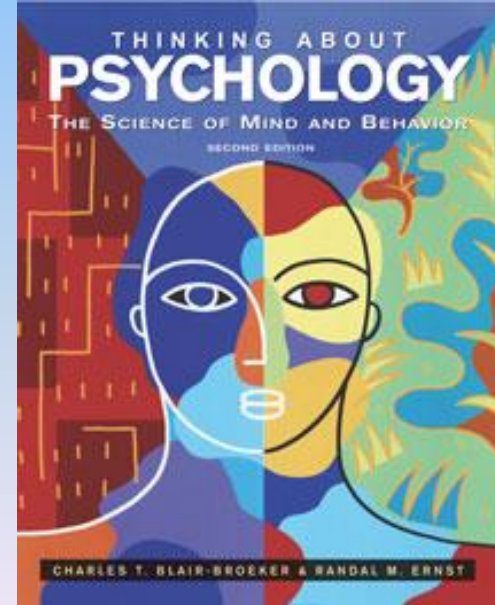# Thinking About Psychology: The Science of Mind and Behavior 2e

Charles T. Blair-Broeker

Randal M. Ernst

Variations in Individual and Group Behavior Domain

Psychological Disorders Chapter

Module 29

Introduction to Psychological Disorders

Defining Disorder

Psychological Disorder

- A "harmful dysfunction" in which behaviors are maladaptive, unjustifiable, disturbing, and atypical

Maladaptive

- An exaggeration of normal, acceptable behaviors

- Destructive to oneself or others

Unjustifiable

- A behavior which does not have a rational basis

Disturbing

- A behavior which is troublesome to other people

Atypical

- A behavior so different from other people's behavior that it violates a norm
- Norms vary from culture to culture

MUDA

- A mnemonic device used to remember the four attributes of a psychological disorder
  - Maladaptive – destructive to self or others
  - Unjustifiable – no rational reason for behavior
  - Disturbing – other people find it troublesome
  - Atypical – not socially acceptable behavior
  - [Back to Agenda](#)
  –

Understanding Disorders

Early Views of Mental Illness

- In ancient times, mental illness was usually explained through a supernatural model; the person was possessed or a sinner

- During the Middle Ages treatment methods were inhumane and cruel

Philippe Pinel (1745-1826)

- French physician who worked to reform the treatment of people with mental disorders
- Encouraged more humane treatment

Understanding Disorders: The Medical Model

The Medical Model

- Concept that mental illnesses have physical causes that can be diagnosed, treated, and in most cases, cured.

- Psychological disorders can be diagnosed based on their symptoms and treated or cured through therapy.

