

M1A3: Challenges in Identifying Mental Disorders

Melissa Crider

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Argosy University

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When ruminating on the sound question of why it is so very difficult to determine abnormal behavior or mental disorders, a Rubik's Cube comes to mind. Ever played one—trying to get all of the yellow, red, blue, and green squares each on one entire side of the cube? There exist so many different possible combinations of the colored squares, that it seems as infinite as the variations of phone numbers.

Ten whole numbers in one phone number exist in America. These mere ten spots create literally millions of possible variations. This alone is one reason why it is so very difficult for us to define, decipher, determine, and describe together what it be that is considered *normal*, *abnormal*, *sane*, or *insane*. Other factors include (but like the Rubik's Cube are never limited to:) ethnicity, language, gender, socioeconomic status, genetic/hereditary proclivities, societal norms and aberrations, and cultural differences among people. In my mind, trying to decipher abnormality or normality and degrees thereof seems much like digging to China with a fork, weaving a camel into the eye of a needle, or attempting to extract the different berries from a blended smoothie. We humans are blended smoothies.

*“Psychologists need to ensure that the test procedures they employ are appropriate for the particular client [...] For example, the psychological equivalence of the test for use with the particular population should be determined [...] The meaning or cultural significance of test items should be similar across cultural groups, and the norms used to compare the client should be appropriate (Butcher, Hooley, & Mineka, 2013, p. 103).”*

Context is everything, it seems. Simple clothing can elucidate this point. If I wear the same business suit and expensive shoes on a camping trip in Guam as I do to work in Los Angeles, might I seem *abnormal*? If I fly to China and do not bring a gift at a birthday party, but

only bring a card, will I seem *abnormal*? If I felt the effects of the systematic ruthless holocaust that occurred in Gaza at its helm in the summer of 2014 and I lived in Jewish-owned-and-run Hollywood and spoke out about the spiritual, mental, and emotional fatigue and exhaustion that I empathetically felt along with the sleepless nights, and the sheer and complete agony of knowing that we exist in 2015 with an entire United Nations set up that allowed this travesty—if I spoke up and out against the horrors I witnessed, does this make me *abnormal*?

An old joke is that *normal* can only be used rightly as a setting on a clothes dryer. Since everything seems to be *relative* in this upside-down world where we seem separate from each other in bodies, but know that we are not separate in collective mind, then what exactly *is* “normal”? How are we ever able to rightly and accurately define what normal in fact might be? It is understandable that in our society we have norms established so that we can live more efficiently. The social conditioning of accepted and practiced cultural norms seem to write the script for what is deemed by society and health professionals to be *sane, insane, normal, or abnormal*.

Could it be that due to different *kinds* of psychologists, therapists, and counselors or clinicians—such as biological, psychodynamic, behavioral, or cognitive therapists or clinicians, that we have a bit of a dentist, pediatrician, heart surgeon, and general M.D. problem at the root of this massive tree? Holistic approaches seem friendly when trying to rightly and in good conscience decide and diagnose the mental illness or lack of illness in a human being.

We have a multi-tiered problem with a multi-tiered solution-giver. This continually makes me scratch my head. Yes, we must each have emphasis on particular studies in order to refer each other to each other, but if one person has 4 doctors, could this not make him/her feel insane as well? At very least with a Rubik’s Cube, we can all agree that sometimes, just

sometimes, all of the colored squares hit a Bingo and voila, problem solved. This is not so with humans. We can only as ethical counselors, psychiatrists and general practitioners, do the best we can to try to cut this forever fraction into halves but never honestly getting to zero.

America is such a melting pot—and continues to grow into more and more of a fast simmer toward such that how can we as psychologists and those of the social sciences honestly be able to define “abnormal” or “normal”? If I walked out to the street right now and defecated on a sidewalk in America, I would be arrested for public exposure or some other kind of illegality due to our social norms; if a young teenager who was raised in from India did the same act on a street near his home, no one would cop a second look about it. If we flew him into America and he conducted the same act, he would be taken in for mental health evaluations and possibly placed in a detention center for boys for a while. If an American woman did the same act in one of our streets, she might immediately be questioned and deemed *insane* by mental health *professionals*.

“Three measurement concepts that are important in understanding clinical assessment and the utility of psychological tests are reliability, validity, and standardization (Butcher, Hooley, & Mineka, 2013, p. 104).” God bless psychologists of every walk and specialized area of expertise for what is the enormity of the responsibility to individuals and society that they must weed and wade through on a daily, serious basis for the ultimate attempted control of playing an integral part in the peaceful functioning aim of our society. Even with reliability, validity, and standardization measurement concepts, they are still *concepts*. No one writes, “They work 100%!”

I have come to believe that psychology is at its peak the only true path to real remedy in individuals because I believe that problems only exist... in the mind. I adopt that Love is sanity

and fear is insanity. A compassionate counselor who is not the brightest crayon in the box scholastically may provide more healing for her clients than a callous other with two Ph.Ds. or vice versa. I am aware that this may be considered too roomy of a perspective in the psychology community; still, I have come to know this in the depth of my bones. I also have come to believe that this planet and our societies swarming around in it are dominated by a fear-based thought system (aka insanity because fear, like darkness is not real, but can feel real if one believes it is).

The fact that we as psychologists must go about defining, discerning, and designating if one be sane or insane/normal or abnormal is a task that holds such gravity in the way of responsibility. I must for the sake of this essay hold the same rough definition of *normal versus abnormal* that exists in our social norms; otherwise, confusion will abound. So, the fear-based planet of seemingly separate bodies and things is deemed as *sane and normal* here. Someone who is seeing apparitions or hearing the voices of his/her deceased grandparents is deemed *insane* here.

The importance of keeping a normal society functioning is paramount so that we all may survive and experience even a bit of happiness. What is true normal? Normal as we define it is based on the majority experience, then when autism is normal by 70% ubiquity on the planet, then what will we devise to then instruct each other regarding how to discern and diagnose what normal or abnormal *is*?

References

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