EXHIBIT C

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

FIFTH EDITION

DSM-5™

American Psychiatric Association

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Depressive Disorders

Depressive disorders include disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder. Unlike in DSM-IV, this chapter "Depressive Disorders" has been separated from the previous chapter "Bipolar and Related Disorders." The common feature of all of these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. What differs among them are issues of duration, timing, or presumed etiology.

In order to address concerns about the potential for the overdiagnosis of and treatment for bipolar disorder in children, a new diagnosis, disruptive mood dysregulation disorder, referring to the presentation of children with persistent irritability and frequent episodes of extreme behavioral dyscontrol, is added to the depressive disorders for children up to 12 years of age. Its placement in this chapter reflects the finding that children with this symptom pattern typically develop unipolar depressive disorders or anxiety disorders, rather than bipolar disorders, as they mature into adolescence and adulthood.

Major depressive disorder represents the classic condition in this group of disorders. It is characterized by discrete episodes of at least 2 weeks' duration (although most episodes last considerably longer) involving clear-cut changes in affect, cognition, and neurovegetative functions and inter-episode remissions. A diagnosis based on a single episode is possible, although the disorder is a recurrent one in the majority of cases. Careful consideration is given to the delineation of normal sadness and grief from a major depressive episode. Bereavement may induce great suffering, but it does not typically induce an episode of major depressive disorder. When they do occur together, the depressive symptoms and functional impairment tend to be more severe and the prognosis is worse compared with bereavement that is not accompanied by major depressive disorder. Bereavement-related depression tends to occur in persons with other vulnerabilities to depressive disorders, and recovery may be facilitated by antidepressant treatment.

A more chronic form of depression, persistent depressive disorder (dysthymia), can be diagnosed when the mood disturbance continues for at least 2 years in adults or 1 year in children. This diagnosis, new in DSM-5, includes both the DSM-IV diagnostic categories of chronic major depression and dysthymia.

After careful scientific review of the evidence, premenstrual dysphoric disorder has been moved from an appendix of DSM-IV ("Criteria Sets and Axes Provided for Further Study") to Section II of DSM-5. Almost 20 years of additional of research on this condition has confirmed a specific and treatment-responsive form of depressive disorder that begins sometime following ovulation and remits within a few days of menses and has a marked impact on functioning.

A large number of substances of abuse, some prescribed medications, and several medical conditions can be associated with depression-like phenomena. This fact is recognized in the diagnoses of substance/medication-induced depressive disorder and depressive disorder due to another medical condition.

Anxiety Disorders

Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. *Fear* is the emotional response to real or perceived imminent threat, whereas *anxiety* is anticipation of future threat. Obviously, these two states overlap, but they also differ, with fear more often associated with surges of autonomic arousal necessary for fight or flight, thoughts of immediate danger, and escape behaviors, and anxiety more often associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors. Sometimes the level of fear or anxiety is reduced by pervasive avoidance behaviors. *Panic attacks* feature prominently within the anxiety disorders as a particular type of fear response. Panic attacks are not limited to anxiety disorders but rather can be seen in other mental disorders as well.

The anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation. Thus, while the anxiety disorders tend to be highly comorbid with each other, they can be differentiated by close examination of the types of situations that are feared or avoided and the content of the associated thoughts or beliefs.

Anxiety disorders differ from developmentally normative fear or anxiety by being excessive or persisting beyond developmentally appropriate periods. They differ from transient fear or anxiety, often stress-induced, by being persistent (e.g., typically lasting 6 months or more), although the criterion for duration is intended as a general guide with allowance for some degree of flexibility and is sometimes of shorter duration in children (as in separation anxiety disorder and selective mutism). Since individuals with anxiety disorders typically overestimate the danger in situations they fear or avoid, the primary determination of whether the fear or anxiety is excessive or out of proportion is made by the clinician, taking cultural contextual factors into account. Many of the anxiety disorders develop in childhood and tend to persist if not treated. Most occur more frequently in females than in males (approximately 2:1 ratio). Each anxiety disorder is diagnosed only when the symptoms are not attributable to the physiological effects of a substance/medication or to another medical condition or are not better explained by another mental disorder.

The chapter is arranged developmentally, with disorders sequenced according to the typical age at onset. The individual with separation anxiety disorder is fearful or anxious about separation from attachment figures to a degree that is developmentally inappropriate. There is persistent fear or anxiety about harm coming to attachment figures and events that could lead to loss of or separation from attachment figures and reluctance to go away from attachment figures, as well as nightmares and physical symptoms of distress. Although the symptoms often develop in childhood, they can be expressed throughout adulthood as well.

Selective mutism is characterized by a consistent failure to speak in social situations in which there is an expectation to speak (e.g., school) even though the individual speaks in other situations. The failure to speak has significant consequences on achievement in academic or occupational settings or otherwise interferes with normal social communication.

Individuals with specific phobia are fearful or anxious about or avoidant of circumscribed objects or situations. A specific cognitive ideation is not featured in this disorder, as it is in other anxiety disorders. The fear, anxiety, or avoidance is almost always imme-

diately induced by the phobic situation, to a degree that is persistent and out of proportion to the actual risk posed. There are various types of specific phobias: animal; natural environment; blood-injection-injury; situational; and other situations.

In social anxiety disorder (social phobia), the individual is fearful or anxious about or avoidant of social interactions and situations that involve the possibility of being scrutinized. These include social interactions such as meeting unfamiliar people, situations in which the individual may be observed eating or drinking, and situations in which the individual performs in front of others. The cognitive ideation is of being negatively evaluated by others, by being embarrassed, humiliated, or rejected, or offending others.

In panic disorder, the individual experiences recurrent unexpected panic attacks and is persistently concerned or worried about having more panic attacks or changes his or her behavior in maladaptive ways because of the panic attacks (e.g., avoidance of exercise or of unfamiliar locations). Panic attacks are abrupt surges of intense fear or intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms. Limited-symptom panic attacks include fewer than four symptoms. Panic attacks may be *expected*, such as in response to a typically feared object or situation, or *unexpected*, meaning that the panic attack occurs for no apparent reason. Panic attacks function as a marker and prognostic factor for severity of diagnosis, course, and comorbidity across an array of disorders, including, but not limited to, the anxiety disorders (e.g., substance use, depressive and psychotic disorders). Panic attack may therefore be used as a descriptive specifier for any anxiety disorder as well as other mental disorders.