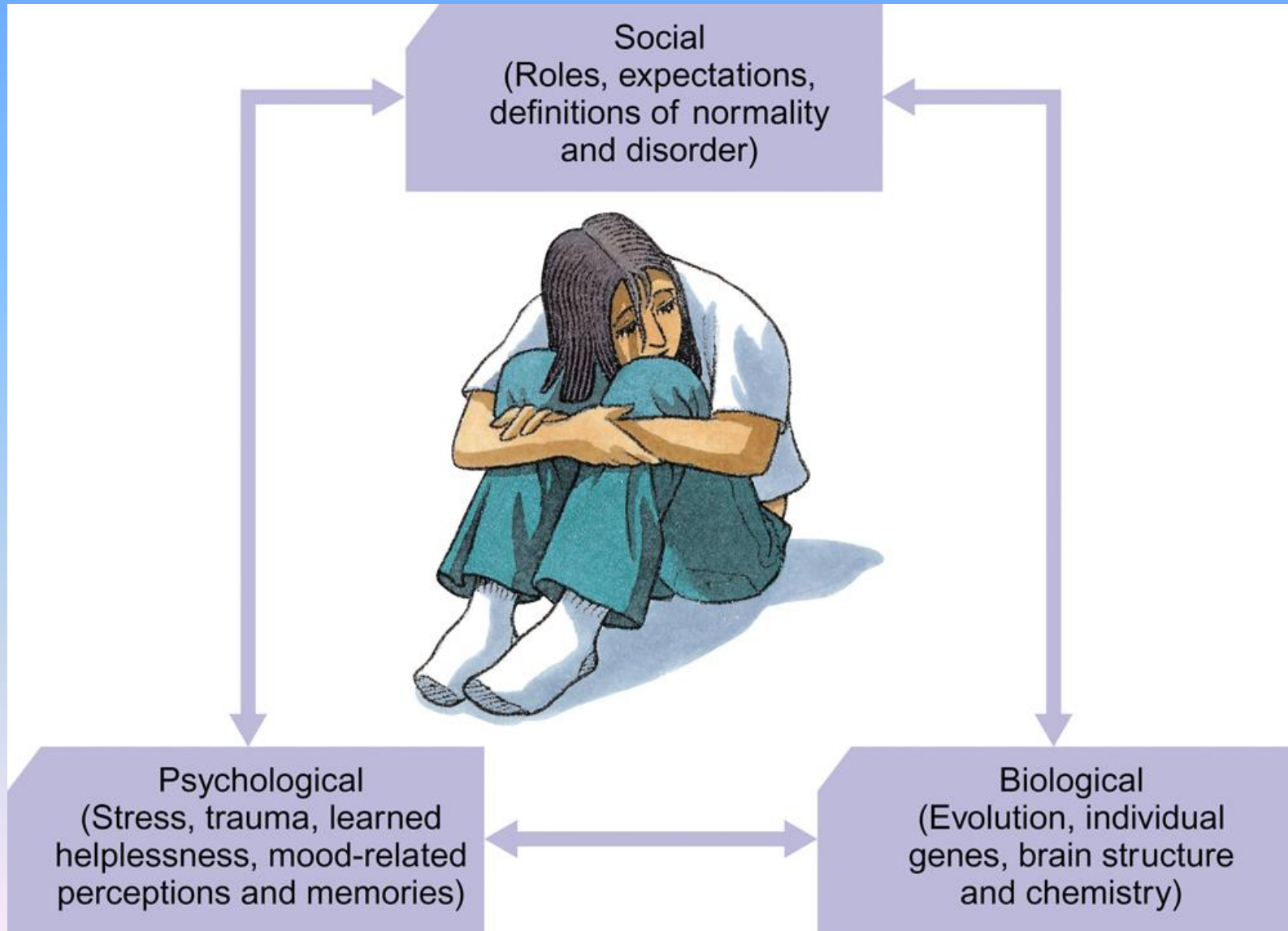- Psychological disorders are similar to a physical illness.

Understanding Disorders:
The
Bio-Psycho-Social Model

Bio-Psycho-Social Model

- Contemporary perspective that assumes biological, psychological, and sociocultural factors combine and interact to produce psychological disorders
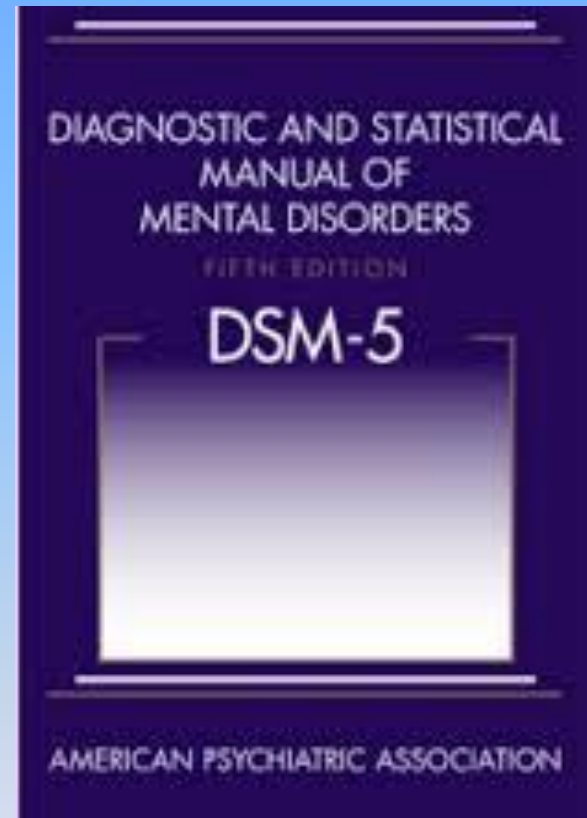
Bio-Psycho-Social Perspective
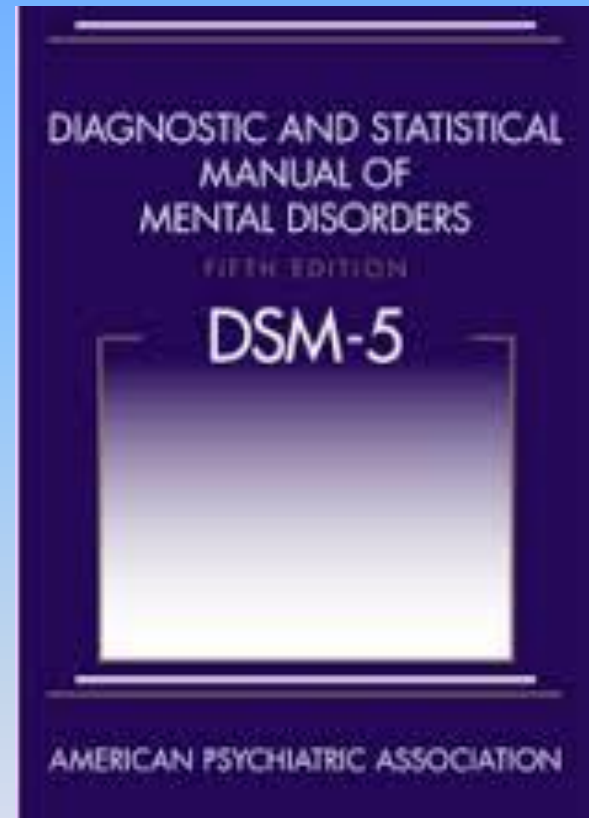
Classifying Disorders

