosphate Poisoning](#)

He suffers from an amnestic disorder as a result of an intentional intake of substances such as alcohol and drugs.

[Substance-Induced Persisting Amnestic Disorder](#)

He experiences amnesia as the result of general medical problems.

[Amnestic Due to a General Medical Condition](#)

He experiences amnesia but his clinician is suspicious where his diagnosis lies.

[Amnestic Disorder Not Otherwise Specified](#)

If the diagnostician has other possibilities to consider, the clinician may want to take into account some or all of the following.

He believes something as the result of information that he has received which in fact is incorrect.

[Misinformation Effect](#)

He observes something but does not correctly relate the information.

[Eyewitness Misinformation Effect](#)

He is told something that is untrue and acts upon that misinformation.

[Cruise Effect](#)

He had events occur in his childhood that he simply no longer remembers.

[False Memory, False Memory Syndrome](#)

He has false memories of his childhood as a result of being kidnapped.

[Piaget Kidnapping Memory](#)

His memory is affected by a traumatic event [the opposite of false memory syndrome].

[Recovered Memory](#)

He was a kidnap victim and sided with his kidnapers.

[Stockholm Syndrome](#)

He suffers from different variations of believing that he is heard, seen, felt, believed, or has been somewhere before.

[Déjà vu](#)

He confuses facts versus fantasy.

[Paramnesia](#)

Disorders in this Category

Delirium

Delirium Due to a General Medical Condition
Delirium Due to Multiple Etiologies
Delirium Not Otherwise Specified
Substance-Induced Delirium

Dementia

Dementia Due to a General Medical Condition
Dementia Due to Creutzfeldt-Jakob Disease
Dementia Due to Head Trauma
Dementia Due to HIV Disease
Dementia Due to Huntington's Disease
Dementia Due to Multiple Etiologies
Dementia Due to Parkinson's Disease
Dementia Due to Pick's Disease
Dementia Not Otherwise Specified
Dementia of the Alzheimer's Type
Dementia Praecox
Lewy Body Dementia
Multi-Infarct Dementia
Pick's Disease
Substance-Induced Persisting Dementia
Vascular Dementia

Amnesic

Alcohol Amnesic Disorder
Alcohol Amnesic Syndrome
Amnesic Disorder Not Otherwise Specified
Amnesic Due to a General Medical Condition
Childhood Amnesia
Confabulation
Diencephalic Amnesia
Doppelgänger
Global Amnesia
Infantile Amnesia
Korsakoff's Psychosis
Korsakoff's Syndrome
Organophosphate Poisoning
Psychogenic Amnesia
Psychogenic Fugue
Reduplicative Paramnesia
Source Amnesia

Substance-Induced Persisting Amnestic Disorder
Transient Global Amnesia (Pg. 334)

Other Cognitive Disorders

Cognitive Disorder Not Otherwise Specified

Cruise Effect

Déjà vu

Eyewitness Misinformation Effect

False Memory

False Memory Syndrome

Misinformation Effect

Paramnesia

Piaget Kidnapping Memory

Recovered Memory

Stockholm Syndrome

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence General Characteristics

Individuals with Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence have mental disorders that begin in early childhood. It should be noted that other psychiatric disorders may occur in childhood. Additionally, some of the childhood disorders may persist into adulthood.

Let's take some time and focus our energy on SamanthaLynn's two young children Timmy and Robert Jr.

Possibilities

Timmy is unable to sit still, has difficulty concentrating on any task, and cannot follow through with any projects that he is assigned.

[Attention-Deficit/Hyperactivity Disorder](#)

He is simply unable to focus his attention or concentrate.

[Attention-Deficit Disorder](#)

He may not fill enough of the criteria for this category.

[Hyperkinetic Disorder](#)

[Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified](#)

He may not fill enough of the criteria for this category, and he is less than five years old

[Hyperkinesia Disorder](#)

[Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified](#)

His teachers complain that he intentionally disrupts the classroom and refuses to take direction.

[Conduct Disorder](#)

[Oppositional Defiant Disorder](#)

His disruptive behavior is not clearly defined.

[Disruptive Behavior Disorder Not Otherwise Specified](#)

As a result of numerous viral problems, Timmy suffers from Attention Deficit/Hyperactivity Disorder.

[Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections](#)

Timmy is unable to comprehend language which is significantly below that of his expressive ability and/or non verbal intelligence.

[Receptive Language Disorder](#)

He has problems articulating sounds and/or producing unexpected sounds while speaking.

[Phonological Disorder](#)

He is not able to comprehend the information that he is receiving. He has a limited vocabulary

and experiences poor recall of words.

[Expressive Language Disorder](#)

Timmy suffers from two of the previous four mentioned groups.

[Mixed Receptive-Expressive Language Disorder](#)

Robert Jr. is unable to articulate in complete and full sentences without stuttering or stammering.

[Phonological Disorder](#)

He meets some of the criteria for the above but not enough for a complete diagnosis.

[Communication Disorder Not Otherwise Specified](#)

Timmy and Robert Jr. are older than four years old and suffer from bed wetting.

[Enuresis](#)

Robert Jr. passes fecal matter throughout the day into his clothing, shower, bed, etc.

[Encopresis](#)

He throws up his food in his mouth and swallows it again.

[Rumination](#)

He eats non nutritional items such as paper clips, hair pins, and even paper.

[Pica](#)

On several occasions he eats fecal matter.

[Coprophagia](#)

Timmy frequently eats

(Dirt) [Geophagia](#), (glass) [Hyalophagia](#), (ice) [Pagophagia](#), (hair) [Trichotillophagia](#)

He deals with numerous problems associated with feeding and eating, none of which fall clearly into a category.

[Feeding Disorder of Infancy or Early Childhood](#)

Robert Jr. has several neurological problems associated with his inability to perceive objects correctly or tell time.

[Agnosia](#)

He is unable to tell one object from another when he touches that object.

[Tactile Aphasia](#)

He is plagued with problems associated with written numbers, translating spoken word, and establishing a spelling vocabulary, etc.

[Agraphia](#)

[Disorder of Written Expression](#)

He is plagued with problems associated with written numbers, translating spoken word, and establishing a spelling vocabulary, etc., as the result of a neurological disorder.

[Dysgraphia](#)

His has abnormal motor functioning, spontaneous speech, and recollection of words.

[Aphasia](#)

[Broca's Aphasia](#)

[Conduction Aphasia](#)

Timmy has problems with reading, writing, and arithmetic.

[Academic Skills Disorder](#)

[Specific Disorder of Arithmetic Skills](#)

[Specific Spelling Disorder](#)

[Spelling Dyslexia](#)

The focus of his problems is associated with arithmetic.

[Mathematics Disorder](#)

[Acalculia](#)

[Dyscalculia](#)

The focus of Robert Jr.'s problems is associated with reading.

[Reading Disorder](#)

He has complications associated with advanced word recognition.

[Hyperlexia](#)

Robert Jr. has problems with reading due to head trauma.

[Acquired Dyslexia](#)

He has difficulty identifying the physical properties of certain shapes and sizes.

[Ahylognosia](#)

[Spelt Ahylognosia](#)

Timmy was born with problems associated to written or printed words.

[Dyslexia](#)

[Alexia](#)

The problem emanates from his central nervous system, evidenced by post verbal attempts.

Additional complications may occur.

[Central Dyslexias](#)

[Deep Dyslexia](#)

[Surface Dyslexia](#)

[Developmental Dyslexia](#)

Timmy has problems with listening and spelling.

[Phonological Dyslexia](#)

His problems with listening and spelling are evaluated through
[Cognitive Neuropsychology](#)

He is unable to recognize objects by their size and shape.

[Amorphognosis](#)
[Amorphognosia](#)

He has issues associated with naming individual letters when two are presented simultaneously.

[Attentional Dyslexia](#)
[Visual Word-Form Dyslexia](#)
[Peripheral Dyslexia](#)
[Word Blindness](#)

Robert Jr. transposes and/or reverses letters.

[Strephosymbolia](#)

From his perspective, objects are perceived in a mirror image. He occasionally has difficulty recognizing his own body.

[Autotopagnosia](#)
[Finger Agnosia](#)
[Topagnosia](#)

He is unable to perceive one object or image at the same time.

[Simultanagnosia](#)

Timmy is mentally retarded due to the deletion of chromosome 17. His mental retardation hampers his ability to learn.

[Smith-Magenis Syndrome](#)

Robert Jr. suffers from problems associated with early childhood alcohol dependency.

[Gait Ataxia](#)
[Gargoylism](#)

He has visual problems as a result of damage to the bi lateral portion of his brain.

[Bálint's Syndrome](#)

Upon occasion he flails his limbs to the point of exhaustion and incapacity to function.

[Ballism](#)

There are neurological problems characterized by left-right disorientation.

[Gerstmann Syndrome](#)

As a result of some damage to the corpus callosum, Timmy has problems responding to verbal requests with the left hand.

