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- ☑ SELF-CHECK QUIZ
- ☑ TABLE Psychological Disorders of Axis I

LESSON 1

Defining Psychological Disorders

Reading HELPDESK (CCSS)

Academic Vocabulary

- **label**
- **comprehensive**

Content Vocabulary

- **DSM-5**

TAKING NOTES:

Key Ideas and Details

IDENTIFYING As you read the chapter, create a graphic organizer for the major types of abnormal behavior described. Look for the causes of each abnormal behavior and categorize them along with the name of the disorder.

Abnormal Behavior

Type	Cause

ESSENTIAL QUESTION • *What happens when psychological processes break down?*

It Matters Because

It is often difficult to draw a line between normal and abnormal behavior. Behavior that some people consider normal may seem abnormal to others. For instance, some people believe that having visions and hearing voices are important parts of a religious experience. Other people believe these behaviors are symptoms of a psychological disorder.

Identifying Psychological Disorders

GUIDING QUESTION *Why is the deviance approach not a useful standard on its own?*

What is normal? There is a concern among some mental health professionals that normal emotions and personality traits are being mislabeled. Sadness is **labeled** as depression. Shyness has turned into social phobia. Youthful enthusiasm is called an attention deficit. One critic mourns, "We've narrowed healthy behavior so dramatically that our quirks and eccentricities—the normal emotional range of adolescence and adulthood—have become problems we fear and expect drugs to fix."

Just because a person is "different" does not necessarily mean that he or she is suffering from a mental illness. Indeed, going along with the crowd may at times be self-destructive. Most readers—and most psychologists—would agree that teen cocaine users have a problem, even if they try to justify it by saying everyone in their social circle uses it, too.

Despite this, some self-destructive behavior is, in fact, a symptom of mental illness, especially if it is severe and persists over time. Other symptoms include hallucinations, persistent odd beliefs, moods that do not seem to be appropriate to the circumstances, inability to get along with others, a persistent lack of self-worth, inability to maintain a job, inability to follow basic instructions, lack of empathy, and inability to take care of one's own needs. It is estimated that 26.2 percent of all adults experience episodes of mental disorder each year, though not all seek treatment.

How do psychologists distinguish the normal from the abnormal? There are a number of ways to define abnormality, none of which is entirely satisfactory. We will look at the most popular ways of drawing the

line between normal and abnormal in terms of deviance, adjustment, and psychological health. Then we will look at the application of these principles in legal definitions of abnormality. Finally, we will consider the criticism that in all these models people are arbitrarily labeled mentally ill.

label to describe or identify with a word or phrase

Deviation from Normality

One approach to defining abnormality is to say that whatever most people do is normal. Abnormality, then, is any deviation from the average or from the majority. It is normal to bathe periodically, to express grief at the death of a loved one, and to wear warm clothes when going out in the cold, because most people do so. Because very few people take ten showers a day, laugh when a loved one dies, or wear bathing suits in the snow, those who do so may be considered abnormal.

The deviance approach, however, as commonly used as it is, has serious limitations. If most people cheat on their income-tax returns, are honest taxpayers abnormal? If most people are noncreative, was Shakespeare abnormal? Different cultural norms must also be taken into consideration. Because the majority is not always right or best, the deviance approach to defining abnormality is not by itself a useful standard.

Adjustment

Another way to distinguish normal from abnormal people is to say that normal people are able to get along in the world—physically, emotionally, and socially. They can feed and clothe themselves, work, find friends, and live by the rules of society. By this definition, abnormal people are the ones who fail to *adjust*. They may be so unhappy that they refuse to eat or so lethargic that they cannot hold a job. They may experience so much anxiety in relationships with others that they end up avoiding people, living in a lonely world of their own. However, not all people with psychological disorders are violent, destructive, or isolated. Sometimes, a person's behavior may only seem normal. Also, behavior that is socially acceptable in one society may not be acceptable in another. Again, the cultural context of a behavior must also be taken into consideration.

This person is obviously sad, but is he so unhappy he is unable to function normally? If a psychological problem is severe enough to disrupt everyday life, a mental illness may be present.

▶ CRITICAL THINKING

Speculating Why is adjustment an important way to distinguish normal behavior from abnormal behavior?