DSM-5

- Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition

DSM-5

Published by the American Psychiatric Association

- Lists and describes all the currently accepted categories of mental disorders

DSM-5

- Divides mental disorders into 20 major categories

- Includes the symptoms but not the causes of each disease

- Has changed significantly since the first edition

DSM-5 Axis

Table 29.1

How Are Psychological Disorders Diagnosed?

Based on assessments, interviews, and observations, many clinicians diagnose by answering the following questions from the five levels, or axes, of the DSM-IV-TR.

Axis I Is a *Clinical Syndrome* present?

Using specifically defined criteria, clinicians may select none, one, or more syndromes from the following list:

- Disorders usually first diagnosed in infancy, childhood, and adolescence
- Delirium, dementia, amnesia, and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders
- Schizophrenia and other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders (intentionally feigned)
- Dissociative disorders
- Eating disorders
- Sexual disorders and gender identity disorder
- Sleep disorders
- Impulse-control disorders not classified elsewhere
- Adjustment disorders
- Other conditions that may be a focus of clinical attention

DSM-5 Axis

Axis II Is a *Personality Disorder* or *Mental Retardation* present? Clinicians may or may not also select one of these two conditions.

Axis III Is a *General Medical Condition*, such as diabetes, hypertension, or arthritis, also present?

Axis IV Are *Psychosocial or Environmental Problems*, such as school or housing issues, also present?

DSM-5 Axis

Axis V What is the *Global Assessment* of this person's functioning?

Clinicians assign a code from 0–100. For example:

91–100 Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.

51–60 Moderate symptoms (for example, flat affect or occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (for example, few friends, or conflicts with peers or co-workers).

1–10 Persistent danger of severely hurting self or others (for example, recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

DSM-5 Axis

How Are Psychological Disorders Diagnosed?

Based on assessments, interviews, and observations, many clinicians diagnose by answering the following questions from the five levels, or axes, of the DSM-IV-TR.

Axis I Is a *Clinical Syndrome* present?

Using specifically defined criteria, clinicians may select none, one, or more syndromes from the following list:

- Disorders usually first diagnosed in infancy, childhood, and adolescence
- Delirium, dementia, amnesia, and other cognitive disorders
- Mental disorders due to a general medical condition
- Substance-related disorders
- Schizophrenia and other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders (intentionally feigned)
- Dissociative disorders
- Eating disorders
- Sexual disorders and gender identity disorder
- Sleep disorders
- Impulse-control disorders not classified elsewhere
- Adjustment disorders
- Other conditions that may be a focus of clinical attention

Axis II Is a *Personality Disorder* or *Mental Retardation* present?

Clinicians may or may not also select one of these two conditions.

Axis III Is a *General Medical Condition,* such as diabetes, hypertension, or arthritis, also present?

Axis IV Are *Psychosocial or Environmental Problems,* such as school or housing issues, also present?

Axis V What is the *Global Assessment* of this person's functioning?

Clinicians assign a code from 0–100. For example:

91–100 Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.

51–60 Moderate symptoms (for example, flat affect or occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (for example, few friends, or conflicts with peers or co-workers).

1–10 Persistent danger of severely hurting self or others (for example, recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.

Labeling Disorders

Labeling Stigmas

- Studies show a clear bias against people diagnosed with mental disorders.

Thomas Eagleton and George McGovern 1972

The End