Individuals with agoraphobia are fearful and anxious about two or more of the following situations: using public transportation; being in open spaces; being in enclosed places; standing in line or being in a crowd; or being outside of the home alone in other situations. The individual fears these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms. These situations almost always induce fear or anxiety and are often avoided and require the presence of a companion.

The key features of generalized anxiety disorder are persistent and excessive anxiety and worry about various domains, including work and school performance, that the individual finds difficult to control. In addition, the individual experiences physical symptoms, including restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; and sleep disturbance.

Substance/medication-induced anxiety disorder involves anxiety due to substance intoxication or withdrawal or to a medication treatment. In anxiety disorder due to another medical condition, anxiety symptoms are the physiological consequence of another medical condition.

Disorder-specific scales are available to better characterize the severity of each anxiety disorder and to capture change in severity over time. For ease of use, particularly for individuals with more than one anxiety disorder, these scales have been developed to have the same format (but different focus) across the anxiety disorders, with ratings of behavioral symptoms, cognitive ideation symptoms, and physical symptoms relevant to each disorder.

Separation Anxiety Disorder

Diagnostic Criteria **309.21 (F93.0)**

A. Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least three of the following:

1. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.

Sleep-Wake Disorders

The DSM-5 classification of sleep-wake disorders is intended for use by general mental health and medical clinicians (those caring for adult, geriatric, and pediatric patients). Sleep-wake disorders encompass 10 disorders or disorder groups: insomnia disorder, hypersomnolence disorder, narcolepsy, breathing-related sleep disorders, circadian rhythm sleep-wake disorders, non–rapid eye movement (NREM) sleep arousal disorders, nightmare disorder, rapid eye movement (REM) sleep behavior disorder, restless legs syndrome, and substance/medication-induced sleep disorder. Individuals with these disorders typically present with sleep-wake complaints of dissatisfaction regarding the quality, timing, and amount of sleep. Resulting daytime distress and impairment are core features shared by all of these sleep-wake disorders.

The organization of this chapter is designed to facilitate differential diagnosis of sleep-wake complaints and to clarify when referral to a sleep specialist is appropriate for further assessment and treatment planning. The DSM-5 sleep disorders nosology uses a simple, clinically useful approach, while also reflecting scientific advances in epidemiology, genetics, pathophysiology, assessment, and interventions research since DSM-IV. In some cases (e.g., insomnia disorder), a "lumping" approach has been adopted, whereas in others (e.g., narcolepsy), a "splitting" approach has been taken, reflecting the availability of validators derived from epidemiological, neurobiological, and interventions research.

Sleep disorders are often accompanied by depression, anxiety, and cognitive changes that must be addressed in treatment planning and management. Furthermore, persistent sleep disturbances (both insomnia and excessive sleepiness) are established risk factors for the subsequent development of mental illnesses and substance use disorders. They may also represent a prodromal expression of an episode of mental illness, allowing the possibility of early intervention to preempt or to attenuate a full-blown episode.

The differential diagnosis of sleep-wake complaints necessitates a multidimensional approach, with consideration of possibly coexisting medical and neurological conditions. Coexisting clinical conditions are the rule, not the exception. Sleep disturbances furnish a clinically useful indicator of medical and neurological conditions that often coexist with depression and other common mental disorders. Prominent among these comorbidities are breathing-related sleep disorders, disorders of the heart and lungs (e.g., congestive heart failure, chronic obstructive pulmonary disease), neurodegenerative disorders (e.g., Alzheimer's disease), and disorders of the musculoskeletal system (e.g., osteoarthritis). These disorders not only may disturb sleep but also may themselves be worsened during sleep (e.g., prolonged apneas or electrocardiographic arrhythmias during REM sleep; confusional arousals in patients with dementing illness; seizures in persons with complex partial seizures). REM sleep behavior disorder is often an early indicator of neurodegenerative disorders (alpha synucleinopathies) like Parkinson's disease. For all of these reasons—related to differential diagnosis, clinical comorbidity, and facilitation of treatment planning—sleep disorders are included in DSM-5.

The approach taken to the classification of sleep-wake disorders in DSM-5 can be understood within the context of "lumping versus splitting." DSM-IV represented an effort to simplify sleep-wake disorders classification and thus aggregated diagnoses under broader, less differentiated labels. At the other pole, the *International Classification of Sleep Disorders*,

2nd Edition (ICSD-2) elaborated numerous diagnostic subtypes. DSM-IV was prepared for use by mental health and general medical clinicians who are not experts in sleep medicine. ICSD-2 reflected the science and opinions of the sleep specialist community and was prepared for use by specialists.

The weight of available evidence supports the superior performance characteristics (interrater reliability, as well as convergent, discriminant, and face validity) of simpler, less-differentiated approaches to diagnosis of sleep-wake disorders. The text accompanying each set of diagnostic criteria provides linkages to the corresponding disorders included in ICSD-2. The DSM-5 sleep-wake disorders classification also specifies corresponding non-psychiatric listings (e.g., neurology codes) from the *International Classification of Diseases* (ICD).

The field of sleep disorders medicine has progressed in this direction since the publication of DSM-IV. The use of biological validators is now embodied in the DSM-5 classification of sleep-wake disorders, particularly for disorders of excessive sleepiness, such as narcolepsy; for breathing-related sleep disorders, for which formal sleep studies (i.e., polysomnography) are indicated; and for restless legs syndrome, which can often coexist with periodic limb movements during sleep, detectable via polysomnography.

Insomnia Disorder

Diagnostic Criteria **780.52 (G47.00)**

A. A predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms:
   1. Difficulty initiating sleep. (In children, this may manifest as difficulty initiating sleep without caregiver intervention.)
   2. Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings. (In children, this may manifest as difficulty returning to sleep without caregiver intervention.)
   3. Early-morning awakening with inability to return to sleep.

B. The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.

C. The sleep difficulty occurs at least 3 nights per week.

D. The sleep difficulty is present for at least 3 months.

E. The sleep difficulty occurs despite adequate opportunity for sleep.

F. The insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (e.g., narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).

G. The insomnia is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication).

H. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia.