Psychological Health

The terms *mental illness* and *mental health* imply that psychological disturbance or abnormality is like a physical sickness—such as the flu or tuberculosis. Many psychologists do not agree with this, but some do think that mental and physical functioning are alike in one way—there is an ideal way for people to function. Some psychologists believe that the normal healthy person is functioning ideally or striving toward ideal functioning. Personality theorists such as Carl Jung and Abraham Maslow have described this striving process, which is often called *self-actualization*. According to this line of thinking, to be normal or healthy involves full acceptance and expression of one's own individuality and humanness.

One problem with this approach to defining abnormality is that it is difficult to determine whether or not a person is doing a good job of actualizing himself or herself. How can you tell when a person is doing his or her best? What are the signs that he or she is losing the struggle? Answers to such questions often are arbitrary. That definitions of abnormality are somewhat arbitrary has led some theorists to conclude that labeling a person as mentally ill simply because his or her behavior is unusual or odd is not only a mistake, but cruel and irresponsible as well. The foremost spokesperson of this point of view is American psychiatrist Thomas Szasz.

Szasz argued that most of the people whom we call mentally ill are not ill at all. They simply have "problems in living" that cause serious conflicts with the world around them. Yet instead of dealing with the patients' conflicts as things that deserve attention and respect, psychiatrists simply label them as sick and shunt them off to hospitals. Society's norms remain unchallenged, and psychiatrists remain in a comfortable position of authority. The ones who lose are the patients, who by being labeled abnormal are deprived both of responsibility for their behavior and of their dignity as human beings. As a result, Szasz claimed, the patients' problems intensify. Szasz's position, however, is a minority stand. Most psychologists and psychiatrists would agree that a person who claims to be God or Napoleon is truly abnormal and disturbed.

More ABOUT...

Hysteria

Sometimes a lack of knowledge leads to nonsensical explanations for psychological phenomena. For example, the term *hysteria* comes from the Greek word for "uterus." The ancient Greeks diagnosed women with mental disorders by using a theory that the womb somehow moved around the body, occupying different positions. This "wandering of the uterus" theory led to characterizing any highly emotional behavior as hysteria. In the Middle Ages, the wandering uterus theory was used to explain demonic possession and led to persecutions of some women for witchcraft.

What we consider normal and abnormal behavior depends on the context of the behavior. Here two men in Michoacán State, Mexico, display cultural dance masks.

▶ **CRITICAL THINKING**

Understanding Perspectives

Why must you consider the cultural context of a behavior when determining whether the behavior is abnormal?

comprehensive covering completely

DSM-5 current version of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*

The fact that it is difficult to define abnormality does not mean that such a thing does not exist. What it does mean is that we should be very cautious about judging a person to be mentally ill just because he or she acts in a way that we cannot understand. It should also be kept in mind that mild psychological disorders are common. It is only when a psychological problem becomes severe enough to disrupt everyday life that it is thought of as an abnormality or illness.

☑ READING PROGRESS CHECK

Describing How do psychologists distinguish the normal from the abnormal?

The Problem of Classification

GUIDING QUESTION *How are mental disorders categorized?*

For years psychiatrists have been trying to devise a logical and useful method for classifying emotional disorders. This task is difficult, because psychological problems do not lend themselves to the same sort of categorization that physical illnesses do. The causes and symptoms of psychological disturbances and breakdowns and the cures for those breakdowns are rarely obvious or clear-cut.

All major classification schemes have accepted the medical model, which describes abnormal behavior in the same manner as any physical illness. The physician diagnoses a specific disease when a person has certain symptoms.

In 1952 the American Psychiatric Association agreed upon a system for classifying abnormal symptoms, which it published in the *Diagnostic and Statistical Manual of Mental Disorders*, or DSM. This book has been revised several times, first as the DSM-II (1968), DSM-III (1980), and DSM-III-Revised (1987). The DSM-IV, a **comprehensive** revision, was published in 1994 and the DSM-IV-TR, a minor text revision, in 2000. Roman numerals were no longer used in the title of the newest version, the **DSM-5**, published in 2013.

A major change occurred in the shifts from DSM-II to DSM-III-R. Before 1980, the two most commonly used diagnostic distinctions were *neurosis* and *psychosis*. Although these terms have been replaced by more specific ones, they still are used by many psychologists. However, the conditions originally identified under neurosis and psychosis were expanded into more detailed categories, including anxiety disorders, somatoform disorders, dissociative disorders, mood disorders, and schizophrenia. DSM-IV built on these classifications.

