



RESEARCH ARTICLE

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Results Indicate the Terms Abnormal Psychology and Psychopathology Are Outdated and Inaccurate

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ABSTRACT

Background: Data suggests mental health conditions are common. However, language used to depict conditions can be inaccurate and stigmatizing. This study examined mental health professionals' perspectives regarding specific terminology and their relationship to stigma-inducing beliefs.

Methods: Participants were randomly selected from the APA and State Psychological Association websites, and Psychology Today. Fifty providers were selected per state and the District of Columbia. Participants completed a 26-item survey assessing their beliefs about mental health terminology and the prevalence of conditions. Data collection occurred between September - December 2022; data analyses were conducted in 2023.

Results: 542 participants completed the survey. The majority of participants (76.4%) believed people will have a mental health condition at some point in their lives. Additionally, the majority reported Abnormal Psychology does not accurately describe mental health conditions (81.5%) and the term increases mental health-related stigma (88.9%). Similar trends were found regarding the term Psychopathology. Most participants supported changing the terms Abnormal Psychology (86.2%) and Psychopathology (67.7%) to less-stigmatizing terms, such as *Mental Health and Human Experiences* or *Mental Health Conditions*.

Conclusion: The findings have implications within therapeutic settings, in regards to specific language and word choices the psychologists believed are not accurate and are stigma inducing (e.g., "abnormal"; "psychopathology") and provide clinical implications for therapists to refrain from using the stigma-inducing terms when speaking with clients, colleagues and within their internal case conceptualizations. Furthermore, the results have academic implications, as the majority of psychologists supported programs adopting a new course title instead of Abnormal Psychology or Psychopathology for courses that teach about mental health conditions.

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Introduction

Receiving a mental health diagnosis can be a valuable component in one's therapeutic and recovery process as it can provide clarity in symptoms, offer supportive accommodations and resources, and direct individuals to empirically supported treatment interventions [1-4]. While receiving a diagnosis can offer various advantages to individuals experiencing mental health challenges, there is also a potential risk for harm from possible misdiagnosis, stigmatization, and perceived divisiveness if people with mental health conditions feel abnormal or 'crazy' [5-9].

While the aim of this paper is not to advocate for or against mental health diagnoses, the language used to describe and teach about mental health conditions is examined in this study. Specifically, the study focused on existing mental health nomenclature commonly used in clinical and academic settings, including the terms abnormal psychology and psychopathology. The American Psychological Association defined abnormal psychology as, "the branch of psychology devoted to the study, assessment, treatment, and prevention of maladaptive behavior. See also psychopathology" [10]. While this definition offers an informative and nonjudgmental understanding of

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the terms, what happens when the terms themselves have unintentionally become associated with stigma and judgment?

Research has found that the term abnormal psychology can be associated with increased mental health [11,12]. The importance of reducing stigmatizing nomenclature, led to the prominent *Journal of Abnormal Psychology* changing its name to *Journal of Psychopathology and Clinical Science* [13]. However, is the term psychopathology also stigmatizing? Prior studies have not assessed whether or not the term psychopathology is associated with stigma. While some changes have been made to refrain from using the term abnormal psychology, many undergraduate and graduate school programs have continued to name courses about mental health conditions *Abnormal Psychology* [14-16] and *Psychopathology* [17-20]. The terms abnormal and psychopathology are associated with not being “normal;” the Oxford definition of abnormal is, “deviating from what is normal or usual, typically in a way that is undesirable or worrying” [21]. Contrary to this association, prevalence rates suggest mental health issues are common, with one in five US adults and one in six US children (6-17 years of age) experiencing mental health conditions [22]. The Centers for Disease Control and Prevention estimated that over half of the US population would be diagnosed with a mental health condition at some point in their lifetime [23]. Given the commonality of mental health conditions, it is conflicting that language depicts mental health challenges as an abnormality or psychopathology.