Specify if:

With non–sleep disorder mental comorbidity, including substance use disorders
With other medical comorbidity
With other sleep disorder

Coding note: The code 780.52 (G47.00) applies to all three specifiers. Code also the relevant associated mental disorder, medical condition, or other sleep disorder immediately after the code for insomnia disorder in order to indicate the association.

Glossary of Technical Terms

affect A pattern of observable behaviors that is the expression of a subjectively experienced feeling state (emotion). Examples of affect include sadness, elation, and anger. In contrast to *mood*, which refers to a pervasive and sustained emotional "climate," *affect* refers to more fluctuating changes in emotional "weather." What is considered the normal range of the expression of affect varies considerably, both within and among different cultures. Disturbances in affect include

- **blunted** Significant reduction in the intensity of emotional expression.
- **flat** Absence or near absence of any sign of affective expression.
- **inappropriate** Discordance between affective expression and the content of speech or ideation.
- **labile** Abnormal variability in affect with repeated, rapid, and abrupt shifts in affective expression.
- **restricted or constricted** Mild reduction in the range and intensity of emotional expression.

affective blunting *See* AFFECT.

agitation (psychomotor) *See* PSYCHOMOTOR AGITATION.

agnosia Loss of ability to recognize objects, persons, sounds, shapes, or smells that occurs in the absence of either impairment of the specific sense or significant memory loss.

alogia An impoverishment in thinking that is inferred from observing speech and language behavior. There may be brief and concrete replies to questions and restriction in the amount of spontaneous speech (termed *poverty of speech*). Sometimes the speech is adequate in amount but conveys little information because it is overconcrete, overabstract, repetitive, or stereotyped (termed *poverty of content*).

amnesia An inability to recall important autobiographical information that is inconsistent with ordinary forgetting.

anhedonia Lack of enjoyment from, engagement in, or energy for life's experiences; deficits in the capacity to feel pleasure and take interest in things. Anhedonia is a facet of the broad personality trait domain DETACHMENT.

anosognosia A condition in which a person with an illness seems unaware of the existence of his or her illness.

antagonism Behaviors that put an individual at odds with other people, such as an exaggerated sense of self-importance with a concomitant expectation of special treatment, as well as a callous antipathy toward others, encompassing both unawareness of others' needs and feelings, and a readiness to use others in the service of self-enhancement. Antagonism is one of the five broad PERSONALITY TRAIT DOMAINS defined in Section III "Alternative DSM-5 Model for Personality Disorders."

SMALL CAPS indicate term found elsewhere in this glossary. Glossary definitions were informed by DSM-5 Work Groups, publicly available Internet sources, and previously published glossaries for mental disorders (World Health Organization and American Psychiatric Association).

antidepressant discontinuation syndrome A set of symptoms that can occur after abrupt cessation, or marked reduction in dose, of an antidepressant medication that had been taken continuously for at least 1 month.

anxiety The apprehensive anticipation of future danger or misfortune accompanied by a feeling of worry, distress, and/or somatic symptoms of tension. The focus of anticipated danger may be internal or external.

anxiousness Feelings of nervousness or tenseness in reaction to diverse situations; frequent worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful and apprehensive about uncertainty; expecting the worst to happen. Anxiousness is a facet of the broad personality trait domain NEGATIVE AFFECTIVITY.

arousal The physiological and psychological state of being awake or reactive to stimuli.

asociality A reduced initiative for interacting with other people.

attention The ability to focus in a sustained manner on a particular stimulus or activity. A disturbance in attention may be manifested by easy DISTRACTIBILITY or difficulty in finishing tasks or in concentrating on work.

attention seeking Engaging in behavior designed to attract notice and to make oneself the focus of others' attention and admiration. Attention seeking is a facet of the broad personality trait domain ANTAGONISM.

autogynephilia Sexual arousal of a natal male associated with the idea or image of being a woman.

avoidance The act of keeping away from stress-related circumstances; a tendency to circumvent cues, activities, and situations that remind the individual of a stressful event experienced.

avolition An inability to initiate and persist in goal-directed activities. When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities (e.g., work, intellectual pursuits, self-care).

bereavement The state of having lost through death someone with whom one has had a close relationship. This state includes a range of grief and mourning responses.

biological rhythms See CIRCADIAN RHYTHMS.

callousness Lack of concern for the feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others. Callousness is a facet of the broad personality trait domain ANTAGONISM.

catalepsy Passive induction of a posture held against gravity. Compare with WAXY FLEXIBILITY.

cataplexy Episodes of sudden bilateral loss of muscle tone resulting in the individual collapsing, often occurring in association with intense emotions such as laughter, anger, fear, or surprise.

circadian rhythms Cyclical variations in physiological and biochemical function, level of sleep-wake activity, and emotional state. Circadian rhythms have a cycle of about 24 hours, *ultradian* rhythms have a cycle that is shorter than 1 day, and *infradian* rhythms have a cycle that may last weeks or months.

cognitive and perceptual dysregulation Odd or unusual thought processes and experiences, including DEPERSONALIZATION, DEREALIZATION, and DISSOCIATION; mixed sleep-wake state experiences; and thought-control experiences. Cognitive and perceptual dysregulation is a facet of the broad personality trait domain PSYCHOTICISM.

coma State of complete loss of consciousness.

compulsion Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession, or according to rules that must be applied rigidly. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.

conversion symptom A loss of, or alteration in, voluntary motor or sensory functioning, with or without apparent impairment of consciousness. The symptom is not fully explained by a neurological or another medical condition or the direct effects of a substance and is not intentionally produced or feigned.

deceitfulness Dishonesty and fraudulence; misrepresentation of self; embellishment or fabrication when relating events. Deceitfulness is a facet of the broad personality trait domain ANTAGONISM.

defense mechanism Mechanisms that mediate the individual's reaction to emotional conflicts and to external stressors. Some defense mechanisms (e.g., projection, splitting, acting out) are almost invariably maladaptive. Others (e.g., suppression, denial) may be either maladaptive or adaptive, depending on their severity, their inflexibility, and the context in which they occur.

delusion A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility. Delusional conviction can sometimes be inferred from an overvalued idea (in which case the individual has an unreasonable belief or idea but does not hold it as firmly as is the case with a delusion). Delusions are subdivided according to their content. Common types are listed below:

- **bizarre** A delusion that involves a phenomenon that the person's culture would regard as physically impossible.
- **delusional jealousy** A delusion that one's sexual partner is unfaithful.
- **erotomanic** A delusion that another person, usually of higher status, is in love with the individual.
- **grandiose** A delusion of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.
- **mixed type** Delusions of more than one type (e.g., EROTOMANIC, GRANDIOSE, PERSECUTORY, SOMATIC) in which no one theme predominates.
- **mood-congruent** *See* MOOD-CONGRUENT PSYCHOTIC FEATURES.
- **mood-incongruent** *See* MOOD-INCONGRUENT PSYCHOTIC FEATURES.
- **of being controlled** A delusion in which feelings, impulses, thoughts, or actions are experienced as being under the control of some external force rather than being under one's own control.
- **of reference** A delusion in which events, objects, or other persons in one's immediate environment are seen as having a particular and unusual significance. These delusions are usually of a negative or pejorative nature but also may be grandiose in content. A delusion of reference differs from an *idea of reference*, in which the false belief is not as firmly held nor as fully organized into a true belief.
- **persecutory** A delusion in which the central theme is that one (or someone to whom one is close) is being attacked, harassed, cheated, persecuted, or conspired against.

somatic A delusion whose main content pertains to the appearance or functioning of one's body.

thought broadcasting A delusion that one's thoughts are being broadcast out loud so that they can be perceived by others.

thought insertion A delusion that certain of one's thoughts are not one's own, but rather are inserted into one's mind.

depersonalization The experience of feeling detached from, and as if one is an outside observer of, one's mental processes, body, or actions (e.g., feeling like one is in a dream; a sense of unreality of self, perceptual alterations; emotional and/or physical numbing; temporal distortions; sense of unreality).

depressivity Feelings of being intensely sad, miserable, and/or hopeless. Some patients describe an absence of feelings and/or dysphoria; difficulty recovering from such moods; pessimism about the future; pervasive shame and/or guilt; feelings of inferior self-worth; and thoughts of suicide and suicidal behavior. Depressivity is a facet of the broad personality trait domain DETACHMENT.

derealization The experience of feeling detached from, and as if one is an outside observer of, one's surroundings (e.g., individuals or objects are experienced as unreal, dreamlike, foggy, lifeless, or visually distorted).

detachment Avoidance of socioemotional experience, including both WITHDRAWAL from interpersonal interactions (ranging from casual, daily interactions to friendships and intimate relationships [i.e., INTIMACY AVOIDANCE]) and RESTRICTED AFFECTIVITY, particularly limited hedonic capacity. Detachment is one of the five pathological PERSONALITY TRAIT DOMAINS defined in Section III "Alternative DSM-5 Model for Personality Disorders."

disinhibition Orientation toward immediate gratification, leading to impulsive behavior driven by current thoughts, feelings, and external stimuli, without regard for past learning or consideration of future consequences. RIGID PERFECTIONISM, the opposite pole of this domain, reflects excessive constraint of impulses, risk avoidance, hyperresponsibility, hyperperfectionism, and rigid, rule-governed behavior. Disinhibition is one of the five pathological PERSONALITY TRAIT DOMAINS defined in Section III "Alternative DSM-5 Model for Personality Disorders."

disorder of sex development Condition of significant inborn somatic deviations of the reproductive tract from the norm and/or of discrepancies among the biological indicators of male and female.

disorientation Confusion about the time of day, date, or season (time); where one is (place); or who one is (person).

dissociation The splitting off of clusters of mental contents from conscious awareness. Dissociation is a mechanism central to dissociative disorders. The term is also used to describe the separation of an idea from its emotional significance and affect, as seen in the inappropriate affect in schizophrenia. Often a result of psychic trauma, dissociation may allow the individual to maintain allegiance to two contradictory truths while remaining unconscious of the contradiction. An extreme manifestation of dissociation is dissociative identity disorder, in which a person may exhibit several independent personalities, each unaware of the others.

distractibility Difficulty concentrating and focusing on tasks; attention is easily diverted by extraneous stimuli; difficulty maintaining goal-focused behavior, including both planning and completing tasks. Distractibility is a facet of the broad personality trait domain DISINHIBITION.

dysarthria A disorder of speech sound production due to structural or motor impairment affecting the articulatory apparatus. Such disorders include cleft palate, muscle

disorders, cranial nerve disorders, and cerebral palsy affecting bulbar structures (i.e., lower and upper motor neuron disorders).

dyskinesia Distortion of voluntary movements with involuntary muscle activity.

dysphoria (dysphoric mood) A condition in which a person experiences intense feelings of depression, discontent, and in some cases indifference to the world around them.

dyssomnias Primary disorders of sleep or wakefulness characterized by INSOMNIA or HYPERSOMNIA as the major presenting symptom. Dyssomnias are disorders of the amount, quality, or timing of sleep. Compare with PARASOMNIAS.

dysthymia Presence, while depressed, of two or more of the following: 1) poor appetite or overeating, 2) insomnia or hypersomnia, 3) low energy or fatigue, 4) low self-esteem, 5) poor concentration or difficulty making decisions, or 6) feelings of hopelessness.

dystonia Disordered tonicity of muscles.

eccentricity Odd, unusual, or bizarre behavior, appearance, and/or speech having strange and unpredictable thoughts; saying unusual or inappropriate things. Eccentricity is a facet of the broad personality trait domain PSYCHOTICISM.

echolalia The pathological, parrotlike, and apparently senseless repetition (echoing) of a word or phrase just spoken by another person.

echopraxia Mimicking the movements of another.

emotional lability Instability of emotional experiences and mood; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances. Emotional lability is a facet of the broad personality trait domain NEGATIVE AFFECTIVITY.

empathy Comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding the effects of own behavior on others.

episode (episodic) A specified duration of time during which the patient has developed or experienced symptoms that meet the diagnostic criteria for a given mental disorder. Depending on the type of mental disorder, *episode* may denote a certain number of symptoms or a specified severity or frequency of symptoms. Episodes may be further differentiated as a single (first) episode or a recurrence or relapse of multiple episodes if appropriate.

euphoria A mental and emotional condition in which a person experiences intense feelings of well-being, elation, happiness, excitement, and joy.

fatigability Tendency to become easily fatigued. *See also* FATIGUE.