[Left-Sided Apraxia](#)

[Callosal Apraxia](#)
[Sympathetic Apraxia](#)
[Unilateral Limb Apraxia](#)

He repeatedly reads the same word or phrase.

[Catalexia](#)

He is having voice quality problems such as hoarseness or strain to the vocal chords.

[Dysphonia](#)

Timmy's problems relate to his impairment of spontaneous speech to repeat the spoken word.

[Transcortical Aphasia](#)

[Transcortical Motor Aphasia](#)

[Visual Aphasia](#)

[Transcortical Sensory Aphasia](#)

[Mixed Transcortical Aphasia](#)

[Wernicke's Aphasia](#)

A lesion in the central nervous system affects Timmy's ability to coordinate voluntary movements.

[Pseudoataxia](#)

Robert Jr. has an impairment of sensation.

[Sensory Ataxia](#)

[Dystaxia](#)

It is not uncommon for Timmy to get lost, leaving him unable to find his way around or read maps due to a lesion in the right hemisphere parietal lobe.

[Topographagnosia](#)

Most or all of the mentioned conditions exist as a result of the interruption or blockage of the transferred information within the brain.

[Disconnection Syndrome](#)

One of Timmy's female friends has three X chromosomes, resulting in deficits in auditory and language comprehension.

[XXX Syndrome](#)

A specific diagnosis for Robert Jr. is not possible.

[Learning Disorder Not Otherwise Specified](#)

Disorders in this Category

Attention Deficit and Disruptive Behavior Disorders

Attention-Deficit Disorder
Attention-Deficit/Hyperactivity Disorder
Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified
Ballism
Conduct Disorder
Disruptive Behavior Disorder Not Otherwise Specified
Hyperkinesis Disorder
Hyperkinetic Disorder
Oppositional Defiant Disorder
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections

Communication Disorder

Communication Disorder Not Otherwise Specified
Developmental Articulation Disorder
Expressive Language Disorder
Mixed Receptive-Expressive Language Disorder
Phonological Disorder
Receptive Language Disorder

Elimination Disorders

Coprophagia
Encopresis
Enuresis

Feeding and Eating Disorders of Infancy or Early Childhood

Feeding Disorder of Infancy or Early Childhood
Geophagia
Hyalophagia
Pagophagia
Pica
Rumination
Trichotillophagia

Learning Disorders

Academic Skills Disorder
Acalculia
Acquired Dyslexia
Agnosia
Agraphia

Ahylognosia
Alexia
Amorphognosia
Amorphognosis
Aphasia
Attentional Dyslexia
Autotopagnosia
Bálint's Syndrome
Ballism
Broca's Aphasia
Callosal Apraxia
Catalexia
Central Dyslexias
Cognitive Neuropsychology
Conduction Aphasia
Deep Dyslexia
Developmental Dyslexia
Disconnection Syndrome
Disorder of Written Expression
Dyscalculia
Dysgraphia
Dyslexia
Dysphonia
Dystaxia
Finger Agnosia
Gait Ataxia
Gargoylism
Gerstmann Syndrome
Hyperlexia
Learning Disorder Not Otherwise Specified
Left-Sided Apraxia
Mathematics Disorder
Mixed Transcortical Aphasia
Peripheral Dyslexia
Phonological Dyslexia
Pseudoataxia
Reading Disorder
Sensory Ataxia
Simultanagnosia
Smith-Magenis Syndrome
Specific Disorder of Arithmetic Skills
Specific Spelling Disorder
Spelling Dyslexia
Spelt Ahylognosia
Strophosymbolia
Surface Dyslexia

Sympathetic Apraxia
Tactile Aphasia
Topagnosia
Topographagnosia
Transcortical Aphasia
Transcortical Motor Aphasia
Transcortical Sensory Aphasia
Unilateral Limb Apraxia
Visual Aphasia
Visual Word-Form Dyslexia
Wernicke's Aphasia
Word Blindness
XXX Syndrome

Mental Retardation

Borderline Intellectual Functioning
Cerebral Gigantism
Cerebral Palsy
Cretinism
Cri Du Chat
Down's Syndrome
Fetal Alcohol Syndrome
Foetal Alcohol Syndrome
Fragile X Syndrome
Hurler's Syndrome
Klinefelter's Syndrome
Lesch-Nyhan Syndrome
Macrocephaly
Mental Retardation, Severity Unspecified
Microcephaly
Mild Mental Retardation
Moderate Mental Retardation
Monosomy X
Prader-Willi Syndrome
Profound Mental Retardation
Severe Mental Retardation
Shaken Baby Syndrome
Sotos Syndrome
Tay-Sachs Disease
Trisomy
Turner's Syndrome
Williams Syndrome
XXX Syndrome
XXY Syndrome

Motor Skills Disorder

Developmental Coordination Disorder

Other Disorders of Infancy, Childhood, or Adolescence

Adolescence Not Otherwise Specified

Anaclitic Depression

Disorder of Infancy, Childhood, or

Elective Mutism

Hospitalism

Overanxious Disorder

Reactive Attachment Disorder of Infancy or Early Childhood

Selective Mutism

Separation Anxiety Disorder

Stereotypic Movement Disorder

Pervasive Developmental Disorders

Asperger's Disorder

Autistic Disorder

Childhood Disintegrative Disorder

Fragile-X Syndrome

Heller's Syndrome

Idiot Savant

Infantile Autism

Kanner's Syndrome

Mongolism

Pervasive Development Disorder Not Otherwise Specified

Rett's Disorder

Williams Syndrome

Tic Disorders

Chronic Motor or Vocal Tic Disorder

Coprolalia

Copropraxia

Echolalia

Infections

Palilalia

Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal

Tic Disorder Not Otherwise Specified

Tourette's Disorder

Transient Tic Disorder

Dissociative Disorders

Individuals with Dissociative Disorders experience a disruption in consciousness, loss or lapse of memory and identity or perception that may be sudden or gradual, transient or chronic. In all cases, one of the aforementioned is not malfunctioning. The condition usually begins suddenly, may be caused by psychological conflict and, is relatively rare.

Possibilities

Robert's grandfather, Otis, has an array of problems relating to dissociation, though he could never bring himself to be checked thoroughly by a clinician to determine a clear pathology.
[Dissociative Disorder Not Otherwise Specified](#)

He had problems in his early twenties where he would often time wake up having lost track of time. For instance, sometimes Otis wouldn't be Otis any more he would be Oskar or Philip.
[Dissociative Identity Disorder](#)
[Possession Trance](#)

He wakes up and finds that he is in a different city, but does not know how he got there.
[Dissociative Fugue](#)
[Dissociative Amnesia](#)

He experiences spasmodic convulsions that look like epilepsy.
[Dissociative Convulsions](#)

He goes away in his mind in the middle of tasks such as driving his car or talking to someone, then forgets what he was doing.
[Depersonalization Disorder](#)
[Trance](#)
[Dissociative Trance Disorder](#)

He occasionally loses partial and/or complete ability to perform body movements.
[Dissociative Movement Disorder](#)
[Dissociative Motor Disorders](#)
[Motor Dissociative Disorders](#)

He experiences only fragmented, isolated parts of his memory, possibly as a result of his own childhood.
[Polyfragmentation](#)

He often answers that a bird has one wing when asked how many wings a bird has.
[Ganser's Syndrome](#)

He appears to have slight neurotic problems due to his odd combination of problems.
[Depersonalization Neurosis](#)

His complex problems are part of
[Anxiety Hysteria](#)

Disorders in this Category

Anxiety Hysteria
Depersonalization Disorder
Depersonalization Neurosis
Dissociative Amnesia
Dissociative Convulsions
Dissociative Disorder Not Otherwise Specified
Dissociative Fugue
Dissociative Identity Disorder
Dissociative Motor Disorders
Dissociative Movement Disorder
Dissociative Stupor
Dissociative Trance Disorder
Ganser's Syndrome
Motor Dissociative Disorders
Polyfragmentation
Possession Trance
Trance

Eating Disorders

Those with Eating Disorders are individuals with mental disorders who have eating-related problems. These problems may relate to eating too much, eating in an unhealthy manner, or not eating enough.

Possibilities

SamanthaLynn is someone who takes good care of herself. She is not a junk food eater or someone who hits the drive through restaurants. However, over many years SamanthaLynn has noticeably suffered from a plethora of diagnostic eating disorders.

She is extremely thin and gaunt.

[Anorexia Nervosa](#)

She is of average or normal weight. She purges her body consistently through self-induced vomiting, laxatives, diuretics, and/or enemas.

[Bulimia Nervosa](#)

She is pro-Anorexia Nervosa.

[Ana's](#)

She is pro-Bulimia Nervosa.

[Mia's](#)

She is gaining weight rapidly as a result of compulsive-eating.

[Binge-Eating Disorder](#)

She has a skewed self-image.

[Dysmorphobia](#)

She finds it necessary to have a complete physical examination including an MRI. Her MRI indicates that there is a brain lesion that may be causing her eating disorder.

[Hyperorexia](#)

She is suffering from Hyperorexia located in the hypothalamic area of the brain.