The concept that no one is immune to mental health struggles is unifying and destigmatizing; yet, this idea is often overlooked causing people to feel alone, abnormal, or damaged due to their mental health conditions [24]. This study aims to assess the usefulness and accuracy of referring to mental health conditions as abnormal psychology or psychopathology; if so many people meet the criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) disorder at some point in their life, how abnormal are mental health conditions?

As mental health professionals have significant experience providing diagnostic assessments and therapy, this initial study intentionally assessed mental health professionals’ perspectives regarding specific clinical nomenclature, along with the terms’ relationship to stigma-inducing beliefs. The goal was to obtain data from participants’ actual clinical experiences working with clients/patients in order to further understand their 1) estimated prevalence of DSM5 conditions, and 2) beliefs related to the accuracy of the terms abnormal psychology and psychopathology and potential related stigma associated with the terms.

Methods

Participants

The APA online membership directory, state psychological association websites, and Psychology Today, a mental health provider search engine, were used to locate potential subjects for this email survey. Fifty mental health providers were randomly selected from each state and the District of Columbia. The selection process within each state was randomized to ensure the experimental design of the study. The Random.org website

(<https://www.random.org/integers/>) was used to create fifty unique integers per state and Washington, DC. Participants were randomly selected based on the randomized integer set per state. For example, for the state of Massachusetts, if part of a unique integer set was 5, 33, 102, then the 5th, 33rd, and 102nd individual listed in the Massachusetts Psychological Association’s therapist directory were included as participants to be sent the study survey. After conducting a power analysis with a medium effect size ($f=.25$), $\alpha = .05$, a sample size of 200 was indicated. We predicted a 15% response rate based on the response rates of online-based surveys. After emailing 2,550 participants, we estimated that we would receive approximately 383 completed surveys, which is well above the sample size estimated by a power analysis. Of the 2,550 potential participants emailed, 542 (21.3%) completed the survey in its entirety (65.5% female; median age, 53.6 years (SD = 13.3)). A majority (79.3%) of the participants held a doctoral degree in clinical psychology (PsyD or PhD) and held a license to practice psychotherapy (97.8%). With respect to race, most participants identified as White or Caucasian (88.7%). While having a more diverse sample would be highly beneficial, as study participants were randomly selected it was not possible to control for ethnicity and gender to make the sample more diverse. In addition, the results are similar to demographic statistics of therapists across the United States [25]. See Table 1. for a more comprehensive breakdown of the participants’ demographics.

Table 1: Demographics of Survey Respondents (N = 542).

Demographic Variable	
Age , mean (SD) years	53.6 (13.3)
Gender , %	
Female	65.5
Male	33.6
Other	0.4
Transgender	0.2
Race/Ethnicity , %*	
White or Caucasian	88.7
Asian	9.6
Hispanic or Latino	4.6
Black or African American	4.1
Mixed	3
Other	1.8
Native American or Alaska Native	0.2
Location , %*	
Suburban	54.8
Urban	48.9
Rural	27.9
Highest Degree Obtained , % (Top 5 Most Common Reported)	
PhD	56.1
PsyD	23.2
LMHC/LCPC/LPC	6.8
LCSW/LICSW	3.9
MD/PhD	2
Year Degree Awarded , mean (SD)	2001 (12.5)
Years providing therapy , mean (SD)	21.8 (12.6)
Currently practicing , %	88.9
Currently licensed , %	97.8

Have met criteria for at least one DSM-5 condition, %	87.8
Career Role, %*	
Clinical Supervision	74.2
Teaching	72.9
Research	48.8
Other	15.4
Populations Treated, %*	
Adults	92.4
Adolescents	60.7
Geriatrics	43.4
Children	36.5
Clinical Specialty (Top 5 Most Common Reported)*	
Anxiety Disorders	84.9
Depressive Disorders	76.8
Trauma-and Stressor-Related Disorders	62.2
Attention-Deficit/Hyperactivity Disorder	40.2
Obsessive-Compulsive and Related Disorders	30.4
Theoretical Orientation, % (Top 5 Most Common)*	
Cognitive-Behavioral Therapy	68.7
Psychodynamic Therapy	24.8
Acceptance and Commitment Therapy	21.5
Humanistic Therapy	20.1
Interpersonal Therapy	20.1