fatigue A state (also called exhaustion, tiredness, lethargy, languidness, languor, lassitude, and listlessness) usually associated with a weakening or depletion of one's physical and/or mental resources, ranging from a general state of lethargy to a specific, work-induced burning sensation within one's muscles. Physical fatigue leads to an inability to continue functioning at one's normal level of activity. Although widespread in everyday life, this state usually becomes particularly noticeable during heavy exercise. Mental fatigue, by contrast, most often manifests as SOMNOLENCE (sleepiness).

fear An emotional response to perceived imminent threat or danger associated with urges to flee or fight.

flashback A dissociative state during which aspects of a traumatic event are reexperienced as though they were occurring at that moment.

flight of ideas A nearly continuous flow of accelerated speech with abrupt changes from topic to topic that are usually based on understandable associations, distracting stimuli, or plays on words. When the condition is severe, speech may be disorganized and incoherent.

gender The public (and usually legally recognized) lived role as boy or girl, man or woman. Biological factors are seen as contributing in interaction with social and psychological factors to gender development.

gender assignment The initial assignment as male or female, which usually occurs at birth and is subsequently referred to as the "natal gender."

gender dysphoria Distress that accompanies the incongruence between one's experienced and expressed gender and one's assigned or natal gender.

gender experience The unique and personal ways in which individuals experience their gender in the context of the gender roles provided by their societies.

gender expression The specific ways in which individuals enact gender roles provided in their societies.

gender identity A category of social identity that refers to an individual's identification as male, female or, occasionally, some category other than male or female.

gender reassignment A change of gender that can be either medical (hormones, surgery) or legal (government recognition), or both. In case of medical interventions, often referred to as *sex reassignment.*

geometric hallucination See HALLUCINATION.

grandiosity Believing that one is superior to others and deserves special treatment; self-centeredness; feelings of entitlement; condescension toward others. Grandiosity is a facet of the broad personality trait domain ANTAGONISM.

grimace (grimacing) Odd and inappropriate facial expressions unrelated to situation (as seen in individuals with CATATONIA).

hallucination A perception-like experience with the clarity and impact of a true perception but without the external stimulation of the relevant sensory organ. Hallucinations should be distinguished from ILLUSIONS, in which an actual external stimulus is misperceived or misinterpreted. The person may or may not have insight into the nonveridical nature of the hallucination. One hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality. The term *hallucination* is not ordinarily applied to the false perceptions that occur during dreaming, while falling asleep (*hypnagogic*), or upon awakening (*hypnopompic*). Transient hallucinatory experiences may occur without a mental disorder.

- **auditory** A hallucination involving the perception of sound, most commonly of voice.
- **geometric** Visual hallucinations involving geometric shapes such as tunnels and funnels, spirals, lattices, or cobwebs.
- **gustatory** A hallucination involving the perception of taste (usually unpleasant).
- **mood-congruent** *See* MOOD-CONGRUENT PSYCHOTIC FEATURES.
- **mood-incongruent** *See* MOOD-INCONGRUENT PSYCHOTIC FEATURES.
- **olfactory** A hallucination involving the perception of odor, such as of burning rubber or decaying fish.
- **somatic** A hallucination involving the perception of physical experience localized within the body (e.g., a feeling of electricity). A somatic hallucination is to be distinguished from physical sensations arising from an as-yet-undiagnosed general medical condition, from hypochondriacal preoccupation with normal physical sensations, or from a tactile hallucination.
- **tactile** A hallucination involving the perception of being touched or of something being under one's skin. The most common tactile hallucinations are the sensation

of electric shocks and formication (the sensation of something creeping or crawling on or under the skin).

visual A hallucination involving sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light. Visual hallucinations should be distinguished from ILLUSIONS, which are misperceptions of real external stimuli.

hostility Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior. Hostility is a facet of the broad personality trait domain ANTAGONISM.

hyperacusis Increased auditory perception.

hyperorality A condition in which inappropriate objects are placed in the mouth.

hypersexuality A stronger than usual urge to have sexual activity.

hypersomnia Excessive sleepiness, as evidenced by prolonged nocturnal sleep, difficulty maintaining an alert awake state during the day, or undesired daytime sleep episodes. See also SOMNOLENCE.

hypervigilance An enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats. Hypervigilance is also accompanied by a state of increased anxiety which can cause exhaustion. Other symptoms include abnormally increased arousal, a high responsiveness to stimuli, and a continual scanning of the environment for threats. In hypervigilance, there is a perpetual scanning of the environment to search for sights, sounds, people, behaviors, smells, or anything else that is reminiscent of threat or trauma. The individual is placed on high alert in order to be certain danger is not near. Hypervigilance can lead to a variety of obsessive behavior patterns, as well as producing difficulties with social interaction and relationships.

hypomania An abnormality of mood resembling mania but of lesser intensity. *See also* MANIA.

hypopnea Episodes of overly shallow breathing or an abnormally low respiratory rate.

ideas of reference The feeling that causal incidents and external events have a particular and unusual meaning that is specific to the person. An idea of reference is to be distinguished from a DELUSION OF REFERENCE, in which there is a belief that is held with delusional conviction.

identity Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience.

illusion A misperception or misinterpretation of a real external stimulus, such as hearing the rustling of leaves as the sound of voices. *See also* HALLUCINATION.

impulsivity Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; a sense of urgency and self-harming behavior under emotional distress. Impulsivity is a facet of the broad personality trait domain DISINHIBITION.

incoherence Speech or thinking that is essentially incomprehensible to others because word or phrases are joined together without a logical or meaningful connection. This disturbance occurs *within* clauses, in contrast to derailment, in which the disturbance is *between* clauses. This has sometimes been referred to a "word salad" to convey the degree of linguistic disorganization. Mildly ungrammatical constructions or idiomatic usages characteristic of a particular regional or cultural backgrounds, lack of education, or low intelligence should not be considered incoherence. The term is generally not applied when there is evidence that the disturbance in speech is due to an aphasia.

insomnia A subjective complaint of difficulty falling or staying asleep or poor sleep quality.

intersex condition A condition in which individuals have conflicting or ambiguous biological indicators of sex.

intimacy Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.

intimacy avoidance Avoidance of close or romantic relationships, interpersonal attachments, and intimate sexual relationships. Intimacy avoidance is a facet of the broad personality trait domain DETACHMENT.