[Lateral Hypothalamic Syndrome](#)

She is suffering from Hyperorexia located in the medial forebrain bundle.

[Hyperphagia](#)

She is suffering from Hyperorexia located on both sides of the ventro medial hypothalamus.

[Ventromedial Hypothalamic Syndrome](#)

[Hypothalamic Hyperphagia](#)

She over eats as a result of an indication of mental retardation.

Prader-Willi Syndrome

Disorders in this Category

Ana's
Anorexia Nervosa
Binge-Eating Disorder
Bulimia Nervosa
Dysmorphobia
Eating Disorder Not Otherwise Specified
Hyperorexia
Hyperphagia
Hypothalamic Hyperphagia
Lateral Hypothalamic Syndrome
Mia's
Prader-Willi Syndrome
Ventromedial Hypothalamic Syndrome

Factitious Disorders

Those with Factitious Disorders are individuals with mental disorders whose physical and psychology symptoms are deliberately produced or feigned for the sole purpose of receiving medical attention from health care professionals. An individual with a Factitious Disorder is different from those who malingers for the purposes of receiving monetary compensation, time off from work, relief from responsibility, etc.

Possibilities

Robert Sr. and his mother, Evelyn, privately suffered from factitious disorders for the majority of their adulthood. From time to time family members and doctors suspected its existence, but Robert Sr. and Evelyn cleverly avoided formal diagnosis.

[Factitious Disorder Not Otherwise Specified](#)

Evelyn often makes up illnesses at various medical offices.

[Factitious Disorder, Hospital Hopper Syndrome, Pathomimicry](#)

She intentionally makes Robert Sr. sick to the point of requiring immediate medical attention.

[Münchausen by Proxy Syndrome, Factitious Disorder by Proxy, Peregrinating Patient](#)

Robert Sr. lies about simple things like how many legs a dog has and what color the sky is.

[Ganser's Syndrome, Nonsense Syndrome](#)

Robert Sr. suffers from factitious disorders in a brief stay in an Arizona state detention facility.

[Prison Psychosis](#)

Robert Sr. invents rather incredible lies and stories at an escalated level.

[Pseudologia Fantastica](#)

Robert attempts suicide upon hearing news of his favorite singer's tragic suicide.

[Werther Syndrome](#)

Disorders in this Category

Factitious Disorder
Factitious Disorder by Proxy
Factitious Disorder Not Otherwise Specified
Ganser's Syndrome
Hospital Hopper Syndrome
Hypothalamic Hyperphagia
Münchhausen by Proxy Syndrome
Nonsense Syndrome
Pathomimicry
Peregrinating Patient
Prison Psychosis
Pseudologia Fantastica
Werther Syndrome

Impulse-Control Disorders

Those with Impulse-Control Disorders are individuals with mental disorders who fail to, or have extreme difficulty, controlling impulses. The impulses typically have negative consequences. The individual feels mounting tension. As the tension increases there is a strong, irresistible need to perform a harmful act against oneself or someone else. Upon completion of the act, the individual feels a sense of gratification, pleasure, and relief. This category may also include such areas as sexual behavior, self-injurious acts, and substance abuse.

Possibilities

SamanthaLynn's entire family suffered from Impulse-Control disorders. No one in the family was ever properly diagnosed due to various factors.

[Impulse-Control Disorder Not Otherwise Specified](#)

Timmy takes things from stores that he really doesn't need or want.

[Kleptomania](#)

Timmy masturbates himself to the point of exhaustion, passing out in bed with items he steals.

[Kleptolagnia](#)

Timmy bites his nails and picks his skin.

[Onychotillomania](#)

Robert Jr. loves to set fires, though he does not do so for any financial gain.

[Pyromania](#)

[Fire Setting](#)

[Fire Starter](#)

Robert Sr. has a flash temper. He goes from zero to one hundred at the snap of one's fingers.

[Intermittent Explosive Disorder](#)

[Road Rage](#)

[Episodic Dyscontrol Syndrome](#)

Robert Sr.'s rages came to full fruition during sports events.

[Sports Rage](#)

Robert Sr. has a lesion in the hypothalamus that causes his explosive behavior.

[Ventromedial Hypothalamic Syndrome](#)

Otis, when working, can't stop working. He takes over time to an extreme.

[Workaholism](#)

Otis rarely sleeps due to his extensive computer use.

[E-Mail Addiction](#)
[Pathological Computer Use Disorder](#)
[Internet Addiction](#)

Otis spends the family savings gambling.
[Pathological Gambling](#)

SamanthaLynn during her early to mid teens could be found in her bedroom soothing herself by pulling the hair out of her eyelashes and arms.
[Trichotillomania](#)

SamanthaLynn during her early to mid teens could be found in her bedroom soothing herself by pulling the hair out of her eyelashes and arms due to a Streptococcal infection.
[Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections](#)

Disorders in this category

[E-Mail Addiction](#)
[Episodic Dyscontrol Syndrome](#)
[Fire Setting](#)
[Fire Starter](#)
[Impulse-Control Disorder Not Otherwise Specified](#)
[Intermittent Explosive Disorder](#)
[Internet Addiction](#)
[Kleptolagnia](#)
[Kleptomania](#)
[Onychotillomania](#)
[Pathological Computer Use Disorder](#)
[Pathological Gambling](#)
[Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections](#)
[Pyromania](#)
[Road Rage](#)
[Sports Rage](#)
[Trichotillomania](#)
[Ventromedial Hypothalamic Syndrome](#)
[Workaholism](#)

Mental Disorder Due to a General Medical Condition

A Mental Disorder Due to a General Medical Condition is a mental disorder or disorders that may have come about as a direct result of physiological factors leading to psychological problems.

It is at this point in the analysis that I would like to step away from the current approach in dealing with the major categories of the psychiatric disorders. It is important for anyone who is attempting to understand psychiatric diagnosis to properly analyze in the correct order. Therefore the reader should understand and know that before any other psychiatric disorder is evaluated you must always rule out the possibility of a general medical condition. This is the case because without exception all medical conditions can produce what appears to be a psychiatric illness. The clinician who is not attuned to this may jump too quickly and avoid a complete medical workup. The list below represents some of the medical conditions which must be the focus of the analysis of a psychiatric disorder. Again, the individual's psychiatric presentation can be caused as the result of a general medical condition. Learn this lesson now and you will lessen the possibility of the misdiagnosis of the patient.

Disorders in this Category

Amnesic Disorder Due to a General Medical Condition	Mood Disorder Due to a General Medical Condition
Anxiety Disorder Due to a General Medical Condition	Organic Disorders
Aphonia	Personality Change Due to a General Medical Condition
Apraxia	Postconcussion Syndrome
Audiogenic Seizure	Postconcussional Disorder
Catatonic Disorder Due to a General Medical Condition	Postencephalitic Syndrome
Clonic Convulsion	Psychomotor Epilepsy
Convulsion	Psychomotor Seizure
Delusional Disorder	Psychotic Due to a General Medical Condition
Dissociative Disorders Due to a General Medical Condition	Seizure
Dostoevsky Syndrome	Sexual Dysfunction Due to a General Medical Condition
Dysarthria	Shaken Baby Syndrome
Dyskinesia	Sleep Disorder Due to a General Medical Condition
Dysstasia	Temporal Lobe Epilepsy
Hallucinosis	Temporal Lobe Seizure
Interictal Syndrome	Temporal Lobe Syndrome
Mental Disorder Not Otherwise Specified	

Mood Disorders

Those with Mood Disorders are individuals with mental disorders who have a disturbance of mood. Unlike affect, which is short in duration, mood is more pervasive with an inappropriate, exaggerated, or limited range of feelings. These moods may consist of extreme highs, extreme lows, or a combination of both over time.

Possibilities

Kathryn, her parents, and her brother suffered a great deal from mood disorders. These disorders slipped past their family doctor very easily and had only been noted briefly in their medical history.

[Mood Disorder Not Otherwise Specified](#)

[Depressive Disorder Not Otherwise Specified](#)

Kathryn and her father suffered from emotional problems that lasted their entire lifetimes.

[Dysthymic Disorder](#)

Her father suffered from emotional problems as a result of a change of seasons where he lived.

[Seasonal Affective Disorder](#)

[Seasonal Mood Disorder](#)

Her father fit criteria for a diagnosis of depression.

[Major Depressive Disorder, Recurrent](#)

[Major Depressive Disorder, Single Episode](#)

Her father developed a mood disorder after surviving a long internment in a concentration camp, although the origin is not clearly known.

[Survivor Syndrome](#)

Her father fit criteria for a disorder related to mental retardation.

[Williams Syndrome](#)

Her mother lived her entire teenage and adult life with several mood related problems.

[Premenstrual Syndrome](#), [Premenstrual Tension \(PMT\)](#), [Premenstrual Dysphoric Disorder \(PMDD\)](#), [Late Luteal Phase Dysphoric Disorder](#), [Luteal Phase Dysphoric Disorder](#)

Her brother was up one moment and down the next. He was unpredictable and unmanageable.

