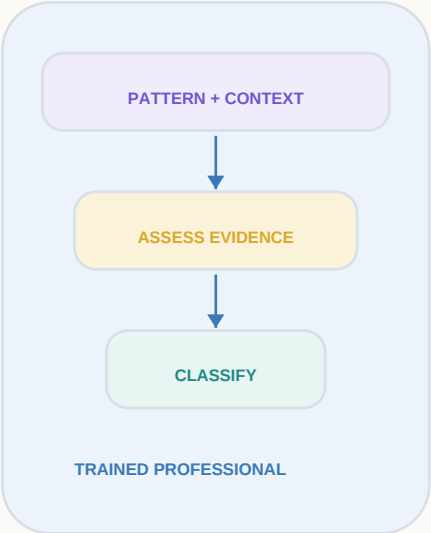
AP PSYCHOLOGY | UNIT 5

TOPIC 5.3

Explaining and Classifying Psychological Disorders

Psychologists identify meaningful patterns, classify them with evidence-based systems, and explain them through multiple perspectives.



THREE DIFFERENT QUESTIONS

IDENTIFY

Is there dysfunction, distress, or meaningful norm deviation?

CLASSIFY

Which evidence-based diagnostic category best fits?

EXPLAIN

Which interacting factors may contribute to the pattern?

BY THE END, YOU SHOULD BE ABLE TO...

1. Use dysfunction, distress, and social-norm context carefully.
2. Explain benefits and risks of diagnosis and distinguish DSM from ICD.
3. Compare perspectives and apply biopsychosocial and diathesis-stress models.

BIG IDEA

A label describes a pattern; it does not define a person. Diagnosis requires training, context, and evidence - not a single symptom or short scenario.

1 Identify and classify

Disorder identification considers functioning, suffering, and cultural context; classification can help, but it also carries consequences.

THREE IDENTIFICATION LENSES

DYSFUNCTION

Impairment in school, work, relationships, self-care, or daily life.

DISTRESS

Emotional suffering as experienced or reported by the person.

SOCIAL-NORM CONTEXT

Behavior differs from expectations, which vary across cultures and situations.

Norms alone are not enough: culture and bias can shape what is judged unusual.

DIAGNOSIS: VALUE AND RISK

CAN HELP

Guides treatment, supports access to care, and gives professionals a shared language.

CAN HARM

Labels can contribute to stigma, discrimination, stereotyping, or biased treatment.

TWO CLASSIFICATION SYSTEMS

DSM

Diagnostic and Statistical Manual of Mental Disorders; developed by the American Psychiatric Association.

ICD

International classification system maintained by the World Health Organization.

BOUNDARY

Students learn concepts and patterns. Licensed practitioners use specialized training and evidence-based tools to diagnose.

2 Explain with multiple lenses

Each perspective highlights a different source of maladaptive behavior; most psychologists combine perspectives when evidence supports doing so.

SEVEN PERSPECTIVES

BIOLOGICAL
genes, brain, physiology

COGNITIVE
thoughts, beliefs, attitudes

BEHAVIORAL
learned associations

PSYCHODYNAMIC
unconscious and childhood

HUMANISTIC
support and blocked potential

SOCIOCULTURAL
relationships and culture

EVOLUTIONARY
survival-related processes

ECLECTIC APPROACH — Uses more than one perspective instead of forcing every pattern into a single explanation.

TWO INTERACTION MODELS

BIOPSYCHOSOCIAL

BIOLOGICAL + PSYCHOLOGICAL + SOCIOCULTURAL

Broad factor groups interact to shape risk, symptoms, and functioning.

DIATHESIS-STRESS

VULNERABILITY + STRESSFUL EXPERIENCE

A diathesis may contribute to symptoms when it interacts with stress.

Avoid one-cause explanations: similar symptoms can emerge through different combinations of influence.