

The 4 Fs: A Model to Understand Psychopathology

Mental health education is very important and often threatened by various myths and misconceptions. Movies and shows tend to perpetuate various myths about mental health. Curtis and Kelley developed a model that advances understanding about psychopathology, referred to as the four Fs: frequency, function, feeling pain, and fatal. The four Fs help educate people about abnormality as criteria of behavior rather than stigmatizing people as ‘crazy’, which is often portrayed in film. Further, the model maps onto major nosologies and has implications for research with psychopathology. The model is discussed along with its benefits and applications.

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Students do not arrive at the university as a *tabula rasa*. They enter classes with information from multiple sources. Students indicate professors and movies are two of the most influential sources for their understanding of mental health and psychological disorders (Curtis, 2018). The number of movies portraying psychological disorders has steadily increased each year and film often exaggerates features of psychopathology or outright misrepresent mental health, leading students to believe in psychological myths or psychomythology (Curtis & Kelley, 2020; Schroeder, Curtis, & Kelley, 2019; Lilienfeld et al., 2010). However, professors and educators hold a source of influence and may have an opportunity to correct these misunderstandings. Therefore, educators can take an active stance in the education about mental health and psychopathology rather than passively disseminating information.

Alongside the influence of movies, language shapes thinking (Beck, 2011; Whorf & Carroll, 1998). There are numerous words used to refer to people who suffer with various psychological disorders, such as crazy, looney, nuts, and a number of other broad, equivocal, and potentially harmful terms (Curtis & Kelley, 2020). When students or educators use these words, it potentially strips away humanity and communicates the notion that psychopathology is outside of the human condition. Further, the term ‘crazy’ and other broad, non-descriptive terms, directly threatens students’ understanding of mental health by settling on an equivocal term rather than thinking about the nuanced and specific aspects of various forms of psychopathology. Therefore, it is imperative to challenge students to explore their preexisting beliefs about psychopathology and encourage them to reflect on their language used when discussing mental health.

People throughout history and across cultures have sought to understand abnormal behaviors and psychopathology (Curtis & Kelly, 2020). In social development, people undergo the process of reflecting on normality evidenced in the stages of identity versus role confusion (Erikson, 1980). The task to define normal and abnormal may seem formidable, causing people to forsake the pursuit of a definition altogether. In fact, Frances (2013), the chairman of the DSM-IV Taskforce made a case to save the concept of “normal” by accusing others of not defining normality, but then he evaded providing a definition himself. The use of cliché phrases also emerges during discussions of normality, claiming there is no such thing as normal, such as,

normal is a setting on a dryer, it is your normal, or every person is a little ‘crazy’ or abnormal. These catchphrases evade any definition of normal or abnormal and prevent a deeper understanding of psychopathology. Further, there is an inherent contradiction when using some of these phrases together, for example, claiming there is no normal and everyone has their own normal.

The reluctance to approach a definition may be due to the fact that it challenges self-perceptions or out of a fear of stigmatizing others. However, clearly defining abnormality does not lead to stigma, but rather fosters understanding by providing nomenclature and increasing the awareness of the humanity of those with mental health problems (Blashfield & Burgess, 2007; Curtis & Kelley, 2020). Even here one might feel a sense of stigma around saying someone has a “problem,” but consider for a moment some of the real symptoms involved with disorders, and one can see why even the individuals suffering from these disorders will be the first to recognize their symptoms as “problems.” Consider the insomnia of an anxiety disorder, the fear and aversion of a phobia, the risk-taking of a bipolar manic episode, the suicidality of a deep depression, or the delusions of a psychotic episode. It is through the establishment of basic definitions in classification systems that people can begin to more deeply comprehend and communicate about such phenomenon (Blashfield & Draguns, 1976). Further, it is through understanding and classification that mental health providers can recognize, diagnose, and treat individuals who are suffering. Consider the difference between diagnosing someone with a certain disorder wherein they can expect to experience specific, well-defined symptoms, as opposed to the terms ‘crazy’ or lunatic. Far from stigmatizing, psychotherapists even report the experience of clients feeling relieved after receiving an accurate diagnosis and coming to more clearly understand the struggle they are up against.