[Bipolar I Disorder, Most Recent Episode Manic](#), [Bipolar I Disorder, Most Recent Episode Hypomanic](#), [Bipolar I Disorder, Most Recent Episode Mixed](#), [Bipolar I Disorder, Most Recent Episode Depressed](#), [Bipolar I Disorder Not Otherwise Specified](#), [Bipolar I Disorder, Single Manic Episode](#)

Her brother was simply described as acting a bit hyper.

Cyclothymic Disorder

Her brother paradoxically crashed and remained depressed for unpredictable periods of time.

Bipolar II Disorder

Unipolar Depression

Her brother began drinking which led to physical problems linked and exacerbated existing mood related problems.

Mood Disorder Due to a General Medical Condition, Mood Disorder Not Otherwise Specified

Disorders in this Category

Depressive Disorders

Depressive Disorder Not Otherwise Specified

Dysthymic Disorder

Late Luteal Phase Dysphoric Disorder

Luteal Phase Dysphoric Disorder

Major Depressive Disorder, Recurrent

Major Depressive Disorder, Single Episode

Premenstrual Dysphoric Disorder (PMDD)

Premenstrual Syndrome

Premenstrual Tension (PMT)

Seasonal Affective Disorder

Seasonal Mood Disorder

Survivor Syndrome

Williams Syndrome

Bipolar Disorder

Bipolar I Disorder Not Otherwise Specified

Bipolar I Disorder, Most Recent Episode Depressed

Bipolar I Disorder, Most Recent Episode Hypomanic

Bipolar I Disorder, Most Recent Episode Manic

Bipolar I Disorder, Most Recent Episode Mixed

Bipolar I Disorder, Single Manic Episode

Bipolar II Disorder

Cyclothymic Disorder

Unipolar Depression

Other Mood Disorders

Mood Disorder Due to a General Medical Condition

Mood Disorder Not Otherwise Specified

Other Conditions That May Be a Focus of Clinical Attention

Other Conditions That May Be a Focus of Clinical Attention is a comprehensive list of mental disorders that are not technically mental disorder. However, these disorders may lead or cause an individual to require psychiatric attention.

In dealing with this case other clinicians decided to consult with Dr. Gary Solomon regarding other conditions that may be of focus of clinical attention. These often overlooked possibilities can be the key to understanding more esoteric clinical problems. The following is the transcript of the recording made during the consultation.

Professor Gary Solomon reported the following: “Ladies and gentleman, it’s going to be important for us to take the time to look at other clinical possibilities. Rather than break them down by through using the individual players in this case, I’ve decided to give you chapter and verse, the various clinical conditions. Get out your pens and papers and please take the following notes.”

Possibilities

It’s completely possible that one of these individuals suffered from problems induced by antidepressants such as lithium or valproate. These problems may cause subtle tremors.

[Psychological Factor Affecting Medical Condition](#)

If any of those under observation experience muscle rigidity, fever, problems sweating, trouble swallowing, or delirium, they may suffer from

[Neuroleptic Malignant Syndrome](#)

Some patients will become restless as a result of medication.

[Neuroleptic-Induced Acute Akathisia](#)

Medications may cause muscles to contract in the head, neck, or other parts of the body.

[Neuroleptic-Induced Acute Dystonia](#)

Some will appear to have a frozen face, shuffling gate, or pill swallowing tremor.

[Neuroleptic-Induced Parkinsonism](#)

Others will have odd facial jaw, tongue, and limb movement.

[Neuroleptic-Induced Tardive Dyskinesia](#)

Some may exhibit spontaneous motor movement and abnormal gesturing.

[Neuroleptic-Induced Akinesia](#)

While others seem to have an abnormal slowing of bodily movements.

[Neuroleptic-Induced Bradykinesia](#)

Motor movement problems could exist as a result of extra
[Neuroleptic-Induced Extrapyramidal](#)

Rhythmic movements may also be exhibited.
[Neuroleptic-Induced Postural Tremor](#)

Fellow clinicians, each of these can be difficult to identify but you can not avoid the suspicion, therefore please note
[Medication-Induced Movement Disorder Not Otherwise Specified](#)

Relational problems could exist with a partner.
[Partner Relational Problem](#)

Relational problems could exist between siblings.
[Sibling Relational Problem](#)

The relational problems could be the result of mental disorders or a general medical condition.
[Relational Problem Related to a Mental Disorder or General Medical Condition](#)

If you don't know what the cause is, but are suspicious of the aforementioned, you will note
[Relational Problem Not Otherwise Specified](#)

Problems related to abuse or neglect is not uncommon. The abuse of a baby.
[Battered Baby Syndrome](#)

The abuse of a child, wife, or an adult.
[Battered Child Syndrome](#), [Battered Wife Syndrome](#), [Physical Abuse of Adult](#)

The abuse of an elder.
[Elder Abuse](#)

While some children fail to thrive as a result of poor care, other children may have problems as a result of neglect.
[Failure to Thrive \(FTT\)](#)

Competition between parents may result in alienation on the part of one parent or the other.
[Parental Alienation Syndrome](#)

Should both parents walk away from the responsibility of the child causing the child to raise themselves, severe problems may arise.
[Feral Child](#)

Some children may experience actual physical abuse.
[Physical Abuse of Child](#)

Some children may experience sexual abuse.

[Sexual Abuse of Child](#)

Some adults may experience sexual abuse.

[Sexual Abuse of Adult](#)

[Sexual Abuse](#)

A spouse may also experience abuse, both physical and mental.

[Spouse Abuse](#)

There are at least a small group of problems that may exist that can be overlooked, such as academic problems in both children and adults.

[Academic Problem](#)

Some may have problems adapting to a new environment.

[Acculturation Problem](#)

Adults who act inappropriately by lying, cheating, and stealing may cause extreme disruption in the family and community.

[Adult Antisocial Behavior](#)

This may be in the form of attempting to receive compensation by claiming to be ill.

[Malingering, Compensation Neurosis, Pathomimesis, Pathomimicry](#)

Similar to this problem, but an exception, comes in the form of seeking medical attention for the sole purpose of being attended to medically.

[Factitious Disorder by Proxy](#)

Attention should be given to aging individuals who have a cognitive decline.

[Age-Related Cognitive Decline](#)

Should there be a death in the family we would expect grieving to take place.

[Bereavement](#)

Some may refuse to follow through with treatment.

[Noncompliance With Treatment](#)

Others may report that they simply can not function well in their job.

[Occupational Problem](#)

It should be noted that this may be caused as a result of low intellectual functioning.

[Borderline Intellectual Functioning](#)

Similarly this could be caused by a shift related to phase of life.

[Phase of Life Problem](#)

Finally, those seeking support within religious groups may struggle to find their way.

Religious or Spiritual Problem

Disorders in this Category

Psychological Factors Affecting Medical Condition

Psychological Factor Affecting Medical Condition

Medication-Induced Movement Disorders

Medication-Induced Movement Disorder

Not Otherwise Specified

Neuroleptic Malignant Syndrome

Neuroleptic-Induced Acute

Akathisia

Neuroleptic-Induced Acute

Dystonia

Neuroleptic-Induced Akinesia

Neuroleptic-Induced Bradykinesia

Neuroleptic-Induced

Extrapyramidal

Neuroleptic-Induced Parkinsonism

Neuroleptic-Induced Postural

Tremor

Neuroleptic-Induced Tardive

Dyskinesia

Relational Problems

Partner Relational Problem

Relational Problem Not Otherwise Specified

Relational Problem Due to a Mental Disorder or General Medical Condition

Sibling Relational Problem

Problems Related to Abuse or Neglect

Battered Baby Syndrome

Battered Child Syndrome

Battered Wife Syndrome

Elder Abuse

Factitious Disorder by Proxy

Failure to Thrive (FTT)

Feral Child

Neglect of Child

Parental Alienation Syndrome

Physical Abuse of Adult

Physical Abuse of Child

Sexual Abuse

Sexual Abuse of Adult

Sexual Abuse of Child

Spouse Abuse

Additional Conditions That May Be a Focus of Clinical Attention

Academic Problem

Acculturation Problem

Adult Antisocial Behavior

Age-Related Cognitive Decline

Bereavement

Borderline Intellectual

Functioning

Compensation Neurosis

Identity Problem

Malingering

Noncompliance With Treatment

Occupational Problem

Pathomimesis

Pathomimicry

Phase of Life Problem

Religious or Spiritual Problem

Personality Disorders

Those who have Personality Disorders are individuals with mental disorders related to personality problems that are enduring in nature and which play a predominant role in an individual's life; the disorder is constant. This disorder consists of problems with affects, thoughts, emotions, interpersonal functioning, and impulse control.

SamanthaLynn makes a bit of a hobby of trying to analyze everyone's personality. It is not uncommon for her to sit back in her rocking chair in the front porch of her raggedy house and reflect on all the personalities that have been in and out of her life.

Possibilities

Sometimes SamanthaLynn observes personalities so extreme that it is difficult for her to understand and evaluate them.