The goal in developing DSM-5 was to create a manual based on evidence to improve clinical diagnosis. The total number of diagnoses did not increase, although the classification of disorders has been improved. Most diagnoses from the DSM-IV have not changed. However, disorder groups are now organized along a developmental continuum, from childhood through adolescence, adulthood, and later life and are sequenced by relationship to one another, allowing the practitioner to see relationships between specific disorders.

Categorization of Mental Illness

Within each diagnostic category of the DSM, the following descriptions are included:

1. *essential features*—characteristics that define the disorder;
2. *associated features*—additional features that are usually present;
3. information on *differential diagnosis*—that is, how to distinguish this disorder from other disorders with which it might be confused; and
4. *diagnostic criteria*—a list of symptoms, taken from the lists of essential and associated features, that must be present for the patient to be given a particular diagnostic label.

Profiles in Psychology

Abraham Maslow
(1908–1970)

One of the founders of humanistic psychology, Abraham Maslow upset behaviorists by contradicting their theories that individuals learn new behaviors by responding to environmental stimuli that reward or punish their behaviors. Maslow emphasized that each individual has freedom in directing his or her own future. Maslow believed that individuals could achieve personal growth and self-fulfillment.

Maslow developed a theory of motivation that describes an individual's hierarchy of needs. As described earlier, individuals progress from filling basic, biological needs to the highest social needs of what Maslow called self-actualization—the fulfillment of one's greatest human potential. Individuals organize their lives around these needs, trying to fulfill the needs at each level. If needs are not fulfilled at any level, conflict results. Attention to these needs, then, is a method to resolve psychological conflict.

▶ CRITICAL THINKING

Defining Define Maslow's idea of self-actualization.

More ABOUT...

The Insanity Defense

When John Hinckley was tried for shooting President Ronald Reagan in 1981, he was found "not guilty by reason of insanity." This raised public concerns about the legal definition of sanity.

In this case, not guilty did not mean that Hinckley did not commit the crime; it meant that he could not tell right from wrong or could not control his behavior because of a psychological disorder. Therefore, he could not be held criminally responsible for his behavior.

The terms *sane* and *insane* are legal terms. Psychological research has identified so many disorders of varying degrees that *insane* is too simplistic a term for a person with a psychological disorder. In fact, many people with psychological disorders are classified as sane under current legal standards.

People found not guilty by reason of insanity are not simply released; they are confined for treatment in special hospitals. Studies show that people found not guilty by reason of insanity are held for at least as long as people found guilty and sent to prison for similar crimes. After the Hinckley insanity defense, many states created review boards to oversee the treatment provided to those who have been found not guilty by reason of insanity.

Precise diagnostic criteria reduce the chances that the same patient will be classified as schizophrenic by one doctor and manic depressive by another. Because researchers often rely on diagnostic labels to study underlying factors that may cause disorders, it is especially important for their work that patients with similar symptoms be classified in the same diagnostic category.

The Axes

The DSM recognizes the complexity of classifying people on the basis of mental disorders. Often a person may exhibit more than one disorder or may be experiencing other stresses that complicate the diagnosis. In early classification systems, it was difficult to give a patient more than one label. The DSM-III-R and the DSM-IV overcame this problem by using five major dimensions, or *axes*, to describe a person's mental functioning. Each axis reflects a different aspect of a patient's case.

Axis I is used to classify current symptoms into explicitly defined categories. These categories range from disorders that are usually first evident in infancy, childhood, or adolescence (such as conduct disorders) to substance-use disorders (such as alcoholism) to schizophrenia.

Axis II is used to describe developmental disorders and chronic personality disorders or maladaptive traits such as compulsiveness, over-dependency, or aggressiveness. Axis II is also used to describe specific developmental disorders for children, adolescents, and, in some cases, adults. Examples of developmental problems that would be classified under Axis II are language disorders, reading or writing difficulties, mental retardation, autism, and speech problems.

It is possible for an individual to have a disorder on both Axis I and Axis II. For example, an adult may have a major depression noted on Axis I and a compulsive personality disorder noted on Axis II. A child may have a conduct disorder noted on Axis I and a developmental language disorder on Axis II. In other cases, a person may be seeking treatment primarily for a condition noted on Axis I or Axis II only. The use of both Axes I and II permits multiple diagnoses and allows the clinician flexibility in making provisional diagnoses when there is not enough information available to make a firm diagnosis.