irresponsibility Disregard for—and failure to honor—financial and other obligations or commitments; lack of respect for—and lack of follow-through on—agreements and promises; carelessness with others' property. Irresponsibility is a facet of the broad personality trait domain DISINHIBITION.

language pragmatics The understanding and use of language in a given context. For example, the warning "Watch your hands" when issued to a child who is dirty is intended not only to prompt the child to look at his or her hands but also to communicate the admonition "Don't get anything dirty."

lethargy A state of decreased mental activity, characterized by sluggishness, drowsiness, inactivity, and reduced alertness.

macropsia The visual perception that objects are larger than they actually are. Compare with MICROPSIA.

magical thinking The erroneous belief that one's thoughts, words, or actions will cause or prevent a specific outcome in some way that defies commonly understood laws of cause and effect. Magical thinking may be a part of normal child development.

mania A mental state of elevated, expansive, or irritable mood and persistently increased level of activity or energy. *See also* HYPOMANIA.

manipulativeness Use of subterfuge to influence or control others; use of seduction, charm, glibness, or ingratiation to achieve one's ends. Manipulativeness is a facet of the broad personality trait domain ANTAGONISM.

mannerism A peculiar and characteristic individual style of movement, action, thought, or speech.

melancholia (melancholic) A mental state characterized by very severe depression.

micropsia The visual perception that objects are smaller than they actually are. Compare with MACROPSIA.

mixed symptoms The specifier "with mixed features" is applied to mood episodes during which subthreshold symptoms from the opposing pole are present. Whereas these concurrent "mixed" symptoms are relatively simultaneous, they may also occur closely juxtaposed in time as a waxing and waning of individual symptoms of the opposite pole (i.e., depressive symptoms during hypomanic or manic episodes, and vice versa).

mood A pervasive and sustained emotion that colors the perception of the world. Common examples of mood include depression, elation, anger, and anxiety. In contrast to *affect*, which refers to more fluctuating changes in emotional "weather," mood refers to a pervasive and sustained emotional "climate." Types of mood include

- **dysphoric** An unpleasant mood, such as sadness, anxiety, or irritability.
- **elevated** An exaggerated feeling of well-being, or euphoria or elation. A person with elevated mood may describe feeling "high," "ecstatic," "on top of the world," or "up in the clouds."
- **euthymic** Mood in the "normal" range, which implies the absence of depressed or elevated mood.

expansive Lack of restraint in expressing one's feelings, frequently with an overvaluation of one's significance or importance.

irritable Easily annoyed and provoked to anger.

mood-congruent psychotic features Delusions or hallucinations whose content is entirely consistent with the typical themes of a depressed or manic mood. If the mood is depressed, the content of the delusions or hallucinations would involve themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment. The content of the delusion may include themes of persecution if these are based on self-derogatory concepts such as deserved punishment. If the mood is manic, the content of the delusions or hallucinations would involve themes of inflated worth, power, knowledge, or identity, or a special relationship to a deity or a famous person. The content of the delusion may include themes of persecution if these are based on concepts such as inflated worth or deserved punishment.

mood-incongruent psychotic features Delusions or hallucinations whose content is not consistent with the typical themes of a depressed or manic mood. In the case of depression, the delusions or hallucinations would not involve themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment. In the case of mania, the delusions or hallucinations would not involve themes of inflated worth, power, knowledge, or identity, or a special relationship to a deity or a famous person.

multiple sleep latency test Polysomnographic assessment of the sleep-onset period, with several short sleep-wake cycles assessed during a single session. The test repeatedly measures the time to daytime sleep onset ("sleep latency") and occurrence of and time to onset of the rapid eye movement sleep phase.

mutism No, or very little, verbal response (in the absence of known aphasia).

narcolepsy Sleep disorder characterized by periods of extreme drowsiness and frequent daytime lapses into sleep (sleep attacks). These must have been occurring at least three times per week over the last 3 months (in the absence of treatment).

negative affectivity Frequent and intense experiences of high levels of a wide range of negative emotions (e.g., anxiety, depression, guilt/shame, worry, anger), and their behavioral (e.g., self-harm) and interpersonal (e.g., dependency) manifestations. Negative Affectivity is one of the five pathological PERSONALITY TRAIT DOMAINS defined in Section III "Alternative DSM-5 Model for Personality Disorders."

negativism Opposition to suggestion or advice; behavior opposite to that appropriate to a specific situation or against the wishes of others, including direct resistance to efforts to be moved.

night eating syndrome Recurrent episodes of night eating, as manifested by eating after awakening from sleep or excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better accounted for by external influences such as changes in the individual's sleep-wake cycle or by local social norms.

nightmare disorder Repeated occurrences of extended, extremely dysphoric, and well-remembered dreams that usually involve efforts to avoid threats to survival, security or physical integrity and that generally occur during the second half of the major sleep episode. On awakening from the dysphoric dreams, the individual rapidly becomes oriented and alert.

nonsubstance addiction(s) Behavioral disorder (also called *behavioral addiction*) not related to any substance of abuse that shares some features with substance-induced addiction.

obsession Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted and that in most individuals cause marked anxiety or distress. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

overeating Eating too much food too quickly.

overvalued idea An unreasonable and sustained belief that is maintained with less than delusional intensity (i.e., the person is able to acknowledge the possibility that the belief may not be true). The belief is not one that is ordinarily accepted by other members of the person's culture or subculture.

panic attacks Discrete periods of sudden onset of intense fear or terror, often associated with feelings of impending doom. During these attacks there are symptoms such as shortness of breath or smothering sensations; palpitations, pounding heart, or accelerated heart rate; chest pain or discomfort; choking; and fear of going crazy or losing control. Panic attacks may be unexpected, in which the onset of the attack is not associated with an obvious trigger and instead occurs "out of the blue," or expected, in which the panic attack is associated with an obvious trigger, either internal or external.

paranoid ideation Ideation, of less than delusional proportions, involving suspiciousness or the belief that one is being harassed, persecuted, or unfairly treated.

parasomnias Disorders of sleep involving abnormal behaviors or physiological events occurring during sleep or sleep-wake transitions. Compare with DYSSOMNIAS.

perseveration Persistence at tasks or in particular way of doing things long after the behavior has ceased to be functional or effective; continuance of the same behavior despite repeated failures or clear reasons for stopping. Perseveration is a facet of the broad personality trait domain NEGATIVE AFFECTIVITY.

