What do we mean when we refer to "Abnormal Behavior"? It appears to be one of those concepts for which many are quoted as saying, "I can't really define it precisely but I know what it is when I see it."

With the number of children, adolescents, and adults that have a diagnosis of one mental disorder or another and often times more than one, it is not surprising that any one of us can name and describe an example of abnormal behavior. The issue is whether or not any one can precisely characterize an all-inclusive definition of abnormality is still elusive.

This slide lists elements that most agree are clearly fundamental of abnormal behavior despite the lack of consensus on the precise definition of abnormality, these are: suffering, maladaptiveness, deviancy, violations of society's standards, causing discomfort in the individual, and irrationality or unpredictability.

These elements allow for the adoption of a prototypic model of abnormality. Although this model is helpful, we have the additional problem of changing values and expectations in society at large, influencing changes in what is considered deviance as society changes.

Wakefield has proposed a definition that describes a mental disorder as a “harmful dysfunction.” His approach focuses on social values in defining abnormality as well as an evolutionary model to determine what is functional, creating potential new difficulties.

This slide introduces the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) despite these difficulties. It is in a fourth re-incarnation as psychologists continue to classify mental disorders.

This slide points out reasons to continue to classify mental disorders:

a) Classification systems provide a nomenclature that allows us to structure information in a more helpful way
b) Research on etiological factors
c) Treatment decisions
d) Social and political implications
e) Insurance reimbursement.

The DSM-IV definition is atheoretical, focusing on a clinically significant behavioral or psychological syndrome or pattern that is associated with distress or disability (impairment in one or more areas of functioning), and not simply a predictable or culturally sanctioned response to a particular event. Mental disorders, then, are the product of 'dysfunctions' within the individual.

As might be expected, there are many criticisms of this definition. For example:

a) What is meant by the term "clinically significant"?
b) Which determines what is culturally sanctioned?
c) How much impairment is necessary for a diagnosis to be made?

In this slide you can see that there are also many disadvantages to classifying mental disorders:

a) loss of information
b) stigma
The DSM opts for a categorical classification system similar to that used in medicine. Disorders are regarded as discrete clinical entities, although not all clinical disorders are best considered in this way. Even though it is not without problems, the DSM provides us with a working set of criteria that help clinicians and researchers to identify and study specific and important problems that affect people's lives. Although it is far from a "finished product," knowledge of the DSM is essential to a serious study of the field. In addition, we will utilize the "prototype" model adopted by the DSM classification system in this course.

This slide indicates how culture shapes the presentation of clinical disorders in some cases. Some disorders themselves, such as "taijin kyofusho," are highly culture specific.

Knowing the extent of mental disorders, no matter how surprising, is important.

In this slide, we see the lifetime prevalence of having a DSM-IV disorder is 46.7% and the significant comorbidity, especially among those individuals who have severe disorders.

Unfortunately not all people with mental disorders receive treatment. Some may deny or minimize their problems and others try to cope with their problems on their own. Even when the problems are recognized, many delay seeking treatment or seek assistance from a primary health care provider such as a physician.

Most treatment is conducted in outpatient settings and inpatient care is typically brief and provided only for those who need more intensive care. In an ideal case, the mental health team, composed of professional and paraprofessionals, may gather information from a variety of sources, process and integrate all the available information, arrive at a consensus diagnosis, and plan the initial phase of treatment.

To avoid misconception and error, we all need to be on the "same page" and adopt a scientific attitude and approach to the study of abnormal behavior. This requires a focus on research and research methods.