Axis III is used to describe physical disorders or general medical conditions that are potentially relevant to understanding or caring for the person. In some cases, a physical disorder such as brain damage or a chemical imbalance may be causing the syndrome diagnosed on either Axis I or II.

Axis IV is a measurement of the current stress level at which the person is functioning. The rating of stressors (such as death of a spouse or loss of a job) is based on what the person has experienced within the past year. The prognosis may be better for a disorder that develops following a severe stressor than for one that develops after no stressor or a minimal stressor.

Axis V is used to describe the highest level of adaptive functioning present within the past year. Adaptive functioning refers to three major areas: *social relations*, occupational functioning, and the person's use of leisure time. Social relations refer to the quality of a person's relationships with family and friends. *Occupational functioning* involves functioning as a worker, student, or homemaker and the quality of the work accomplished. *Use of leisure time* includes recreational activities or hobbies and the degree of involvement and pleasure a person has in them.

This five-part diagnosis may be of the most help to researchers trying to discover connections among psychological disorders and other factors such as stress and physical illness. Although it is helpful, the DSM labels a person, which may have negative influences in the long run. When the label of a mental disorder is applied, it can reduce that person's sense of responsibility for his or her own actions.

It also affects how others, including mental health professionals, regard that person. Experiments have demonstrated that labels affect how others view someone. In one experiment, grade-school boys behaved in a more critical manner toward other boys if they had been led to believe that those other boys had a psychological disorder, such as attention deficit disorder. It is important to note that many people develop a disorder listed in the DSM-IV at some point in their life. Of course, many of these incidences are temporary. In effect, many people who qualify for a disorder as diagnosed according to the DSM-IV are not very different from anyone else.

DSM-5

The publication of the current edition of *Diagnostic and Statistical Manual of Mental Disorders*, or DSM-5, was a major event in the field of mental health. Among other changes, DSM-5 includes new categories for learning disorders, behavioral addictions such as gambling, improved criteria for gender and eating disorders, and suicide scales for adolescents and adults to help clinicians identify those who are most at risk.

DSM-5 attempts to address the ways in which a person's gender, race, and ethnicity may affect the diagnosis of mental illness. It includes a Cultural Formation Interview (CFI) that helps take into consideration a patient's cultural background. In this case, the word *culture* refers to the values, orientations, and assumptions that individuals possess as members of diverse social groups.

< TABLE

PSYCHOLOGICAL DISORDERS OF AXIS I

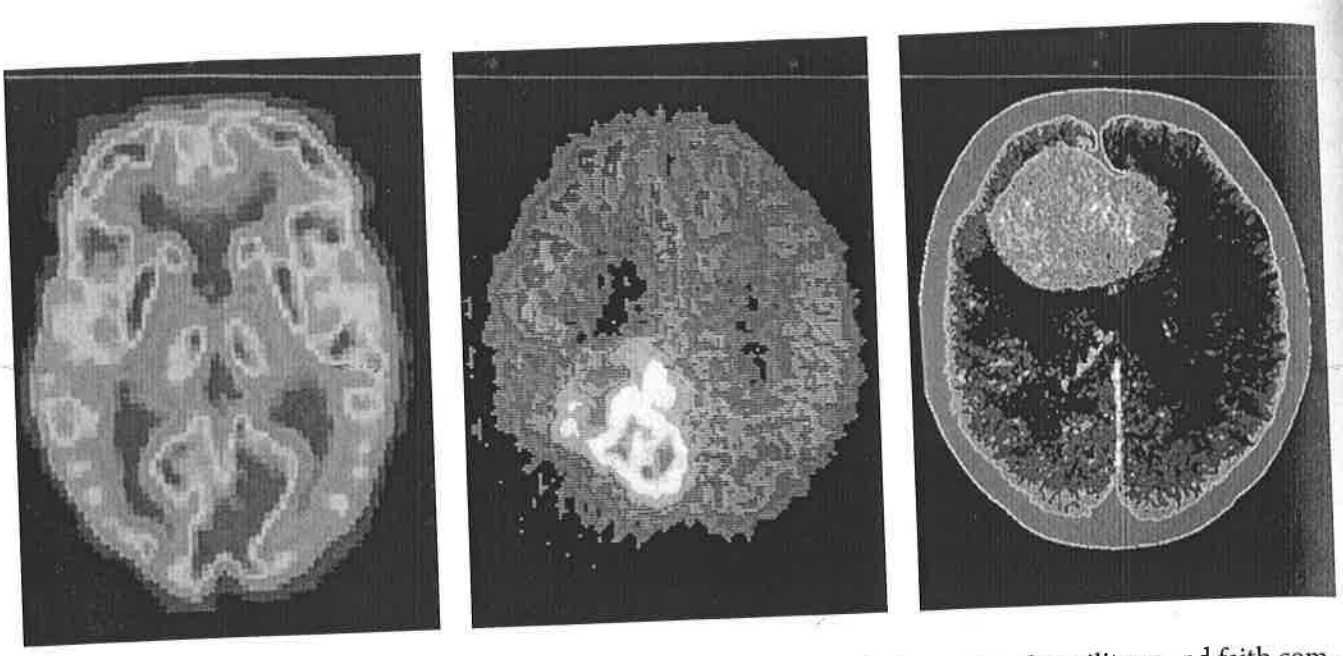
Individual psychological disorders are diagnosed on five axes in the DSM-IV. Axis I classifies symptoms into categories.

