Dysphoria as a complex emotional state and its role in psychopathology

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Objectives

- Review conceptualisations of dysphoria
- Present dysphoria as a transdiagnostic complex emotional state and assessment of dysphoria based on this conceptualisation
What is dysphoria?

- The term is derived from Greek (δύσφορος) and denotes **distress that is hard to bear**
Dysphoria: associated with externalisation?

• "Mixed affect" leading to an "affect of suspicion"\textsuperscript{1,2}

\textsuperscript{1} Sandberg: \textit{Allgemeine Zeitschrift für Psychiatrie und Psychisch-Gerichtliche Medizin} 1896; 52:619-654

\textsuperscript{2} Specht G: \textit{Über den pathologischen Affekt in der chronischen Paranoia.} Festschrift der Erlanger Universität, 1901

• A syndrome that always includes irritability and at least two of the following: internal tension, suspiciousness, hostility and aggressive or destructive behaviour\textsuperscript{3}

\textsuperscript{3} Dayer et al: \textit{Bipolar Disord} 2000; 2: 316-324
Dysphoria: associated with internalisation?

• Six “dysphoric symptoms”: depressed mood, anhedonia, guilt, suicide, fatigue and anxiety¹

Dysphoria: a nonspecific state?

- Dysphoria is a “nonspecific syndrome” and has “no particular place in a categorical diagnostic system”\(^1\); it is neglected and treated like an “orphan”\(^1\)

\(^1\) Musalek et al: *Psychopathol* 2000; 33:209-214

- Dysphoria “can refer to many ways of feeling bad”\(^2\)

\(^2\) Swann: *Bipolar Disord* 2000; 2:325-327
Textbook definitions: dysphoria nonspecific, mainly internalising?

- “Feeling of unpleasantness or discomfort; a mood of general dissatisfaction and restlessness. Occurs in depression and anxiety.”¹


- “Feeling sad, despondent, discouraged, or unhappy” plus “significant anxiety or tense irritability”²


- “Condition of being ill at ease”³

DSM-5 definitions of dysphoria

- “Dysphoric mood”: “an unpleasant mood, such as sadness, anxiety, or irritability” (p. 824)
- “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” (p. 821)
Questions about dysphoria¹

• What is dysphoria other than an “unpleasant state”? What does it comprise?
• Where is dysphoria placed on an internalising-externalising continuum?
• Is dysphoria persistent or fleeting?
• How is dysphoria related to irritability and depression? Is dysphoria a type of depression?
• Is dysphoria a disorder (“a condition”) or only a symptom (“dysphoric mood”)?
• If dysphoria is a “condition”, why is it not listed as a unique diagnostic category in DSM-5?

Premenstrual dysphoric disorder (PMDD) in DSM-5

- Although classified as a depressive disorder in DSM-5, its diagnostic criteria include various emotional states (irritability/anger, depressed mood, anxiety, emotional instability)
- Denotes either a depression akin to MDD or depression with prominent irritability/anger, anxiety or mood instability
- Use of “dysphoric” in the context of PMDD reinforces the notion that dysphoria is a nonspecific, unpleasant emotional state
PMDD in ICD-11

- Classified among both diseases of the genitourinary system (“premenstrual disturbances” as “parent” classification) and depressive disorders
- “A pattern of mood symptoms (depressed mood, irritability), somatic symptoms (lethargy, joint pain, overeating), or cognitive symptoms (concentration difficulties, forgetfulness)”
Gender dysphoria in DSM-5

• DSM-IV term (gender identity disorder) deemed to be inadequate/stigmatizing

• DSM-5:
  – “An individual’s affective/cognitive discontent with the assigned gender” (p. 451)
  – “The distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (p. 451)

• Not a mood or depressive disorder (unlike PMDD)

• Terms such as “gender discontent”, “gender distress” or “distressing gender incongruence” more adequate/precise than gender dysphoria
Gender dysphoria in ICD-11