*denotes that participants can select more than one response

Procedures

As the study's aim was specific to assessing the terms abnormal psychology and psychopathology, along with the prevalence of mental health conditions, there were no existing measures that were specialized enough to fit the study's needs. Therefore, a 26-item survey was created to assess mental health providers' beliefs towards specific mental health terminology and the prevalence of mental health diagnoses; demographic information was also obtained. The initial page of the survey was the consent form; participants who elected not to provide informed consent were brought to a study end page and did not complete the survey. Participants who completed the study were invited to enter a raffle for one of three \$50 VISA gift cards. The survey was developed and administered using the Qualtrics web-based platform (<https://www.qualtrics.com>). Participants were emailed a description of the study, which included a link to the survey. A follow-up reminder email was sent to participants approximately one month after the initial survey email. The study was approved by the institutional review board at William James College and the data collection phase occurred between September 2022 and December 2022; the data analyses were performed in 2023. There were no conflicts of interest to report for the study.

Data Analysis

SPSS v.28 was used for descriptive and inferential analyses. All analyses were 2-tailed with the threshold for statistical significance set to $\alpha = 0.05$. As mentioned previously, the primary purpose of this study is to assess whether mental health professionals would indicate that the terms abnormal psychology and psychopathology are inaccurate

and stigmatizing terms to describe mental health conditions and would in turn support replacing these terms with a non-stigmatizing alternative term. An additional exploratory analysis was also conducted to determine whether there were any significant characteristic predictors of participants who indicated that they would support changing both terms to describe mental health conditions.

Frequencies were calculated to assess the following variables: the number of participants 1) who indicated that they do not believe the term *normal* exists in the mental health field (*NormalExists*); 2) who indicated that most people will meet DSM-5 criteria for at least one condition at some point in their life (*MostMeetCriteria*); 3) who indicated that the terms *abnormal psychology* and *psychopathology* (as individual terms and both terms combined) do not accurately describe mental health conditions (*AbnormalDescribes*; *PsychopatDescribes*; *BothTermsDescribes*); 4) who indicated that the terms *abnormal psychology* and *psychopathology* (as individual terms and both terms combined) increases stigma related to mental health conditions (*AbnormalStigma*; *PsychopatStigma*; *BothTermsStigma*); and 5) who indicated support for changing the terms *abnormal psychology* and *psychopathology* (as individual terms and both terms combined) to describe mental health conditions (*ChangeAbnormal*; *ChangePsychopat*; *ChangeBothTerms*). Frequencies and means were also calculated to compare ratings of the six alternative options for renaming abnormal psychology and psychopathology courses.

To identify the characteristic predictors of participants who indicated that they would support changing both terms to describe mental health conditions (*ChangeBothTerms*), point biserial correlations or chi-square analyses were examined between *ChangeBothTerms* and *MostMeetCriteria* and each demographic variable. Collinearity was tested by calculating point biserial correlations between those predictor variables that were significantly correlated to *ChangeBothTerms*. It was decided a priori that multicollinearity would be treated if a pair of predictor variables were correlated ≥ 0.6 . A logistic regression was conducted to determine the best predictors of *ChangeBothTerms* among 1) the demographic variables significantly correlated with *ChangeBothTerms* and 2) *MostMeetCriteria*.

Results

Descriptive analyses revealed that most participants (52%) do not believe that the term *normal* exists within the mental health field. Most participants (76.4%) estimated that most people would likely meet DSM-5 criteria for at least one mental health condition in their lifetime (see Table 2).