CRITICAL THINKING

1. ***Describing*** What are impulse control disorders?
2. ***Contrasting*** How do mood disorders differ from anxiety disorders?

Disorders usually first diagnosed in infancy, childhood, or adolescence	Includes disorders typically arising before adolescence, including attention deficit disorders, mental retardation, and stuttering
Delirium, dementia, and other cognitive disorders	Includes disorders of perceptual, memory, and thought distortion that stem from damage to the brain, such as Alzheimer's disease
Substance-related disorders	Includes maladaptive use of alcohol and drugs
Schizophrenia and other psychotic disorders	Characterizes types of schizophrenia and psychotic disorders by symptoms
Mood disorders	Includes disorders characterized by emotional disturbance, such as depression and bipolar disorder
Anxiety disorders	Includes disorders characterized by signs of anxiety, such as panic disorders and phobias
Somatoform disorders	Includes disorders characterized by somatic symptoms that resemble physical illnesses, such as conversion disorder and hypochondriasis
Dissociative disorders	Includes disorders that are characterized by sudden and temporary changes in memory, consciousness, identity, and behavior, such as dissociative identity disorder
Sexual and gender-identity disorders	Includes preferences for unusual acts to achieve sexual arousal and sexual dysfunctions
Eating disorders	Includes disorders such as anorexia nervosa and bulimia nervosa
Sleep disorders	Includes disorders associated with sleep, such as insomnia and sleepwalking
Impulse control disorders	Includes disorders characterized by a tendency to act on impulses that others usually inhibit, such as to gamble excessively or steal

Source: DSM-IV, American Psychiatric Association, 1994.



The biological roots of abnormal behavior include genetic factors and occurrences that can lead to abnormal brain development. From left to right, these PET scans show a normal human brain, a brain tumor, and a brain aneurysm.

▶ CRITICAL THINKING

Identifying Which axis of the DSM describes the medical conditions of psychological disorders?

These diverse cultural groups include ethnic groups, the military, and faith communities. The word *culture* also refers here to any other socioenvironmental aspects in a person's background that may affect his or her perspective.

The CFI examines four major domains. It examines the illness from the patient's worldview. It helps to provide the clinician with a holistic view of the patient's cultural background, examining the causes and support from the patient's perspective. The third domain looks at the cultural factors that have been most helpful and least helpful. The fourth domain explores the way the patient views his or her relationship with the clinician, preferences for treatment, and potential barriers to treatment. Additional modules can be used for populations with special needs, such as children and adolescents, the elderly, immigrants, and refugees.

☑ READING PROGRESS CHECK

Summarizing What are the advantages and disadvantages of categorizing and labeling people by their mental disorders?

LESSON 1 REVIEW CCSS

Reviewing Vocabulary

1. ***Defining*** What is the DSM? How do psychologists use it?

Using Your Notes

2. ***Describing*** Use the notes you completed during the lesson to describe the three approaches psychologists use to identify psychological disorders.

Answering the Guiding Questions

3. ***Explaining*** Why is the deviance approach not a useful standard on its own?

4. ***Describing*** How are mental disorders categorized?

Writing Activity

5. ***Informative/Explanatory*** Write a brief essay discussing popular misconceptions about mental disorders.