Among the most debilitating of all psychiatric diagnoses is the psychotic disorder of schizophrenia. Schizophrenia is not "split personality" as is the popular understanding of this disease. It involves split-form reality, as individuals with this disorder often experience paranoia, hallucinations, and delusions.

Religious delusions are common among schizophrenics who sometimes believe they are prominent religious figures like Jesus or Satan. Paranoia, hallucinations, and delusions are all termed positive symptoms of the disease, that is, they are not behaviors normally seen. The negative or deficit symptoms include poor hygiene, flat affect, anhedonia (inability to experience pleasure), and social isolation. The third group is cognitive symptoms such as problems with memory and attention, ability to plan, and decision making. The movie A Beautiful Mind (Grazer & Howard, 2001) portrays a mathematician battling the disease of schizophrenia.

Schizophrenia has a genetic causative factor and typically emerges during college years from 18 to 25 years of age. The first psychotic break typically requires hospitalization in a psychiatric hospital until the individual can be stabilized on antipsychotic medication. Most individuals with schizophrenia need to take medication for life and many are involved in treatment from inpatient to residential to partial hospital programs throughout their lives.

Until the 1970s and the deinstitutionalization movement, many individuals with schizophrenia lived in state psychiatric hospitals for long periods of time. More recently, social rehabilitation and clubhouse programs have focused on improving the quality of life and a return to independent living for individuals with schizophrenia and other serious mental illnesses. Unfortunately, some individuals with schizophrenia have been unsuccessful in community settings and have ended up homeless or in prison for relatively minor crimes such as trespassing.

Personality disorders are a diverse grouping of diagnoses. In the DSM IV-TR Personality Disorders were classified as Axis II disorders. They were differentiated from Axis I disorders in that they include enduring styles of personalities rather than an acute onset of disorder, as in most of the diagnoses found on Axis I. The multi-axis classification has been eliminated in the DSM 5 revision. As a result, Personality Disorders are no longer viewed as on separate axis (Axis II). Personality disorders are divided into three clusters:

Cluster A is the odd or eccentric group and includes paranoid personality disorder, schizoid personality disorder, and schizotypal personality disorder. These diagnoses share some characteristics with schizophrenia but are typically much less severe and debilitating.

Cluster B includes antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder. This grouping is characterized by dramatic, emotional, or erratic behavior. Antisocial personality disorders are a common trait among many who have been convicted of criminal activities.

Cluster C includes avoidant personality disorder, obsessive-compulsive personality disorder, dependent personality disorder, and personality disorders not otherwise specified. This group is characterized by anxious and fearful personality styles.

Personality disorders are often difficult to treat as people with these diagnoses do not seek treatment. Often, their personality styles cause problems and difficulties for those around them, and those with the diagnoses are often convinced that there is nothing wrong with them but that everyone else has a problem.