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BRIEF REPORT

Assessing Acceptability of the Term: "Psychopathology" Among Youth Aged 18–25

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Abstract
A prevailing model for mental health care for youth and families is to provide services within a "psychopathology" focused framework. This approach can compound problems for youth by imparting negative labels on them, and may be associated with iatrogenic impacts of interventions (e.g., stigmatization, lowered self-efficacy, dependency). This study assessed perceptions of the term "psychopathology" among 486 youth aged 18–25, with 39% of these youth receiving prior mental health services. Results indicated statistically significant differences in perception of the term, with youth who had received mental health services perceiving it more negatively than youth who had not. Findings suggest receipt of mental health services among young people may sensitize them to negative aspects of the term psychopathology, indicating the need for caution in using this term and other terms that may have negative impacts on mental health service use among youth.

Keywords Youth · Mental health services · Stigmatizing language · Psychopathology

Introduction

Early research by Link (1982) documented negative effects of psychiatric labels on adults receiving mental health services. Subsequently, Link (1987) organized a theory of the effects of this labeling. Specifically, prior to receiving mental health (MH) services, people develop negative attributions of others with MH challenges. After receiving MH services, these beliefs become personally applicable and lead to a range of problems, including self-devaluation, fear of rejection, and exacerbation of social and psychological difficulties.

Following this early empirical and theoretical work by Link (1982, 1987), research has documented the impact of psychiatric labels on children and youth. For example, youth and families report high levels of perceived stigma for being labeled with a MH problem (Carroll and Reppucci 1978; Hinshaw 2005), which in turn contributes to feelings of being shamed and blamed about these problems (Jacobs et al. 2015). Among adolescents who seek help and receive MH treatment, 20% report significant self-stigmatization (Moses 2010) or endorse negative stereotypes about their condition (Corrigan et al. 2006). These findings correspond to those from national surveys that have documented that the public holds negative attitudes towards children and youth with MH conditions, such as associating attention problems and depression with a risk for violence (Pescosolido et al. 2007), or seeking social distance from youth who present these problems (Martin et al. 2007).

Current terms used in the MH system by various stakeholders and service providers may directly contribute to stigmatization and avoidance/under-utilization of services by youth and families, even if unintended (Hinshaw 2005). For example, Walker et al. (2010) studied perceptions of the term "severe emotional disturbance" for students referred to or receiving special education, and found a wide range of adolescents and adults were strongly against using the term, associating it with being labeled "disturbed." A prominent term used currently in youth and adult MH services is "psychopathology." The Merriam-Webster dictionary defines psychopathology as "the study of psychological and behavioral dysfunction occurring in a mental illness or in social disorganization." This definition does not address

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stigmatizing connotations of component phrases of the term such as "psychopath" and "pathology."

The purpose of this brief report is to extend the work of Walker et al. (2010) with a focus on another term commonly used in research and within the mental health system—psychopathology. Specifically, the current study assessed acceptability of the term psychopathology among youth aged, 18–25 who have and who have not received MH treatment. If, as hypothesized, young people demonstrate concerns about use of the term, this study may provide evidence for increased caution in using it in research and practice.

Method

The study was conducted within a large southeastern university, with all procedures approved by its Institutional Review Board. Data collection was completed in November 2016. Participants were anonymous and read a statement about the study that emphasized their participation was voluntary. Participants (N = 486; M age = 19.9; 83% female) were between the ages of 18 and 25 at the time of survey completion. Of the total sample, 457 participants were undergraduate students from this university and 29 participants were affiliated with a family and youth advocacy organization and collaborator with the research team.

Participants completed a brief, 10-item survey using Qualtrics, an online survey management platform (Qualtrics, Provo, UT). The survey included brief demographics on age, gender, and prior receipt of MH services, and ratings on the term—"psychopathology." In addition, open-ended questions were included to provide insight regarding the ratings. Items asked for participants "first thoughts" about the term psychopathology, whether they had heard of the term, and whether they believed the term should be used in MH services for youth. Items were neutrally phrased to avoid response bias; for example—"The term 'psychopathology' is a word used to describe a mental or behavior disorder. Do you believe the term 'psychopathology' should be used in MH services for youth?".

Formal qualitative coding and analysis was conducted for the item inquiring about "first thoughts" of the term psychopathology, given the open-ended nature of the item and potential for variation in responses. Qualitative responses were coded by two trained research staff who used operational definitions to guide coding decisions and did not consult with one another about specific cases throughout the coding process. First, neutral, positive and negative codes were operationally defined and mutually agreed upon between raters. Negative responses were defined as any terms or phrases indicating undesirable situations or outcomes (e.g., crazy, psychopath, lunatic, insane, violent associations, etc.). Positive responses were defined as any term or phrase indicating a desirable situation or outcome (e.g., therapeutic, benefit to society or individuals). Neutral responses were defined as any terms or phrases provided that did not meet the criteria for a positive or negative response (e.g., psychology, mental illness or disease, abnormal thoughts, etc.). Second, a coding document was developed containing participant responses and a column to enter code for each response. Responses were rated as negative (0) or neutral/positive (1); neutral and positive responses were combined due to the low incidence of positive responses (less than 1% of respondents). Cohen's kappa was used to assess inter-rater agreement as responses were coded into mutually exclusive categories and the statistic is a more conservative estimate of agreement (Viera and Garrett 2005). Inter-rater agreement for coding of this item was excellent ($\kappa = .93$).