As predicted, most participants (82%) indicated that the term *abnormal psychology* does not accurately describe mental health conditions, whereas approximately half of the participants (49%) indicated that the term *psychopathology* does not accurately describe mental health conditions (44.8% reported Yes; 6% reported Other). Also, as predicted, most participants indicated that the terms *abnormal psychology* (89%) and *psychopathology* (73%) increase stigma regarding

mental health conditions. Some 71% of participants indicated that both terms increase stigma regarding mental health conditions (see Table 3).

Table 2: Summary of Responses to Survey Questions Regarding the Variables NormalExists and MostMeetCriteria (N = 542).

Question	%	n
Does the term “normal” exist in the mental health field?		
No	52.2	283
Yes	43.2	234
Other – Unsure ^a	2.8	15
Other - It exists statistically ^b	1.8	10
Do most people fit DSM-5 criteria for at least one condition in their lifetime?	87.8	476
Yes	76.4	414
No	22.9	124
Other - Unsure	0.6	3
Other - Non sequitur response ^c	0.2	1

Note. ^a Participant indicated “unsure” or “I don’t know.” ^c Participant’s response had no connection with the question. ^b Participant indicated that the term exists within the context of the normal probability curve.

Furthermore, most participants also indicated that they were in support of changing the terms *abnormal psychology* (86%) and *psychopathology* (68%) to describe mental health conditions (see Table 3). Moreover, 66% of participants indicated support

for changing both terms. Of the six alternative options provided for renaming current abnormal psychology and psychopathology courses on a 5-point Likert scale (from 1 = strongly dislike to 5 = strongly like), *Mental Health and Human Experiences* had the highest rating ($M = 3.59$; $SD = 1.23$) followed by *Mental Health Conditions* ($M = 3.51$; $SD = 1.15$), *Psychology of the Mind and Body* ($M = 3.36$; $SD = 1.30$), *Human Conditions in Psychology* ($M = 3.26$; $SD = 1.26$), *Common Conditions in Psychology* ($M = 3.15$; $SD = 1.23$), and *Mind-Body Psychology* ($M = 3.07$; $SD = 1.26$). See Table 4 for a summary of the ratings given to each alternative renaming option.

Chi-square analyses identified the following demographic variables as significantly associated with *ChangeBothTerms*: *Gender* ($\chi^2 [1] = 11.37$; $p < .001$), schizophrenia treatment specialty (*SchizophreniaTx*; $\chi^2 [1] = 5.17$; $p = .02$), and whether the participant met DSM criteria at one point in their life (*ParticipantMetCriteria*); $\chi^2 [1] = 10.52$; $p = .001$). *MostMeetCriteria* ($\chi^2 [1] = 5.74$; $p = .02$) was also significantly associated with *ChangeBothTerms*. There was no evidence of multicollinearity among these variables. When the five variables significantly associated with *ChangeBothTerms* were entered in a logistic regression, the full model was statistically significant ($\chi^2 [4] = 22.66$; $p < .001$). The full model explained between 4% (Cox and Snell R square) and 6% (Nagelkerke R square) of the variance in *ChangeBothTerms* and correctly classified 65% of cases. As shown in Table 5, only gender made a

Table 3: Summary of Survey Responses (N = 542).

Question	Abnormal Psychology		Psychopathology		Indicated for Both Terms	
	%	n	%	n	%	n
Do you feel this term accurately describes MHCs?						
No	81.5	442	49.1	266	46.9	254
Yes	17	92	44.8	243	14.2	77
Other - Sometimes	0.9	5	4.4	24	.2	1
Other - Non sequitur response	0.6	3	0.9	5	–	–
Other - Unsure	–	–	0.7	4	–	–
Do you feel this term increases or decreases stigma related to MHCs?						
Increases stigma	88.9	482	73.2	397	70.5	382
Decreases stigma	0.9	5	6.3	34	.6	3
Other - Neutral/neither	7.7	41	18.6	101	5.9	32
Other - Unsure	1.8	10	1.5	8	.2	1
Other - Non sequitur response	0.6	3	0.4	2	–	–
Would you support changing this term that is often used to describe MHCs?						
Yes	86.2	467	67.7	367	65.5	355
No	13.8	75	32.3	175	34.5	187

Note. MHC = mental health conditions

Table 4: Summary of Ratings Given for Alternative Names for Abnormal Psychology and Psychopathology Courses (N = 542).