personality Enduring patterns of perceiving, relating to, and thinking about the environment and oneself. PERSONALITY TRAITS are prominent aspects of personality that are exhibited in relatively consistent ways across time and across situations. Personality traits influence self and interpersonal functioning. Depending on their severity, impairments in personality functioning and personality trait expression may reflect the presence of a personality disorder.

personality disorder—trait specified In Section III "Alternative DSM-5 Model for Personality Disorders," a proposed diagnostic category for use when a personality disorder is considered present but the criteria for a specific disorder are not met. Personality disorder—trait specified (PD-TS) is defined by significant impairment in personality functioning, as measured by the Level of Personality Functioning Scale and one or more pathological PERSONALITY TRAIT DOMAINS or PERSONALITY TRAIT FACETS. PD-TS is proposed in DSM-5 Section III for further study as a possible future replacement for other specified personality disorder and unspecified personality disorder.

personality functioning Cognitive models of self and others that shape patterns of emotional and affiliative engagement.

personality trait A tendency to behave, feel, perceive, and think in relatively consistent ways across time and across situations in which the trait may be manifest.

personality trait facets Specific personality components that make up the five broad personality trait domains in the dimensional taxonomy of Section III "Alternative DSM-5 Model for Personality Disorders." For example, the broad domain antagonism has the following component facets: MANIPULATIVENESS, DECEITFULNESS, GRANDIOSITY, ATTENTION SEEKING, CALLOUSNESS, and HOSTILITY.

personality trait domains In the dimensional taxonomy of Section III "Alternative DSM-5 Model for Rersonality Disorders," personality traits are organized into five broad domains: NEGATIVE AFFECTIVITY, DETACHMENT, ANTAGONISM, DISINHIBITION, and PSYCHOTICISM. Within these five broad trait domains are 25 specific personality trait facets (e.g., IMPULSIVITY, RIGID PERFECTIONISM).

phobia A persistent fear of a specific object, activity, or situation (i.e., the phobic stimulus) out of proportion to the actual danger posed by the specific object or situation that results in a compelling desire to avoid it. If it cannot be avoided, the phobic stimulus is endured with marked distress.

pica Persistent eating of nonnutritive nonfood substances over a period of at least 1 month. The eating of nonnutritive nonfood substances is inappropriate to the developmental level of the individual (a minimum age of 2 years is suggested for diagnosis). The eating behavior is not part of a culturally supported or socially normative practice.

polysomnography Polysomnography (PSG), also known as a sleep study, is a multiparametric test used in the study of sleep and as a diagnostic tool in sleep medicine. The test result is called a *polysomnogram,* also abbreviated PSG. PSG monitors many body functions, including brain (electroencephalography), eye movements (electro-oculography), muscle activity or skeletal muscle activation (electromyography), and heart rhythm (electrocardiography).

posturing Spontaneous and active maintenance of a posture against gravity (as seen in CATATONIA). Abnormal posturing may also be a sign of certain injuries to the brain or spinal cord, including the following:

decerebrate posture The arms and legs are out straight and rigid, the toes point downward, and the head is arched backward.

decorticate posture The body is rigid, the arms are stiff and bent, the fists are tight, and the legs are straight out.

opisthotonus The back is rigid and arching, and the head is thrown backward.

An affected person may alternate between different postures as the condition changes.

pressured speech Speech that is increased in amount, accelerated, and difficult or impossible to interrupt. Usually it is also loud and emphatic. Frequently the person talks without any social stimulation and may continue to talk even though no one is listening.

prodrome An early or premonitory sign or symptom of a disorder.

pseudocyesis A false belief of being pregnant that is associated with objective signs and reported symptoms of pregnancy.

psychological distress A range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing, or out of the ordinary.

psychometric measures Standardized instruments such as scales, questionnaires, tests, and assessments that are designed to measure human knowledge, abilities, attitudes, or personality traits.

psychomotor agitation Excessive motor activity associated with a feeling of inner tension. The activity is usually nonproductive and repetitious and consists of behaviors such as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still.

psychomotor retardation Visible generalized slowing of movements and speech.

psychotic features Features characterized by delusions, hallucinations, and formal thought disorder.

psychoticism Exhibiting a wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions, including both process (e.g., perception, dissociation)

and content (e.g., beliefs). Psychoticism is one of the five broad PERSONALITY TRAIT DOMAINS defined in Section III "Alternative DSM-5 Model for Personality Disorders."

purging disorder Eating disorder characterized by recurrent purging behavior to influence weight or shape, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, in the absence of binge eating.

racing thoughts A state in which the mind uncontrollably brings up random thoughts and memories and switches between them very quickly. Sometimes the thoughts are related, with one thought leading to another; other times they are completely random. A person experiencing an episode of racing thoughts has no control over them and is unable to focus on a single topic or to sleep.

rapid cycling Term referring to bipolar disorder characterized by the presence of at least four mood episodes in the previous 12 months that meet the criteria for a manic, hypomanic, or major depressive episode. Episodes are demarcated either by partial or full remissions of at least 2 months or by a switch to an episode of the opposite polarity (e.g., major depressive episode to manic episode). The rapid cycling specifier can be applied to bipolar I or bipolar II disorder.

rapid eye movement (REM) A behavioral sign of the phase of sleep during which the sleeper is likely to be experiencing dreamlike mental activity.

repetitive speech Morphologically heterogeneous iterations of speech.

residual phase Period after an episode of schizophrenia that has partly or completed remitted but in which some symptoms may remain, and symptoms such as listlessness, problems with concentrating, and withdrawal from social activities may predominate.

restless legs syndrome An urge to move the legs, usually accompanied or caused by uncomfortable and unpleasant sensations in the legs (for pediatric restless legs syndrome, the description of these symptoms should be in the child's own words). The symptoms begin or worsen during periods of rest or inactivity. Symptoms are partially or totally relieved by movement. Symptoms are worse in the evening or at night than during the day or occur only in the night/evening.

restricted affectivity Little reaction to emotionally arousing situations; constricted emotional experience and expression; indifference and aloofness in normatively engaging situations. Restricted affectivity is a facet of the broad personality trait domain DETACHMENT.

rigid perfectionism Rigid insistence on everything being flawless, perfect, and without errors or faults, including one's own and others' performance; sacrificing of timeliness to ensure correctness in every detail; believing that there is only one right way to do things; difficulty changing ideas and/or viewpoint; preoccupation with details, organization, and order. Lack of rigid perfectionism is a facet of the broad personality trait domain DISINHIBITION.