- **Gender incongruence**
- Classified among both “conditions related to sexual health” (“parent” classification) and “mental, behavioural or neurodevelopmental disorders”
- “Marked and persistent incongruence between an individual’s experienced gender and the assigned sex”
Dysphoria and PTSD

- **Dysphoria** dimension/factor/component of PTSD: inability to recall, negative beliefs about self/world, blame of self/others, persistent negative trauma-related emotions, diminished interest/participation in significant activities, feelings of detachment, inability to experience positive emotions, irritability/angry outbursts, reckless/self-destructive behaviour, concentration problems, sleep disturbance

- **Dysphoric arousal** dimension/factor/component of PTSD:
  - Irritability/angry outbursts, reckless/self-destructive behaviour (externalising behaviours)
  - Concentration problems, sleep disturbance
Dysphoria: other meanings and contexts I

• Synonym for depression or a mild depression
• Dysphoric mania/hypomania ("mixed episodes" of bipolar disorder)
• A feature of mixed anxiety and depressive disorder (ICD-10)/mixed depressive and anxiety disorder (ICD-11)
Dysphoria: other meanings and contexts II

- “Body dysphoria” (dissatisfaction with one’s appearance) in body dysmorphic disorder
- “Neuroleptic dysphoria” (constellation of adverse effects of antipsychotic medications)
- “Hysteroid dysphoria” (personality-based mood disorder)
- “Postcoital dysphoria” (feelings of sadness, tearfulness or irritability following an otherwise satisfactory consensual sexual activity)
What to do?

• Dysporia covers a territory of psychopathology that is too large
• Conceptual chaos
• Loss of meaning
• Need to narrow down the definition and concept of dysphoria and reach a consensus on the meaning of dysphoria
Dysphoria

• Complex emotional state with both nonspecific and specific components\(^1\)

\(^1\) Starcevic: *Australas Psychiatry* 2007; 15:9-13
Dysphoria

Negative emotions, especially in an interpersonal domain, e.g., irritability

Discontent/unhappiness, sense of failure, defeat or being overwhelmed

Coping: externalisation

Tendency to blame others for how one feels

Hostility towards others, outbursts of anger

Aggressive behaviour

1 Starcevic: *Australas Psychiatry* 2007; 15:9-13
<table>
<thead>
<tr>
<th>Dysphoria</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling dissatisfied, unhappy,</td>
<td>Feeling low, down, sad, anhedonic</td>
</tr>
<tr>
<td>irritable</td>
<td></td>
</tr>
<tr>
<td>Externalising mode of coping:</td>
<td>Internalising mode of coping:</td>
</tr>
<tr>
<td>tendency to blame others for</td>
<td>tendency to blame oneself; guilt feelings</td>
</tr>
<tr>
<td>one’s own feelings; anger</td>
<td></td>
</tr>
<tr>
<td>Seeking alleviation through a</td>
<td>Less purposeful behaviour: passivity or</td>
</tr>
<tr>
<td>seemingly purposeful, but</td>
<td>“aimless activity”” (agitation)</td>
</tr>
<tr>
<td>socially undesirable behaviour</td>
<td></td>
</tr>
<tr>
<td>(e.g., outbursts of aggression)</td>
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</tbody>
</table>
Assessment of dysphoria

• Nepean Dysphoria Scale (NDS)\(^1\)
• Based on the model of dysphoria as a complex emotional state comprising discontent/unhappiness, irritability and externalising behaviours\(^2\)
• Self-report instrument
• 22 items, each rated on a 5-point Likert scale
• Frequency of the specific feelings over a period of 1 week preceding administration

\(^1\) Berle & Starcevic: *Australas Psychiatry* 2012; 20:322-326
NDS: psychometric properties

• Exploratory factor analysis: 4 factors\(^1\)
• Exploratory factor analysis of the Italian translation: a 4-factor solution replicated\(^2\)
• Confirmatory factor analysis: same 4-factor solution\(^3\)
• Internal consistency (Cronbach alpha):
  – 0.91\(^1\)
  – 0.95 in the Italian translation\(^2\)
• Solid convergent and divergent validity\(^1,2\)

\(^1\) Berle & Starcevic: *Australas Psychiatry* 2012; 20:322-326
\(^3\) Berle et al: *Psychiatr Q* 2018; 89:621-629
4 factors/subscales of the NDS (4 components of dysphoria)

• Irritability
  – “Have you felt cranky?”