[Personality Disorder Not Otherwise Specified](#)

Robert Sr., SamanthaLynn's ex husband, lies, cheats, and steals. He never seems to care much about anybody but himself.

[Antisocial Personality Disorder](#), [Asocial Personality Disorder](#), [Amoral Personality Disorder](#), [Psychopathy](#), [Dissocial Personality Disorder](#), [Personality Disorder With Predominately Sociopathic and Asocial Matifistation](#), [Dissocial Personality Disorder](#)

He has a volatile temper, on one minute and off the next.

[Explosive Personality Disorder](#)
[Intermittent Explosive Disorder](#)

He often presents as if he is more than one person at the same time.

[Multiple Personality Disorder](#)

He is commonly cruel to people.

[Sadistic Personality Disorder](#)

Robert Sr. thinks that the world revolves around him and that he should be the complete center of attention.

[Narcissistic Personality Disorder](#)
[Compensatory Narcissistic Personality Disorder](#)

His personality changes from time to time, jumping from accepting to giving and every variation in between.

[Borderline Personality Disorder](#)
[Emotionally Unstable Personality Disorder](#)

SamanthaLynn views her own personality as being up one moment and down the next.

[Cyclothymic Personality Disorder](#)
[Affective Personality Disorder](#)

She is filled with insecurity, self-doubt, and incompleteness.

[Anankastic Personality Disorder](#)

She admits that she has little capacity to enjoy life, with passive compliance to her elders.

[Asthenic Personality Disorder](#)
[Inadequate Personality Disorder](#)

She forever avoids dealing with problems and issues related to other people.

[Avoidant Personality Disorder](#)
[Anxious Personality Disorder](#)

She finds herself relying on others to be who she is on any given day.

[Dependent Personality Disorder](#)

Otis, Robert Sr.'s grandfather, had an out blown personality, describing everything to great exaggeration.

[Histrionic Personality Disorder](#)
[Hysterical Personality Disorder](#)

Otis commonly felt like he was the brute of other people's actions, almost getting pleasure from the way that they treated him.

[Masochistic Personality](#)
[Masochistic Self-Defeating Personality Disorder](#)

Kathryn acted out her anger on other people when it really related to something else.

[Passive-Aggressive Personality Disorder](#)

She was always down and negative about everything that took place in her life.

[Self-Defeating Personality Disorder](#)
[Negativistic Personality Disorder](#)

She constantly cleaned the house, yet could not throw anything away.

[Compulsive Hoarding](#)
[Obsessive-Compulsive Personality Disorder](#)

She was restricted in her range of emotion in dealing with interpersonal relationships.

[Schizoid Personality Disorder](#)

Officer Abraham prefers to work alone and in isolation. It is rare for him to leave the station.

[Schizotypal Personality Disorder](#)

He is paranoid about nearly everything.

Paranoid Personality Disorder

Disorders in this Category

Affective Personality Disorder
Amoral Personality Disorder
Anankastic Personality Disorder
Antisocial Personality Disorder
Anxious Personality Disorder
Asocial Personality Disorder
Asthenic Personality Disorder
Avoidant Personality Disorder
Borderline Personality Disorder
Compensatory Narcissistic Personality Disorder
Compulsive Hoarding
Cyclothymic Personality Disorder
Dependent Personality Disorder
Dissocial Personality Disorder
Emotionally Unstable Personality Disorder
Explosive Personality Disorder
Histrionic Personality Disorder
Hysterical Personality Disorder
Inadequate Personality Disorder
Intermittent Explosive Disorder

Masochistic Personality
Masochistic Self-Defeating Personality Disorder
Multiple Personality Disorder
Narcissistic Personality Disorder
Negativistic Personality Disorder
Obsessive-Compulsive Personality Disorder
Paranoid Personality Disorder
Passive-Aggressive Personality Disorder
Personality Disorder Not Otherwise Specified
Personality Disorder With Predominately Sociopathic and Asocial Matifistation
Psychopathy
Sadistic Personality Disorder
Schizoid Personality Disorder
Schizotypal Personality Disorder
Self-Defeating Personality Disorder

Schizophrenia and Other Psychotic Disorders

Schizophrenia and Other Psychotic Disorders consist of individuals with mental disorders who have symptoms of psychosis, delusions or hallucinations. In most disorders of neurosis the individual may know they are not functioning correctly. With Schizophrenia the individual does not know there is a problem; it is in the brain as an internal process versus the external process in the neurosis.

When Officer Gilbert drove away from the home of SamanthaLynn he could not help but feel her pain. He has great disdain for delivering news of this type. It is his least favorite task. Other difficult encounters are with various people in distress. The most difficult of those cases are those suffering from psychotic disorders.

Possibilities

Those who had hallucinations, delusions, and disorganized speech were the worst of the worst cases.

[Schizophrenia](#)

If they fell into a stopper with stereotyped movements, either rigid or very flexible, or hyper activity, they suffered from

[Schizophrenia Catatonic Type](#)

Possibly the individual didn't meet the criteria for the catatonic type, but had remarkable features of flat affect, disorganized speech and behavior.

[Schizophrenia Disorganized Type](#)

Those who had delusions with frequent auditory hallucinations could be the most difficult to work with as they were skeptical of anything officer Gilbert did to try and help them.

[Schizophrenia Paranoid Type](#)

He was often saddened to find that a once stable schizophrenic had returned to their prior behavior.

[Schizophrenia Residual Type](#)

He had learned early on that if the individual suffering from the psychotic disorder had an active phase for a period of about two weeks was more likely to be

[Schizoaffective Disorder](#)

[Schizophreniform Disorder](#)

But it seemed more often than clinicians had trouble identifying specific criteria which would classify those with psychotic disorders.

[Schizophrenia Undifferentiated Type](#)

He had seen his share of those who had brief psychotic states.

[Brief Psychotic Disorder](#)

Again, it was not unusual if the clinicians could not identify the specific criteria to meet the definition of Brief Psychotic Disorder.

[Psychotic Disorder Not Otherwise Specified](#)

Although he was not a clinician, he knew himself that these individuals required a complete medical exam to rule out the possibility of a medical condition causing medical psychotic disorder.

[Psychotic Disorder Due to a General Medical Condition](#)

Officer Gilbert recalled some unusual cases that the doctors tried to explain to him there was the case that Andrew Nessen, who believed that his body was infested with parasites.

[Delusional Parasitosis, Delusions of Parasitosis, Ekbom's Syndrome II](#)

These were all examples of odd delusions created in the mind.

[Delusional Disorder](#)

He remembered Janis Beck who denied that everything existed, even believing that her own body had desinigrated and that she no longer existed.

[Cotard's Syndrome, Délire de Dégation , Insanity of Negation](#)

The Randal family truly surprised him as they all shared the same psychotic belief.

[Shared Psychotic Disorder, Folie a Deux, Shared Madness, Induced Delusional Disorder, Shared Paranoid Disorder](#)

Oddly enough their neighbors, the Johnsons, thought that strangers were family members.

[Frégoli Syndrome](#)

It was just the opposite of the Smiths, who thought that family members changed into somebody else.

[Intermetamorphosis](#)

He hated that he had to draw his taser and fire Linda Kurrkoff who was extremely jealous of everything that her husband did.

[Othello Syndrome](#)

Of course there was the Kuhn family who thought that they were being replaced by body doubles.

[Capgras Syndrome, L'illusion De Sosies, Illusion of Doubles](#)

And how could he forget Tyra Randal who thought that some important people she saw on television were in love with her.

[Clérambault's Syndrome](#)

[Erotomaniac Delusional Disorder](#)

Disorders in this Category

Brief Psychotic Disorder
Capgras Syndrome
Clérambault's Syndrome
Cotard's Syndrome
Délire de Dégation
Delusional Disorder
Delusional Parasitosis
Delusions of Parasitosis
Ekblom's Syndrome II
Erotomanic Delusional Disorder
Folie a Deux
Frégoli Syndrome
Illusion of Doubles
Induced Delusional Disorder
Insanity of Negation
Intermetamorphosis
L'illusion De Sosies
Othello Syndrome
Psychotic Disorder Due to a General Medical Condition
Psychotic Disorder Not Otherwise Specified
Schizoaffective Disorder
Schizophrenia
Schizophrenia Catatonic Type
Schizophrenia Disorganized Type
Schizophrenia Paranoid Type
Schizophrenia Residual Type
Schizophrenia Undifferentiated Type
Schizophreniform Disorder
Shared Madness
Shared Paranoid Disorder
Shared Psychotic Disorder

Sexual and Gender Identity Disorders

Those with Sexual and Gender Identity Disorders are individuals with mental disorders related to sexual functioning. The dysfunction consists of a wide range of problems and issues ranging from low sexual desire and sexual arousal to orgasmic problems, pain, and abnormal sexual interests. Additionally, this category contains problems of sexual identity with feelings and beliefs of being the wrong gender; male's desire to be female and female's desire to be male.