risk taking Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger; reckless pursuit of goals regardless of the level of risk involved. Risk taking is a facet of the broad personality trait domain DISINHIBITION.

rumination (rumination disorders) Repeated regurgitation of food over a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed, or spit out. In rumination disorders, there is no evidence that an associated gastrointestinal or another medical condition (e.g., gastroesophageal reflux) is sufficient to account for the repeated regurgitation.

seasonal pattern A pattern of the occurrence of a specific mental disorder in selected seasons of the year.

self-directedness, self-direction Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively.

separation insecurity Fears of being alone due to rejection by and/or separation from significant others, based in a lack of confidence in one's ability to care for oneself, both physically and emotionally. Separation insecurity is a facet of the broad personality trait domain NEGATIVE AFFECTIVITY.

sex Biological indication of male and female (understood in the context of reproductive capacity), such as sex chromosomes, gonads, sex hormones, and nonambiguous internal and external genitalia.

sign An objective manifestation of a pathological condition. Signs are observed by the examiner rather than reported by the affected individual. Compare with SYMPTOM.

sleep-onset REM Occurrence of the rapid eye movement (REM) phase of sleep within minutes after falling asleep. Usually assessed by a polysomnographic MULTIPLE SLEEP LATENCY TEST.

sleep terrors Recurrent episodes of abrupt terror arousals from sleep, usually occurring during the first third of the major sleep episode and beginning with a panicky scream. There is intense fear and signs of autonomic arousal, such as mydriasis, tachycardia, rapid breathing, and sweating, during each episode.

sleepwalking Repeated episodes of rising from bed during sleep and walking about, usually occurring during the first third of the major sleep episode. While sleepwalking, the person has a blank, staring face, is relatively unresponsive to the efforts of others to communicate with him or her, and can be awakened only with great difficulty.

somnolence (or "drowsiness") A state of near-sleep, a strong desire for sleep, or sleeping for unusually long periods. It has two distinct meanings, referring both to the usual state preceding falling asleep and to the chronic condition that involves being in that state independent of a circadian rhythm. Compare with HYPERSOMNIA.

specific food cravings Irresistible desire for special types of food.

startle response (or "startle reaction") An involuntary (reflexive) reaction to a sudden unexpected stimulus, such as a loud noise or sharp movement.

stereotypies, stereotyped behaviors/movements Repetitive, abnormally frequent, nongoal-directed movements, seemingly driven, and nonfunctional motor behavior (e.g., hand shaking or waving, body rocking, head banging, self-biting).

stress The pattern of specific and nonspecific responses a person makes to stimulus events that disturb his or her equilibrium and tax or exceed his or her ability to cope.

stressor Any emotional, physical, social, economic, or other factor that disrupts the normal physiological, cognitive, emotional, or behavioral balance of an individual.

stressor, psychological Any life event or life change that may be associated temporally (and perhaps causally) with the onset, occurrence, or exacerbation of a mental disorder.

stupor Lack of psychomotor activity, which may range from not actively relating to the environment to complete immobility.

submissiveness Adaptation of one's behavior to the actual or perceived interests and desires of others even when doing so is antithetical to one's own interests, needs, or desires. Submissiveness is a facet of the broad personality trait domain NEGATIVE AFFECTIVITY.

subsyndromal Below a specified level or threshold required to qualify for a particular condition. Subsyndromal conditions (*formes frustes*) are medical conditions that do not meet full criteria for a diagnosis—for example, because the symptoms are fewer or less severe than a defined syndrome—but that nevertheless can be identified and related to the "full-blown" syndrome.

suicidal ideas (suicidal ideation) Thoughts about self-harm, with deliberate consideration or planning of possible techniques of causing one's own death.

suicide The act of intentionally causing one's own death.

suicide attempt An attempt to end one's own life, which may lead to one's death.

suspiciousness Expectations of—and sensitivity to—signs of interpersonal ill intent or harm; doubts about loyalty and fidelity of others; feelings of being mistreated, used, and/or persecuted by others. Suspiciousness is a facet of the broad personality trait domain DETACHMENT.

symptom A subjective manifestation of a pathological condition. Symptoms are reported by the affected individual rather than observed by the examiner. Compare with SIGN.

syndrome A grouping of signs and symptoms, based on their frequent co-occurrence that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection.

synesthesias A condition in which stimulation of one sensory or cognitive pathway leads to automatic, involuntary experiences in a second sensory or cognitive pathway.

temper outburst An emotional outburst (also called a "tantrum"), usually associated with children or those in emotional distress, and typically characterized by stubbornness, crying, screaming, defiance, angry ranting, a resistance to attempts at pacification, and in some cases hitting. Physical control may be lost, the person may be unable to remain still, and even if the "goal" of the person is met, he or she may not be calmed.

thought-action fusion The tendency to treat thoughts and actions as equivalent.

tic An involuntary, sudden, rapid, recurrent, nonrhythmic motor movement or vocalization.

tolerance A situation that occurs with continued use of a drug in which an individual requires greater dosages to achieve the same effect.

transgender The broad spectrum of individuals who transiently or permanently identify with a gender different from their natal gender.

transsexual An individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all cases may also involve a somatic transition by cross-sex hormone treatment and genital surgery ("sex reassignment surgery").

traumatic stressor Any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend.

unusual beliefs and experiences Belief that one has unusual abilities, such as mind reading, telekinesis, or THOUGHT-ACTION FUSION; unusual experiences of reality, including hallucinatory experiences. In general, the unusual beliefs are not held at the same level of conviction as DELUSIONS. Unusual beliefs and experiences are a facet of the personality trait domain PSYCHOTICISM.

waxy flexibility Slight, even resistance to positioning by examiner. Compare with CATALEPSY.

withdrawal, social Preference for being alone to being with others; reticence in social situations; AVOIDANCE of social contacts and activity; lack of initiation of social contact. Social withdrawal is a facet of the broad personality trait domain DETACHMENT.

worry Unpleasant or uncomfortable thoughts that cannot be consciously controlled by trying to turn the attention to other subjects. The worrying is often persistent, repetitive, and out of proportion to the topic worried about (it can even be about a triviality).