To promote education about mental health and advance psychopathology research and practice, Curtis and Kelley (2020) developed a conceptual model referred to as the four Fs: frequency, function, feeling pain, and fatal (see Figure 1). Curtis and Kelley (2016) created the four Fs to expand and refine Nolen-Hoeksema’s (2007) framework for understanding normative and abnormal behavior which aligns with Diagnostic and Statistics Manual of Mental Disorders, fifth edition (DSM-5; American Psychiatric Association [APA], 2013). Curtis and Kelley (2020) define normality as “behavior, thoughts, and emotions that occur with a relative frequency to the population, assist in daily functioning, do not produce ongoing pain or distress, and do not pose a danger to oneself or others” (p. 9). For understanding the four Fs of abnormality, the frequency criteria consist of the ABCs, which are an examination of the (a) amount of time that a (b) behavior has increased or decreased (c) related to the normative curve of the population. Someone who is feeling sadness and deep sorrow after the loss of a relationship or the death of a loved one can be expected to experience these emotions. In other words, this is a normative response. However, if this sorrow and the related behaviors become (a) prolonged, (b) intensify, and (c) does not typically occur in this manner after a similar loss, then one criteria of the four F’s have been established, thereby providing increased evidence of the possibility of a mental health problem. Essentially, frequency is the first criteria of abnormality in this model, revealing a behavior which increases or decreases for some amount of time, and is not typical for the majority of the population. Frequency alone is not sufficient in ascertaining psychopathology. Eccentric behavior occurring outside of the normative distribution, such as playing duck-duck-goose on the floor in the university commons, is not necessarily pathological. If this behavior

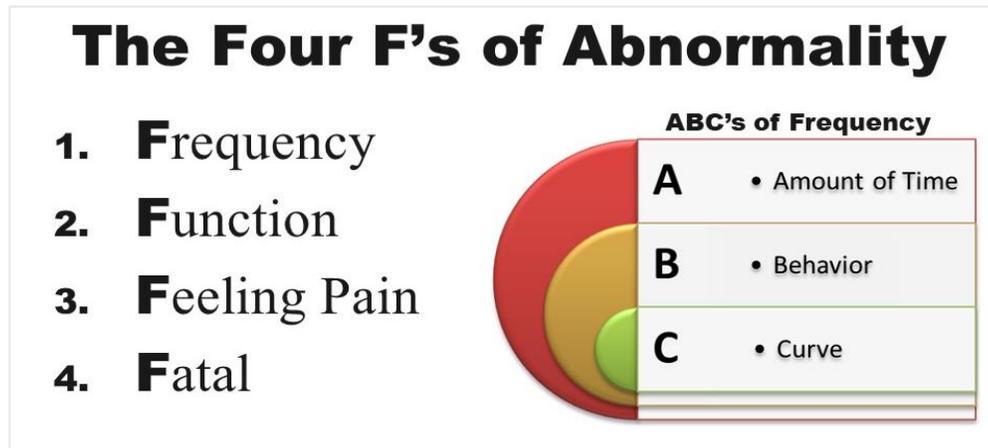


Figure 1. The Four Fs

additionally causes impaired functioning, another criterion is met, thereby providing another level of evidence. Further, if the person is reporting pain and distress, and the behaviors have increased the risk of serious harm or fatality for the individual or other people in the direct environment, then the last two levels of criteria have been reached, thereby providing sufficient evidence for a diagnosable condition. More generally, one could say this behavior is “abnormal.” Note, it is the behavior which is labeled abnormal, and not the person. This person/behavior distinction is important so as to avoid stigmatizing individuals who have mental disorders. An awareness of this stigma can be recognized in the changing of language over the past several decades, from individuals referred to by the names of disorders, e.g., “Schizophrenics,” to language which emphasizes the disorder as merely a characteristic of the person, e.g., “A client with schizophrenia.”

