
MODULE 48

Introduction to Psychological Disorders

Module Preview

Mental health workers label behavior psychologically disordered when it is deviant, distressful, and dysfunctional. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) provides an authoritative classification scheme. Although diagnostic labels may facilitate communication and research, they can also bias our perception of people's past and present behavior and unfairly stigmatize these individuals.

The U.S. National Institute of Mental Health estimates that 26 percent of adult Americans suffer from a diagnosable mental disorder in a given year. National population surveys indicate that the rates of disorder vary across the world. Most who suffer from a disorder show the first symptoms by early adulthood. Poverty is clearly a predictor of mental illness.

Module Guide

- ▶ Introductory Exercise: Fact or Falsehood?
- ▶ Project: Diagnosing a "Star"
- ▶ Lecture: Using Case Studies to Teach Psychological Disorders
- ▶ Feature Films and TV: Introducing Psychological Disorders
- ▶ Video: *Discovering Psychology, Updated Edition: Psychopathology*

Defining Psychological Disorders

- ▶ Exercises: Introducing Psychological Disorders; Defining Psychological Disorder
 - ▶ Project: Encounters with a "Mentally Ill" Person
 - ▶ Projects/Exercises: Adult ADHD Screening Test; Normality and the Sexes
 - ▶ Instructor Video Tool Kit: *ADHD and the Family*
- 48-1. (text and Critical Thinking) Identify the criteria for judging whether behavior is psychologically disordered, and discuss the controversy over the diagnosis of attention-deficit hyperactivity disorder.

Psychological disorders consist of *deviant, distressful, and dysfunctional* behavior patterns. Mental health workers view psychological disorders as persistently harmful thoughts, feelings, and actions. Standards of deviant behavior vary by culture, context, and even time. For example, children once regarded as fidgety, distractible, and impulsive are now being diagnosed with **attention-deficit hyperactivity disorder (ADHD)**. Critics question whether the label is being applied to healthy schoolchildren who, in more natural outdoor environments, would seem perfectly normal. Although the proportion of children treated for the disorder has increased dramatically, the

pervasiveness of the diagnosis depends in part on teacher referrals. Others counterargue that the more frequent diagnoses of ADHD reflect increased awareness of the disorder, particularly in those areas where the rates are highest.

Understanding Psychological Disorders

- ▶ Lectures: Tourette Syndrome; Culture-Bound Disorders
- ▶ Exercise: Multiple Causation
- ▶ Video: Segment 33 of the Scientific American *Frontiers* Series, 2nd ed.: *Cop Psychiatrists*

48-2. Contrast the medical model of psychological disorders with the biopsychosocial approach to disordered behavior.

The **medical model** assumes that psychological disorders are mental illnesses that need to be diagnosed on the basis of their symptoms and cured through therapy. Critics argue that psychological disorders may not reflect a deep internal problem but instead a difficulty in the person's environment, in the person's current interpretation of events, or in the person's bad habits and poor social skills.

Psychologists who reject the "sickness" idea typically contend that all behavior arises from the interaction of nature (genetic and physiological factors) and nurture (past and present experiences). The biopsychosocial approach assumes that disorders are influenced by genetic predispositions, physiological states, inner psychological dynamics, and social and cultural circumstances.

Classifying Psychological Disorders

- ▶ PsychSim 5: Mystery Client
- ▶ Video: Segment 34 of *Digital Media Archive: Psychology*, 1st ed.: *Gender Identity Disorder*

48-3. Describe the goals and content of the DSM-IV-TR.

DSM-IV-TR is a current authoritative scheme for classifying psychological disorders. This volume is the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, updated in 2000 as "text revision." This classification scheme assumes the medical model and will be more substantially revised as DSM-V, which will appear in 2012. DSM diagnoses were developed in coordination with the International Classification of Diseases (ICD-10). Most health insurance policies in North America require an ICD diagnosis before they will pay for therapy. The DSM describes various disorders and has high reliability. For example, two clinicians who are working independently and applying the guidelines are likely to reach the same diagnosis. As a complement to the DSM, some psychologists are offering a manual of human strengths and virtues (the "un-DSM").

Labeling Psychological Disorders

- ▶ Exercise: The Effects of Labeling
- ▶ Lecture: Mental Health as Flourishing
- ▶ Instructor Video Tool Kit: *Postpartum Psychosis: The Case of Andrea Yates*

48-4. Discuss the potential dangers and benefits of using diagnostic labels.

Critics point out that labels can create preconceptions that bias our perceptions of people's past and present behavior and unfairly stigmatize these individuals. Labels can also serve as self-fulfilling prophecies. However, diagnostic labels help not only to describe a psychological disorder but also to enable mental health professionals to communicate about their cases, to comprehend the underlying causes, and to discern effective treatment programs. The label *insanity* raises moral and ethical questions about how society should treat people who have disorders and have committed crimes.

Rates of Psychological Disorders

► Lecture: The Commonality of Psychological Disorders

- 48-5. *Discuss the prevalence of psychological disorders, and summarize the findings on the link between poverty and serious psychological disorders.*

The U.S. National Institute of Mental Health estimates that 26 percent of adult Americans suffer from a diagnosable mental disorder in a given year. The three most common disorders in the United States are mood disorders, phobias of specific objects or situations, and social phobia. A twenty-first-century World Health Organization study of 20 countries found that the lowest rate of reported mental disorders was in Shanghai, whereas the highest rate was found in the United States. One predictor of mental disorder is poverty. Although the stresses and demoralization of poverty can precipitate disorders, especially depression in women and substance abuse in men, some disorders, such as schizophrenia, can also lead to poverty.