Alternative Name	Ratings				
	Strongly Dislike = 1	Somewhat Dislike = 2	Neutral = 3	Somewhat Like = 4	Strongly Like = 5
Mental Health and Human Experiences	8.1%	12.2%	19.4%	33.2%	27.1%
Mental Health Conditions	5.7%	15.7%	21.8%	35.8%	21.0%
Psychology of the Mind and Body	11.4%	16.1%	20.3%	29.5%	22.7%
Human Conditions in Psychology	11.3%	18.3%	21.6%	31.2%	17.7%
Common Conditions in Psychology	11.3%	22.3%	19.7%	33.8%	12.9%
Mind-Body Psychology	13.1%	21.8%	24.5%	26.2%	14.4%

unique statistically significant contribution to the model (Wald $\chi^2 [1] = 7.14; p = .01$), recording an odds ratio of 1.69. This odds ratio indicates that, controlling for all other factors, participants who support changing the terms *abnormal psychology* and *psychopathology* to describe mental health conditions were almost twice as likely to be female compared to those who did not indicate support for changing both terms.

Table 5: Regression Coefficients Predicting Participants Who Indicated Support for Changing Both Terms.

Variable	B	Wald	df	p	Odds Ratio
Gender	0.523	7.136	1	.008	1.69
SchizophreniaTx	-0.521	3.362	1	.067	0.59
ParticipantMetCriteria	0.570	3.390	1	.066	1.77
MostMeetCriteria	0.228	0.862	1	.353	0.78
Constant	-0.310	1.255	1	.263	0.73

Discussion

While mental health diagnoses have importance in the field, they are often misrepresented by the existing terminology that suggests mental health conditions are abnormal. Similar to US prevalence rates regarding mental health, the results from this study supported that mental health conditions are far from uncommon. For instance, most mental health professionals in the study (87.8%) reported they had met diagnostic criteria for at least one DSM-5 condition, and many (76.4%) of participants believed that most people would meet DSM-5 criteria for at least one mental health condition at some point in their lives.

It is important to increase awareness regarding how common mental health challenges are, as increased education can help reduce stigma. In addition, language has a profound impact on mental health awareness and stigma. The existing terminology that refers to mental health conditions (e.g., *abnormal psychology*; *psychopathology*) reinforces negative beliefs regarding mental health, perpetuating stigma. The results from the present study supported this concept as most participants (81.5%) found the term *abnormal psychology* to be inaccurate, and the vast majority of participants (88.9%) believed the term reinforced stigma. Similarly, approximately half of the participants in the study (49.1%) reported that *psychopathology* is inaccurate, and the majority (73.2%) found this term stigmatizing.

As discussed above, the inaccuracies and potential harm related to the terms *abnormal psychology* and *psychopathology* merit changing how we classify and refer to mental health conditions. Significant support was found among the study participants for developing a new nomenclature for categorizing mental health conditions. The vast majority of participants (86.2%) supported changing the term *abnormal psychology*, and the majority (67.7%) supported changing the term *psychopathology*. When participants were asked to rank six alternative terms for *abnormal psychology* and *psychopathology* courses, *Mental Health and Human Experiences* and *Mental Health Conditions* yielded the highest ratings among mental health professionals. Another term that is frequently used within the field of

psychology and by the general public is the term *normal*. This is problematic because it promotes the concept that normality is the absence of mental health conditions despite their commonality. In line with our predictions, more than half of providers (52.2%) did not believe the term “normal” exists within the mental health field. Consequently, there is a rationale for professionals to refrain from using the term *normal* when discussing mental health.