In attempting to complete the report for this family, nothing became more overwhelming for the psychiatrist than dealing with issues and problems related to sexual identity disorders. Each of them had something. While there are no definitive components to understanding the sexual dysfunctions of the family members, this portion of the evaluation attempts to make some educated guesses.

Possibilities

One member of the family wasn't really interested in having sex, but when they finally did they liked it.

[Hypoactive Sexual Desire Disorder](#)

Another member of the family wasn't interested and didn't like it once they had it.

[Sexual Aversion Disorder](#)

A couple of female family members had difficulty becoming aroused.

[Female Sexual Arousal Disorder](#)

Old man Otis had trouble getting an erection.

[Male Erectile Disorder](#)

A couple of times when he did get an erection it wouldn't go away for five or six hours.

[Priapism](#)

Kathryn was never able to have an orgasm.

[Female Sexual Arousal Disorder](#)

Robert Jr. would sometimes have problems having an orgasm.

[Male Orgasmic Disorder](#)

Other times he would have an orgasm too quickly.

[Premature Ejaculation](#)

SamanthaLynn had a friend who was always having problems and in pain when engaging in sex.

[Dyspareunia](#)

Another friend was never able to have sex because she was in so much pain.

[Vaginismus](#)

She could never let anything be put in her, including a tampon. This may have been related to a medical condition.

[Sexual Dysfunction Due to a General Medical Condition](#)

Or not clearly defined enough to warrant a specific diagnosis.

[Sexual Dysfunction Not Otherwise Specified](#)

Some people get off from just rubbing up against others.

[Frotteurism](#)

The more abhorrent are those who enjoy having sex with prepubescent children under the age of thirteen.

[Pedophilia](#)

A few get sexual excitement just by watching people who don't know that they're being watched.

[Voyeurism](#)

[Peeping Tom](#)

And of course there are those who get sexual pleasure from exposing themselves to unwitting people.

[Exhibitionism](#)

When times were good, Robert and Kathryn liked to play games. Kathryn would take a paddle and beat Robert.

[Sexual Sadism](#)

And Robert really liked it.

[Sexual Masochism](#)

Both of them enjoyed from time to time being choked to have a more intense orgasm.

[Airwalker's](#), [Auto-Erotic Asphyxiation](#), [Autoerotic Asphyxiation](#), [Breath Games](#), [Breath Play](#), [Choke Chicks](#), [Erotic Asphyxiation](#), [Gaspers](#), [Scarfig](#)

Although they didn't know it this was all pretty dangerous stuff.

[Hypoxyphilia](#)

If you add in some of the other things they used to do, well, things really got out of hand.

Sometimes they got pleasure playing with fecal matter while having sex.

[Scatting](#), [Coprophilia](#), [Undinism](#), [Urolagnia](#), [Golden Showers](#)

Everybody in the family, and all of SamanthaLynn's friends enjoyed playing with sexual toys like dildos and vibrators, though some would confuse that with something known as

Fetishism

It was nothing for Tim and Robert Jr. to get a lot of pleasure from looking at naked people.
Scopophilia, Scoptophilia

They both got a kick out of looking up girls dresses.
Upskirting

A couple of times Timmy was caught in the field trying to have sex with the family dog.
Zoerasty, Katasexualism, Bestiality

No one SamanthaLynn knew of tried having sex with someone dead.
Necrophilia, Katasexualism

Some of these disorders may have been the result of infantile conflicts.
Actual Neurosis

For instance: Wanting to have sex with an amputee.
Acrotomophilia, Monopede Mania, Monopedophilia, Unipedophilia

Possibly being an amputee for sexual purposes.
Apotemnophilia

Women who just want to make men feel helpless sexually.
Delilah Syndrome

Men, who want sex with other men, but refuse to think of it as being gay or homosexual.
Down Low

There are those who like being in filth or filthy surroundings.
Mysophilia

And others liked it just for the smell.
Osphresiolagnia

Others like to steal for sexual purposes.
Kleptolagnia

A few liked having animals.
Klysmaphilia

When SamanthaLynn's friends had dry spells in their dating life they would just have sex with their friends.
Friends with Benefits

All of the aforementioned could be caused by a brain disorder.

[Klüver–Bucy Syndrome](#)

By the way, did I mention that there are some that like to hear people talk dirty sex talk?

[Ecouteur](#)

While others like to make random telephone calls and say sexual things that people don't want to hear.

[Telephone Scatalogia](#)

Some women want to have sex with more than one partner.

[Nymphomania](#)

Getting all these diagnosed is just a damn mess, but everyone at some time suffers from some sexual disorder.

[Sexual Disorder Not Otherwise Specified](#)

On one occasion, while Otis was in the service, he met a man who just wasn't sure he was a man.

[Gender Identity Disorder](#)

Sometimes Otis's father could be found dancing around the house in his wives underwear and dresses.

[Transvestic Fetishism](#)

[Dual-Role Transvestism Fetishistic](#)

Everybody thought the whole situation was confusing, but no one knew what to say.

[Gender Identity Disorder Not Otherwise Specified](#)

Disorders in this Category

Sexual Desire Disorders

[Hypoactive Sexual Desire Disorder](#)

[Sexual Aversion Disorder](#)

Sexual Desire Disorders

[Female Sexual Arousal Disorder](#)

[Male Erectile Disorder](#)

[Priapism](#)

Orgasmic Disorders

[Female Orgasmic Disorder](#)

[Male Orgasmic Disorder](#)

[Premature Ejaculation](#)

Sexual Pain Disorders

[Dyspareunia](#)

[Vaginismus](#)

[Sexual Dysfunction Due to a General](#)

[Medical Condition](#)

[Sexual Dysfunction Not Otherwise](#)

[Specified](#)

Paraphilias

Acrotomophilia

Actual Neurosis
Airwalker's
Apotemnophilia
Auto-Erotic Asphyxiation
Autoerotic Asphyxiation
Breath Games
Breath Play
Bestiality
Choke Chicks
Coprophilia
Delilah Syndrome
Down Low
Dual-Role Transvestism
Fetishistic
Ecouteur
Erotic Asphyxiation
Exhibitionism
Fetishism
Friends with Benefits
Frotteurism
Gaspers
Golden Showers
Hypoxyphilia
Katasexualism
Kleptolagnia
Klysmaphilia
Klüver–Bucy Syndrome
Monopede Mania
Monopedophilia
Mysophilia

Necrophilia
Nymphomania
Ospresiolagnia
Paraphilia Not Otherwise Specified
Pedophilia
Peeping Tom
Soptophilia
Scarfig
Scatting
Scopophilia
Soptophilia
Sexual Masochism
Sexual Disorder Not Otherwise Specified
Sexual Sadism
Telephone Scatalogia
Transvestism
Transvestic Fetishism
Undinism
Unipedophilia
Upskirting
Urolagnia
Voyeurism
Zooerasty

Gender Identity Disorder

Gender Identity Disorder
Gender Identity Disorder Not Otherwise Specified
Sexual Disorder Not Otherwise Specified

Sleep Disorders

Sleep Disorders consist of individuals with mental disorders related to problems with sleep. There are two subgroups: Dyssomnias, characterized by the amount, quality, or timing of sleep; initiating, maintaining or excessive sleepiness and, Parasomnias, characterized by the activation of the autonomic nervous system, motor system, or cognitive process required during sleep or the transition from sleep to waking.

Right next to the police station, where officer Gilbert headed up his team of officers, was the fire station. These men and women suffered from sleep problems that he had never even heard of.

Possibilities

Some of the firefighters couldn't stay asleep.

[Primary Insomnia](#)

Others slept too much.

[Primary Hypersomnia](#)

A few of them had issues that caused sleep problems as a result of fellow fire fighters being hurt or losing their lives when they were untouched.

[Survivor Syndrome](#)

More than one of them had problems associated with their breathing while sleeping, which caused them to wake up.

[Sleep Apnea , Breathing-Related Sleep Disorder](#)

Sometimes these problems are caused by the environment.

[Circadian Rhythm Sleep Disorder](#)

A few of these people had problems sleeping since birth related to their breathing patterns.

[Ondine's Curse](#)

For those who couldn't get to sleep and ultimately had problems waking up, sleep was forever a complication.

[Delayed Sleep-Phase Syndrome](#)

One of the women at least a hundred pounds overweight had problems sleeping as a result of her weight.

[Central Alveolar Hypoventilation Syndrome](#)

When she did sleep, it would last for twenty hours or more. This disorder related to her overeating, weight gain, irritability, and inappropriate sexual behavior.

[Kleine-Levine Syndrome](#)

One of the men who used to drive the fire truck seemed to fall asleep for no reason at all.

[Narcolepsy](#)

[Disorder of Excessive Somnolence](#)

All of the aforementioned, Officer Gilbert learned, are types of insomnias, some of which do not have as clear a presentation and diagnosis.

[Dyssomnia Not Otherwise Specified](#)

As a result of Officer Gilbert's attempt to learn more about sleep problems, he learned of another category; the Parasomnias. Some of the firefighters had bad dreams, plagued with waking up in the middle of the night or at odd hours, crying out loud.

