# **Key Dates**

- TH Jan 19 Units 1 and 2
- TU Jan 24 Unit 3; "The myth of mental illness" (on course website)
- TH Jan 26 Unit 4
- TU Jan 31 Begin Dimensions-Emotion, Units IIA, 5; MW Ch 3 Paul

Goal: To show how distinguishing normal from abnormal in human behavior is a complex task

# UNIT 1: ESTABLISHING THE BOUNDARIES

# **Learning Outcomes**

- By the end of this class, you should be able to:
  - List and describe the several criteria that are used to determine whether any particular pattern of psychological functioning should be regarded as "abnormal"
  - Explain why we need to be careful when referring to various patterns of psychopathology by using names of mental disorders
  - Describe and assess the validity of the key assumptions that underlie what is known as the "medical model" of psychopathology

- What does the word "abnormal" mean? There are several considerations:
  - Cultural inappropriateness (deviance); but not statistical deviance—some forms of abnormal behavior are rather common, and genius is uncommon
  - Subjective distress
  - Impairment/disability
  - Underlying dysfunction

- The continuum: abnormality lies on a continuum and is a matter of degree:
  - how much/how many
  - how often
  - how long
- But where to draw the line is not always clear or agreed to

- By what name shall we call it?
  - Abnormal behavior
  - Psychopathology
  - Mental illness
  - Emotional disorder/Behavior disorder
  - Nervous disease
  - Or, in popular slang: "psycho," "whacko," "nuts," "lunatic," "retard," etc.
  - Current preference: mental disorder

- The "naming fallacy"
  - No matter what name we use, naming a pattern of behavior does not explain it
- The danger of labels
  - No matter what name we use, there is always the danger that the name becomes a derogatory, even stigmatizing, label

- Psychiatry and the medical model
  - Psychiatry is a medical specialty
  - Medicine assumes that objective criteria exist to distinguish one illness from another
  - Medicine distinguishes between observable symptoms and underlying disease in the body
  - Correct diagnosis leads to correct treatment
  - Szasz: The "myth of mental illness"
  - Mental disorder as syndrome, a clinically significant condition of unknown origin

- The prevalence of psychopathology
  - Definitions and samples vary, so estimates vary
  - Srole (1962), New York, 81.5% showed mild to incapacitating mental impairment
  - Weissman et al. (1978), New Haven, 15% were experiencing a psychiatric disorder
  - Kessler et al. (2005), U.S., 26.6% had a mental disorder in past 12 months, 46.4% showed lifetime prevalence