Results

All statistical analyses for the current study were conducted using SPSS (V. 24). Missing data were handled using listwise deletion given the low percentage of missingness (< 1%). Descriptive statistics on the sample indicated that a majority of participants (n = 353; 73%) reported that they had previously heard of the term psychopathology. Thirty-nine percent of participants (n = 189) reported previous MH services. There were no differences in perceptions of the term psychopathology for males as compared to females: χ^2 (1) = 0.42, p = .52. There was also no significant difference in having heard of the term psychopathology for youth who had received or not received MH services: χ^2 (1) = 1.43, p = .23. Given these variables did not significantly relate to the primary study outcome, they were not considered further in the analysis.

For youth who had not received past MH services, 64% indicated the term was appropriate to use. For youth who had received past MH services, 49% indicated the term was appropriate to use (see Table 1). Results of a Chi square analysis indicated that these frequencies significantly differed from one another: χ^2 (1) = 9.87, p = .002. This result remained significant after invoking a Bonferroni correction that adjusted the Type 1 error rate for the study to control for multiple comparisons: ($\alpha = .05/n = 3$) = .017. The effect size of the parameter estimate, $\varphi = .14$, indicated that the effect was between small and medium in size.

As indicated previously, qualitative responses were obtained from participants through open-ended items. For the item probing participants' "first thoughts" of the term psychopathology, 36% of participants ($n = 172$) provided a response rated as negative and consistent with the operational definition outlined above (i.e., negative outcomes, dangerous, disagreement, concern). Among respondents who provided a neutral or positive response, the most

Table 1 Acceptability of the term "psychopathology" according to receipt of MH services and gender

Psychopathology should be used?	No receipt of MH services						Receipt of MH services					
	Male		Female		Overall		Male		Female		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Yes	38	68	151	63	189	64	14	48	79	49	93	49
No	18	32	90	37	108	36	15	52	81	51	96	51

Percentages for male, female, and overall columns reflect percentages within category, not for total sample

MH mental health

frequent responses included mental disorder ($n=106$), mental illness/disease ($n=82$), and MH ($n=52$). For respondents who provided a negative response, the most frequent responses included crazy/insane ($n=68$), psycho/psychopath ($n=60$), and killer/serial killer ($n=12$). Other illustrative negative responses included: "lack of empathy," "harsh mental health care," "murder," "mass shootings," "excruciating pain," "deranged criminals," "straight jacket," and "cushioned room crazy." Some respondents also named notorious criminals, such as Charles Manson.

Concluding Ideas

The central aim of the current study was to assess acceptability of the term psychopathology among youth aged 18–25 who had or had not received prior MH services. Results indicated that perceptions of the term differed significantly based on past-history of MH services, with recipients of prior services more likely to indicate opposition to the term. Findings are consistent with research and theory by Link (1982, 1987) on the relationship between MH service use and self-stigmatization; that is, such stigmatization may intensify after people receive services to address MH problems.

It is unclear whether MH service utilization, having experienced a MH problem, or another factor led to increased negative perceptions of the term psychopathology given the cross-sectional nature of this study; longitudinal research is required to answer this question with confidence. However, these findings do suggest that semantics matter in MH treatment and services, and that potentially pejorative terms such as psychopathology should be avoided.

Interestingly, psychopathology is a foundational construct within psychiatry, psychology, social work and allied fields that include professional associations and annual conferences centering on the construct (see American Psychopathological Association, Society for Research in Psychopathology, International Society for Research in Child and Adolescent Psychopathology). Intentionally or unintentionally, this cornerstone of the mental health lexicon may be contributing additional stigma to potential clients already struggling with individual and societal-level strains or barriers to treatment. Our own experience is that this term is widely used on this university campus, in undergraduate and graduate education, as well as in research, reifying the role of institutional stigma in MH treatment at both training and practice levels. This potential source of stigma has been understudied to date; reducing it may hold significant potential to improve access to mental health services and promote early identification/intervention.

Enhancing awareness on the critical role that providers and treatment structures may play in engendering institutional stigma is foundational to systematic efforts to reduce this stigma and promote earlier engagement in services. On this campus, in the 2016–2017 academic year, a group of graduate students and faculty expressed concerns about the term psychopathology, and its negative influences. This advocacy led to changes in the name of a graduate course from "Lifespan Psychopathology" to "Psychological Problems and Resilience."

We acknowledge this is a pilot study, with a number of limitations. For example, concerns may be expressed about the generalizability of these findings given the relatively small sample size and limitation to young adults aged 18–25. In addition, the two populations of undergraduate students, and youth members of a MH advocacy organization could be viewed as too different, arguing for separate research on each group, and this indeed would represent a viable avenue for future research.

Our hope is that this study helps bring to light issues regarding semantics in MH care, particularly as it relates to generating unintentional institutional stigma. We further hope that this work stimulates additional research on problematic language and stigmatizing concepts in MH services, including examining impacts on service utilization, which in turn influence the effectiveness of programs intended to produce positive clinical outcomes.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Research Involving with Animal Rights This article does not contain any studies with animals performed by any of the authors.

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