[Nightmare Disorder, Night Terrors Disorders, Pavor Nocturnus, Sleep Terror Disorder, Dream Anxiety Disorder](#)

At least one of the firemen had these problems during the day.

[Pavor Diurnus](#)

Although finding a fireman walking around while they were asleep was uncommon, it was not unheard of.

[Sleepwalking Disorder](#)

As a result of an obstruction in the upper airway, loud snoring would occur in those who suffered from

[Central Sleep Apnea](#)

[Obstructive Sleep Apnea](#)

A couple of them would keep others awake when they grinded their teeth in their sleep.

[Bruxism](#)

Like the Dyssomnias, Officer Gilbert found that not all sleep related problems can be easily diagnosed

[Parasomnia Not Otherwise Specified](#)

Some sleep disorders are caused by medical problems.

[Other Sleep Disorders Due to a General Medical Condition](#)

As a result of his reading, he found that sleep disorders can be caused by other mental disorders.

[Hypersomnia Related to Another Mental Disorder](#)

He himself had problems falling into a state of REM and would occasionally jump out of bed, screaming and yelling at his wife.

[REM Behavior Disorder](#)

Disorders in this Category

Dyssomnias

Breathing-Related Sleep Disorder
Central Alveolar Hypoventilation Syndrome
Circadian Rhythm Sleep Disorder
Delayed Sleep-Phase Syndrome
Disorder of Excessive Somnolence
Dyssomnia Not Otherwise Specified
Kleine-Levine Syndrome
Narcolepsy
Ondine's Curse
Primary Hypersomnia
Primary Insomnia
Sleep Apnea
Survivor Syndrome

Parasomnias

Bruxism
Central Alveolar Hypoventilation Syndrome
Central Sleep Apnea
Dream Anxiety Disorder
Night Terrors Disorders
Nightmare Disorder
Obstructive Sleep Apnea
Parasomnia Not Otherwise Specified
Pavor Diurnus
Pavor Nocturnus
Sleep Terror Disorder
Sleepwalking Disorder
Survivor Syndrome

Sleep Disorders Related to Another Mental Disorder

Hypersomnia Related to Another Mental Disorder
REM Behavior Disorder

Other Sleep Disorders

Other Sleep Disorders Due to a General Medical Condition

Somatoform Disorders

Those with Somatoform Disorders are individuals with mental disorders related to somatic symptoms, also referred to as Psychosomatic. Individuals with these disorders report symptoms of a general medical condition, but there is no evidence of any diagnosable physical problem. These physical problems are sometimes referred to as idiopathic and are not produced intentionally. The symptoms cause clinically significant distress or impairment in social, occupational, or other areas of functioning.

Michelle, one of SamanthaLynn's best friends, was able to supply a great deal of information to the clinicians who did the evaluations. In a discussion with her, Michelle related a laundry list of problems that SamanthaLynn's friends had. It's important to note that the clinician realized immediately that these problems, although physical in nature, were all in the mind. Not one of them could be recognized as a true physical illness. Medical examinations of SamanthaLynn's friends would have revealed that each complaint culminated with the medical community believing that the physical problems were idiopathic in nature.

Possibilities

Maria is constantly tired and cannot last through an entire day.

[Chronic Fatigue Syndrome](#), [Myalgic Encephalomyelitis](#), [Postviral Syndrome](#), [Neurasthenia](#), [Fibromyalgia Syndrome](#), [Asthenia](#)

Maria complains of headaches, memory loss, insomnia, and depression and spent time in the armed forces in the Gulf War

[Gulf War Syndrome](#)

Renee thinks she's pregnant though tests reveal that she is not.

[Pseudocyesis Disorder](#)

She cannot stop moving her legs when lying down or sitting in a chair.

[Wittmaack-Ekbom's Syndrome](#)

[Restless Legs Syndrome](#)

Jeremy is attending medical school. He seems to have whatever condition he is studying that week.

[Medical Student Syndrome](#)

[Medical Student Hypochondria](#)

The worst of his problems is constant abdominal pain, constipation, and/or diarrhea.

[Irritable Bowel Syndrome](#)

It is common for him to report multiple complaints in at least four different parts of his body.

[Somatization Disorder](#)

Occasionally it is just one or two locations.

[Pain Disorder](#)

Oddly enough, on two occasions he was seriously injured, yet he acted as if he cared less.

[La Belle Indifférence](#)

Betty seems to always have problems related to her auto immune system, causing inflammation of various body tissues.

[Lupus](#)

She suffers from emotional instability, repression, physical symptoms and dissociation.

[Hysteria](#), [Hysteria Neurasthenia](#), [Hypnoid Hysteria](#)

Marleen has major problems related to her digestive tract. Specifically, in the lining of the large intestines.

[Colitis Ulcerative](#)

So severe are her problems that she often feels like she is in another place or another time.

[Conversion Disorder](#)

[Conversion Hysteria](#)

Additional complications have risen as a result of her inability to see her body as it truly is.

[Body Dysmorphic Disorder](#)

[Dysmorphobia](#)

She seems to have the disease of the day, always complaining that she is sick with something.

[Hypochondriasis Disorder](#)

As of late, most doctors are unable to separate one illness from the other and identify any cause.

[Undifferentiated Somatoform Disorder](#)

[Somatoform Disorder Not Otherwise Specified](#)

[Briquet's Syndrome](#)

Disorders in this Category

Asthenia
Body Dysmorphic Disorder
Briquet's Syndrome
Chronic Fatigue Syndrome
Colitis Ulcerative
Conversion Disorder
Conversion Hysteria
Dysmorphobia
Fibromyalgia Syndrome
Gulf War Syndrome
Hypnoid Hysteria
Hypochondriasis Disorder
Hysteria
Hysteria Neurasthenia
Irritable Bowel Syndrome
La Belle Indifférence
Lupus
Medical Student Hypochondria
Medical Student Syndrome
Myalgic Encephalomyelitis
Neurasthenia
Pain Disorder
Postviral Syndrome
Pseudocyesis Disorder
Restless Legs Syndrome
Somatization Disorder
Somatoform Disorder Not Otherwise Specified
Temporomandibular Joint Syndrome
Undifferentiated Somatoform Disorder
Wittmaack-Ekbom's Syndrome

Substance-Related Disorders

Those with Substance-Related Disorders are individuals with mental disorders related to problems of abnormal use of prescription and non-prescription body and mind altering substances. Each major substance category consists of two subcategories: Use Disorders and Induced Disorders. Most of the subcategories consist of Dependence, Abuse, Intoxication, and Withdrawal.

After the fire subsided and people had ended their curiosity, crews were sent in to clean up the property. Under a pile of burnt rubble one of the crew found a locked metal box which had stayed the heat of the fire. Once the box had been pried open and the contents were unraveled a most interesting diary had been discovered.

Apparently Robert had been court ordered to attend support group meetings for alcohol and drugs. When Robert would come home and share the stories with SamanthaLynn she would write them down in her diary. The notations were simple but quite to the point.

Possibilities

Robert suffered from alcohol related disorders

Mary dealt with problems with amphetamines

The entire group suffered from caffeine related disorders

Tom and Rosemary dealt with Cannabis related disorders.

Joshua was a cocaine user.

Allison used hallucinogens.

Rosemary, Jonathan, and Dexter suffered from inhalant related disorders.

Robin, along with almost every other member of the group, dealt with nicotine related disorders.

The leader of the group, Andrea, admitted quite openly to dealing to opioids related disorders phencyclidine related disorders.

Occasionally there were those whose names were not remembered by Robert, who used sedatives, hypnotics, and anxiolytic related disorders.

Robert's stories that he shared with SamanthaLynn made it clear to her that most of the members used more than one substance.

Polysubstance Related Disorder.

Occasionally he would use the name of a substance that SamanthaLynn had never heard of.

Other Substance Related Disorders.

Sometimes Michelle and others would attend the meetings and not have a clear idea of what they were suffering from.

Substance Disorder Not Otherwise Specified.