The four F model helps students discard preconceived notions about ‘crazy’ and reveals the humanity of clients with psychological disorders. Another way of conceiving this, is that this method reveals that abnormal human behavior is still human behavior, simply increased or decreased in such a way to increase distress and decrease functioning. Students can understand there are not ‘crazy’ people, but rather people who engage in similar behaviors as their own at different frequencies, thereby causing pain and impairing functioning. The use of the four Fs helps students resolve erroneous myths about mental health and psychological disorders (Curtis, 2018). One study recruited 42 students in an abnormal psychology class and found students who used the four Fs and challenged their own myths showed significantly higher scores in correctly identifying statements about mental health toward the end of the class compared to the onset of class (Curtis, 2018).

The four Fs also deepen diagnostic understanding by mapping onto the DSM-5 (APA, 2013; Curtis & Kelley, 2020). The majority of diagnostic criteria from the DSM-5 involve a change in behavior, impaired functioning, pain or distress, and some risk of harm to self or others. As mentioned above, most people have experienced sadness. The four Fs help differentiate between common sadness and major depressive disorder. Focusing on (F)requency demonstrates that depression consists of depressed most of the day for several days within at least two weeks (APA, 2013). (F)eeling Pain reveals that diagnosable depression requires at least four other symptoms, such as insomnia, fatigue, feelings of worthlessness, difficulty concentrating, and immense pain beyond situational sadness (APA, 2013). This leads to problems with (F)unction, such as missing work or school, and increasing risk for (F)atality, for example, through suicide

or a lack of self-care (APA, 2013). By applying the four Fs to diagnostic criteria, practitioners can conceptually understand psychopathology broadly, thus allowing for a unified concept of psychopathology.

The criteria of the four Fs not only advance diagnostic understanding but also facilitates research markers for scholars who study psychopathology. Recently, Curtis (2019) suggested the use of the four Fs as a theoretical approach for understanding pathological lying. Subsequently, Curtis and Hart (2020) utilized the model to discern if pathological lying warrants the inclusion in nosologies as a diagnostic entity, finding empirical support of pathological lying. Of the 623 participants they recruited, 8-13% of people reported excessive lying for greater than six months, leading to impaired functioning in social relationships, feeling pain (or distress), and their lying putting themselves or others more at risk (fatal).

While the four Fs can be a central focus within classes such as abnormal psychology or psychopathology, it can be a model for discussing mental health in a variety of classes or even to share with the public (e.g., Curtis, 2019; Curtis, Rehm, Snuggs, Wright, 2019). The model can be discussed within a relatively short amount of time, prepare people with a myth-busting toolkit, and can increase knowledge and awareness about mental health. Student groups, such as Active Minds (2020), can draw from the model to promote conversation about mental health on college campuses. As one in five U.S. adults and one in six U.S. youth experience a mental health disorder each year (National Alliance on Mental Health, 2020), it is imperative to communicate how people with psychological disorders are exhibiting behaviors at a frequency which impairs functioning and brings about pain, rather than dismissing people as ‘a little crazy’ or dismissing diagnoses (abnormality) thereby implying that their pain is normal.

Students bring myths, stories, beliefs, anecdotes, and experiences with them into the classroom, some of which are ambiguous, inaccurate, or misleading. Sources of misinformation often generate and perpetuate misunderstandings about psychopathology and mental health. Rather than merely supplying more information, educators are encouraged to invite students to share their experiences and beliefs about psychopathology. Similarly, educators are encouraged to share misunderstandings and myths they have believed in the past, as doing so models the process of science as a challenge to erroneous thoughts (Lilienfeld, 2010). These beliefs can then be clarified using the four F’s and compared to the DSM-5 diagnostic criteria as a way for students to be active learners in understanding psychopathology.

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