A paradigm shift is occurring regarding how mental health conditions are perceived in the field, which may help reduce inaccurate and stigmatizing beliefs. Instead of dichotomously viewing people as having or not having mental health disorders, research has supported that people are on a spectrum of varying mental health conditions, often referred to as a continuum of mental health [26-28]. Additionally, research has suggested that mental health continuum beliefs can help reduce public stigma for individuals with mental health conditions [27,29-31]. Therefore, this approach may help to promote the concept that mental health conditions are more common than they are portrayed to be and help reinforce the growing need to not refer to mental health conditions as *abnormal* or *pathological*. Additionally, there is a growing societal movement toward destigmatizing mental health conditions. For example, many celebrities openly disclose their personal challenges to help normalize mental health struggles [32-34]. Kevin Love, a professional basketball player, shared his story of having a panic attack during an NBA game and discussed how this experience transformed his view of mental health [35]. Until his panic attack, Love “thought about mental health as somebody else’s problem.” However, as he opened up about his panic attack and prior mental health struggles, he has become an advocate that “mental health...is an everyone thing” and “everyone is going through something that we can’t see.”

Congruent with recent movements to educate the population on how common it is to struggle with one’s mental health and to destigmatize mental health conditions [30,36,37], our findings provide further data that support the concept that experiencing a mental health condition is the norm rather than the exception. Within the clinical setting, it can be common for therapists to use language such as *psychopathology* and *abnormal* to describe mental health conditions or the term *normal* when speaking about not having a condition when speaking with clients, colleagues, and when conceptualizing clients’ challenge areas. This language can unintentionally reinforce concepts and mindsets, leading to 1) greater stigma and shame and 2) decreased belief in one’s ability to make positive changes.

Moreover, as the terms *abnormal psychology* and *psychopathology* are regularly used in academic curriculums to describe mental health conditions, there is a concerning discrepancy between current mental health terminology and actual clinical practice and human experiences. Using terminology that misrepresents and pathologizes everyday mental health experiences can have significant harmful implications [38,39]. This study supports the need for a change in the current terminology of mental health conditions and found terms such as *Mental Health and Human Experiences* or

Mental Health Conditions would provide a more accurate and less stigmatizing representation of mental health symptoms. Additionally, these terms would likely reduce the stigma and misconceptions associated with the commonality of mental health conditions. One area where implementing a new terminology could go into effect and have an immediate positive impact is within academia. For example, we recommend that graduate and undergraduate programs and high school classes transition from naming their Abnormal Psychology or Psychopathology course to naming the same course either Mental Health and Human Experiences or Mental Health Conditions. These changes will likely have implications for destigmatizing mental health experiences.

Limitations and Further Research

It is important to address the limitations of this study. The study was designed to be brief to decrease participant burden. However, this led to additional areas related to mental health nomenclature and stigma that could not be assessed in the study survey. Additionally, the study only focused on mental health professionals, so perspectives from other healthcare providers were not obtained. Therefore, future studies should assess a broader range of healthcare providers' perspectives on the accuracy of the terms abnormal psychology and psychopathology to describe mental health conditions, along with additional associated stigma related to the terms.

Future studies could assess professors' perspectives and openness regarding changing the name of their Abnormal Psychology or Psychopathology course to a less stigmatizing course name. Additionally, future studies could examine ways to shift the nomenclature used to describe and discuss mental health conditions from stigmatizing language (e.g., abnormal psychology, psychopathology, normal) to more humanizing language when discussing mental health conditions, both among healthcare professionals and the general population at large.

Compliance with Ethical Standard

There is no conflict of interest to report. The research study consisted of human participants only. All participants were provided with the study Informed Consent prior to being able to participate in the study. Only participants that provided consent were taken to the study. All study participants were provided with the contact information of the study principal investigators.

Ethical Approval Statement

The study was approved by the institutional review board at William James College.

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