• Discontent
  – “Have you felt that you achieved nothing?”

• Surrender
  – “Have you felt overwhelmed by life?”

• Interpersonal resentment
  – “Have you felt that people don’t care about you?”

• Factor structure of the NDS consistent with the proposed theoretical concept of dysphoria
Unique relationships between NDS-assessed dysphoria and domains of psychopathology

<table>
<thead>
<tr>
<th>NDS Irritability</th>
<th>NDS Discontent</th>
<th>NDS Surrender</th>
<th>NDS Interpersonal resentment</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Stress”</td>
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<tr>
<td>Depression</td>
<td>Depression</td>
<td>Depression</td>
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</tr>
<tr>
<td>Anxiety</td>
<td>Anxiety</td>
<td></td>
<td>Anxiety</td>
</tr>
<tr>
<td>Paranoid ideation</td>
<td></td>
<td></td>
<td>Paranoid ideation</td>
</tr>
<tr>
<td>Hostility</td>
<td></td>
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</tbody>
</table>

1 Starcevic et al: *Psychiatr Q* 2015; 86:459-469
NDS-assessed dysphoria and psychopathology

- Both nonspecific and specific relationships with:
  - “Stress” (tension and irritability)
  - Depression
  - Anxiety
  - Paranoid tendencies
  - Hostility
  - Interpersonal sensitivity
- Misleading to equate dysphoria with irritability or depression

1 Starcevic et al: Psychiatr Q 2015; 86:459-469
Depression
Personality disturbance
Poor coping with interpersonal stress

1 Starcevic et al: Psychiatr Q 2015; 86:459-469
NDS-assessed dysphoria as a transdiagnostic construct

- Associations with MDD, GAD and various other anxiety and mood disorders\(^1\)
- Strong association with PTSD\(^2\)
- Association with borderline personality disorder (BPD)\(^3,4\)

1 Starcevic et al: *Psychiatr Q* 2015; 86:459-469
2 Berle et al: *Psychiatr Q* 2018; 89:621-629
3 Rossi Monti & D’Agostino: *J Psychopathol* 2014; 20:451-460
4 D’Agostino et al: *Clin Neuropsychiatry* 2017; 14:415-423
NDS-assessed dysphoria and BPD

• Interpersonal dysphoria model of BPD\textsuperscript{1,2}
  – “Background dysphoria”: chronic, persistent emotional state dominating the basic lived experience of individuals with BPD
  – “Situational dysphoria”: acute emotional state pervading the here-and-now lived experience of individuals with BPD
  – Symptoms of BPD: “surface” manifestations of situational dysphoria

\textsuperscript{1} D’Agostino et al: \textit{Curr Opin Psychiatry} 2018; 31:57-62
\textsuperscript{2} D’Agostino et al: \textit{Psychopathol}, in press
Conclusions I

• Psychiatry needs to have a good grasp of its concepts and terminology
• The term “dysphoria” should not be used arbitrarily or inconsistently
• The complexity of dysphoria (with both nonspecific and specific elements and a mix of internalising emotions and externalising behaviours) must not serve as a justification for conceptual sloppiness
• As a transdiagnostic construct, dysphoria does not suggest any categorical diagnosis
  – No place in a categorical diagnostic system

Conclusions II

• Dysphoria is a challenge to artificial, categorical dichotomies in psychopathology and a “nosographical disorganiser”\(^1\)

\(^1\) Stanghellini: *Eur Psychiatry* 1998; 13 (Suppl 4):153s

• Assessment of dysphoria (as a dimensional construct) may be useful to qualify treatment targets more precisely and monitor changes during treatment

• Development of therapeutic procedures targeting dysphoria (or some of its components), regardless of the categorical diagnosis
Thank you!