Disorders in this Category

Alcohol-Related Disorders

Alcohol Use Disorders

Alcohol Dependence

Alcohol Abuse

Alcohol-Induced Disorders

Alcohol Intoxication

Alcohol Withdrawal

Alcohol Intoxication Delirium

Alcohol Withdrawal Delirium

Alcohol-Induced Persisting Dementia

Alcohol-Induced Persisting Amnesic Disorder

Alcohol-Induced Psychotic Disorder, With Delusions

With Onset During Intoxication

With Onset During Withdrawal

Alcohol-Induced Psychotic Disorder, With Hallucinations

With Onset During Intoxication

With Onset During Withdrawal

Alcohol-Induced Mood Disorder

With Onset During Intoxication

With Onset During Withdrawal

Alcohol-Induced Anxiety Disorder

With Onset During Intoxication

With Onset During Withdrawal

Alcohol-Induced Sexual Dysfunction

With Onset During Intoxication

With Onset During Withdrawal

Alcohol-Related Disorder Not Otherwise Specified

Amphetamine (Or Amphetamine-Like Substance)-Related Disorders

Amphetamine Use Disorders

Amphetamine Dependence

Amphetamine Abuse

Amphetamine-Induced Disorders

Amphetamine Intoxication

Amphetamine Withdrawal

Amphetamine Intoxication Delirium

Amphetamine-Induced Psychotic Disorder, With Delusions

With Onset During Intoxication

Amphetamine-Induced Psychotic Disorder, With Hallucinations

With Onset During Intoxication

Amphetamine-Induced Mood Disorder

With Onset During Intoxication

With Onset During Withdrawal

Amphetamine-Induced Anxiety Disorder

With Onset During Intoxication

Amphetamine-Induced Sexual Dysfunction

With Onset During Intoxication

Amphetamine-Induced Sleep Disorder

With Onset During Intoxication

With Onset During Withdrawal

Amphetamine-Related Disorder Not

Otherwise Specified

Caffeine-Related Disorders

Caffeine-Induced Disorders

Caffeine Intoxication
Caffeine-Induced Anxiety Disorder
With Onset During Intoxication
Caffeine-Induced Sleep Disorder
With Onset During Intoxication
Caffeine-Related Disorder Not Otherwise Specified

Cannabis-Related Disorders

Cannabis Use Disorders

Cannabis Dependence
Cannabis Abuse

Cannabis-Induced Disorders

Cannabis Intoxication
Cannabis Intoxication Delirium
Cannabis-Induced Psychotic Disorder, With Delusions
With Onset During Intoxication
Cannabis-Induced Psychotic Disorder, With Hallucinations
With Onset During Intoxication
Cannabis-Induced Anxiety Disorder
With Onset During Intoxication
Cannabis-Induced Disorder Not Otherwise Specified
Cannabis-Related Disorder Not Otherwise Specified

Cocaine-Related Disorders

Cocaine Use Disorders

Cocaine Dependence
Cocaine Abuse

Cocaine-Induced Disorders

Cocaine Intoxication

Cocaine Withdrawal
Cocaine Intoxication Delirium
Cocaine-Induced Psychotic Disorder, With Delusions
With Onset During Intoxication
Cocaine-Induced Psychotic Disorder, With Hallucinations
With Onset During Intoxication
Cocaine-Induced Mood Disorder
With Onset During Intoxication
With Onset During Withdrawal
Cocaine-Induced Anxiety Disorder
With Onset During Intoxication
With Onset During Withdrawal
Cocaine-Induced Sexual Dysfunction
With Onset During Intoxication
Cocaine-Induced Sleep Disorder
With Onset During Intoxication
With Onset During Withdrawal
Cocaine-Related Disorder Not Otherwise Specified

Hallucinogen-Related Disorders

Hallucinogen Use Disorders

Hallucinogen Dependence
Hallucinogen Abuse

Hallucinogen-Induced Disorders

Hallucinogen Intoxication
Hallucinogen Persisting Perception Disorder
Hallucinogen Intoxication Delirium
Hallucinogen-Induced Psychotic Disorder, With Delusions
With Onset During Intoxication
Hallucinogen-Induced Psychotic Disorder, With Hallucinations
With Onset During Intoxication
Hallucinogen-Induced Mood Disorder
With Onset During Intoxication
Hallucinogen-Induced Anxiety Disorder
With Onset During Intoxication
Hallucinogen-Related Disorder Not Otherwise Specified

Inhalants-Related Disorders

Inhalants Use Disorders

Inhalant Dependence
Inhalant Abuse

Inhalants-Induced Disorders

Inhalant Intoxication
Inhalant Intoxication Delirium
Inhalant-Induced Persisting Dementia
Inhalant-Induced Psychotic Disorder, With Delusions
With Onset During Intoxication
Inhalant-Induced Psychotic Disorder, With Hallucinations
With Onset During Intoxication
Inhalant-Induced Mood Disorder
With Onset During Intoxication
Inhalant-Induced Anxiety Disorder
With Onset During Intoxication
Inhalant-Related Disorder Not Otherwise Specified

Nicotine-Related Disorders

Nicotine Use Disorders

Nicotine Dependence

Nicotine-Induced Disorders

Nicotine Withdrawal

Opioids-Related Disorders

Opioids Use Disorders

Opioids Dependence
Opioids Abuse

Opioids-Induced Disorders

Opioids Intoxication
Opioids Withdrawal

Opioid Intoxication Delirium
With Onset During Intoxication
Opioid-Induced Psychotic Disorder, With Delusions
With Onset During Intoxication
Opioid-Induced Psychotic Disorder, With Hallucinations
With Onset During Intoxication
Opioid-Induced Mood Disorder
With Onset During Intoxication
Opioid-Induced Sexual Dysfunction
With Onset During Intoxication
Opioid-Induced Sleep Disorder
Opioid-Related Disorder Not Otherwise Specified

Phencyclidine-Related Disorders

Phencyclidine Use Disorder

Phencyclidine Dependence
Phencyclidine Abuse

Phencyclidine-Induced Disorder

Phencyclidine Intoxication
Phencyclidine Intoxication Delirium
Phencyclidine-Induced Psychotic Disorder, With Delusions
With Onset During Intoxication
Phencyclidine-Induced Psychotic Disorder, With Hallucinations
With Onset During Intoxication
Phencyclidine-Induced Mood Disorder
With Onset During Intoxication
Phencyclidine-Induced Anxiety Disorder
With Onset During Intoxication
Phencyclidine-Related Disorder Not Otherwise Specified

Sedative-, Hypnotic-, or Anxiolytic-Related Disorders

Sedative, Hypnotic, or Anxiolytic Use Disorders

Sedative, Hypnotics, or Anxiolytic
Dependence
Sedative, Hypnotics, or Anxiolytic Abuse

Sedative, Hypnotic, or Anxiolytic Induced
Disorders

Sedative, Hypnotics, or Anxiolytic
Intoxication
Sedative, Hypnotics, or Anxiolytic
Withdrawal
Sedative, Hypnotic, or Anxiolytic
Intoxication Delirium
Sedative, Hypnotic, or Anxiolytic
Withdrawal Delirium
Sedative-, Hypnotic-, or Anxiolytic-Induced
Persisting Dementia
Sedative, Hypnotic, or Anxiolytic Persisting
Amnesic Disorder
Sedative-, Hypnotic, or Anxiolytic-Induced
Psychotic Disorder, With Delusions
With Onset During Intoxication
With Onset During Withdrawal
Sedative-, Hypnotic, or Anxiolytic-Induced
Psychotic Disorder, With Hallucinations
With Onset During Intoxication
With Onset During Withdrawal
Sedative-, Hypnotic, or Anxiolytic-Induced
Mood Disorder
With Onset During Intoxication
With Onset During Withdrawal
Sedative-, Hypnotic, or Anxiolytic-Induced
Anxiety Disorder
With Onset During Withdrawal
Sedative-, Hypnotic, or Anxiolytic-Induced
Sexual Dysfunction
With Onset During Intoxication
Sedative-, Hypnotic, or Anxiolytic-Induced
Sleep Disorder
With Onset During Intoxication
With Onset During Withdrawal
Sedative-, Hypnotic, or Anxiolytic-Related
Disorder Not Otherwise Specified

Polysubstance-Related Disorder

Polysubstance Use Disorder

Polysubstance Dependence

*Other (or Unknown) Substance Related
Disorders*

Other (or Unknown) Substance Use
Disorders

Other (or Unknown) Substance Dependence
Other (or Unknown) Substance Abuse

Other (or Unknown) Substance-Induced
Disorders

Other (or Unknown) Substance Intoxication
Other (or Unknown) Substance Withdrawal
Other (or Unknown) Substance-Induced
Delirium
Other (or Unknown) Substance-Induced
Persisting Dementia
Other (or Unknown) Substance-Induced
Persisting Amnesic (Pg. 425; 295)
Other (or Unknown) Substance-Induced
Psychotic Disorder, With Delusions
With Onset During Intoxication
With Onset During Withdrawal
Other (or Unknown) Substance-Induced
Psychotic Disorder, With Hallucinations
With Onset During Intoxication
With Onset During Withdrawal
Other (or Unknown) Substance-Induced
Mood Disorder
With Onset During Intoxication
With Onset During Withdrawal
Other (or Unknown) Substance-Induced
Anxiety Disorder
With Onset During Intoxication
With Onset During Withdrawal
Other (or Unknown) Substance-Induced
Sexual Dysfunction
With Onset During Intoxication
Other (or Unknown) Substance-Induced
Sleep Disorder
With Onset During Intoxication

With Onset During Withdrawal
Other (or Unknown) Substance-Related
Disorder Not Otherwise Specified

Substance Disorder Not Otherwise Specified
Abstinence Syndrome
Adipsia

Alcohol Amnestic Disorder
Anabolic-Androgenic Steroids
Korsakoff's Syndrome
Pathological Intoxication
Polydipsia
Street Name