

#16

ABNORMALITY

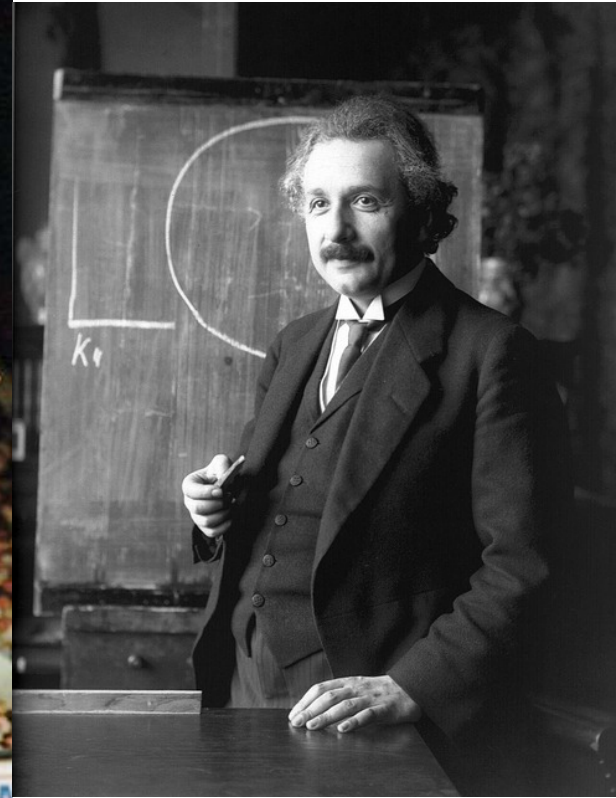
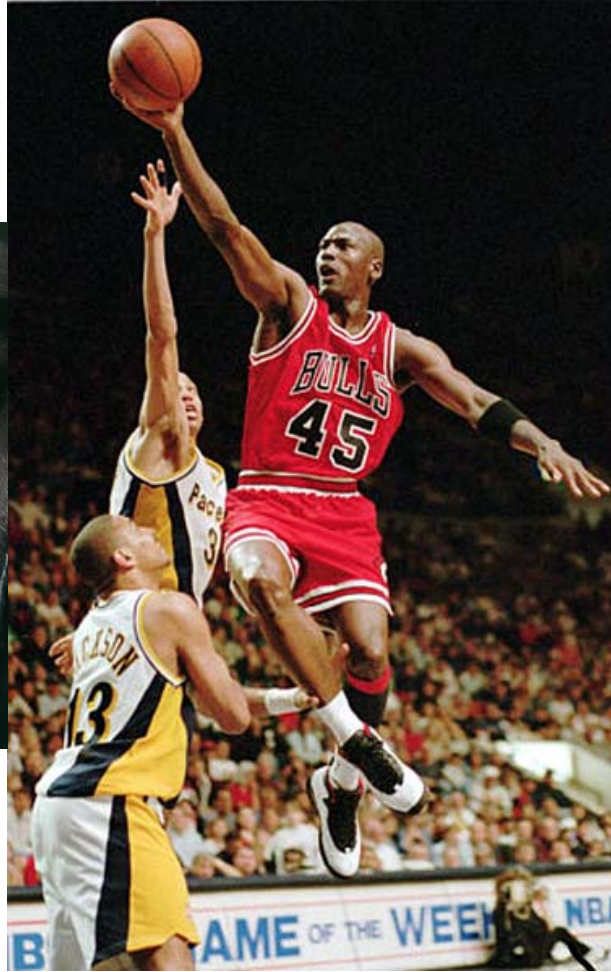
The boundary between what is normal and what is abnormal is fuzzy.

DEFINING MENTAL ILLNESS



Abnormality / mental illness / psychological disorders is a fuzzy concept. What actually distinguish abnormal from normal?

- Family resemblance view
 - No single criterion can define mental illness
 - Mental illnesses share a loose set of features



Statistical rarity. Some mental disorders (e.g., schizophrenia) are rare, but some are not. For instance, a study by the NIMH found that between 8.7% and 18.1% of Americans suffered from phobias. Also, some rare conditions (e.g., exceptional athletic ability and creativity) are not considered an illness.



“in my lifetime I have murdered 21 human beings. I have committed thousands of burglaries, robberies, larcenys, arsons...For all of these things I am not the least bit sorry. I have no conscience so that does not worry me.” (Quote from Carl Panzram, a serial killer, burglar, and arsonist)

Subjective distress. Many mental disorders (e.g., depression) produce intensive distress for individuals, but some psychological disorders (e.g., personality disorders) typically do not generate distress.

Vicki Larrieux... is frightened of vegetables. She survives on a diet of meat, potatoes, cereals and an occasional apple. “I would get feelings of panic, start sweating and my heart rate would shoot up... it is a bit of an ordeal to go to the supermarket because the veg is usually right by the door,” she said. “It is good that my boyfriend is not a vegetarian because it just wouldn’t work.”



Impairment. Most mental disorders impairs people’s functioning in everyday life (e.g., job, marriage, relationships). Some conditions (e.g., rudeness, laziness) also impair functioning but they are not considered as disorders.

Homosexuality was once classified as a mental disorder by the American Psychiatric Association (APA) and the World Health Organization (WHO). In 1973, it was removed from the diagnostic manual by the APA. The WHO followed in 1990.



Societal disapproval. Some assert that mental illness just reflects what the society disapproves, as illustrated in the case of homosexuality. Some conditions (e.g., racism, laziness) are widely disapproved but they are not considered as disorders.

CULTURAL FACTORS

- Culture-bound syndromes
 - Mental illnesses that are specific to one or a limited number of societies

“...in the Assam and Bengal regions of India during the summer and fall of 1982. Cases apparently numbered in the thousands, as males claimed penile shrinkage while females perceived that their breasts were getting smaller. The panic reached such proportions that medical authorities toured the area, reassuring people through loud speakers... Parents typically tied string to their sons’ penises to halt retraction, a practice that occasionally produced penile ulcers... authorities measured penises at intervals to demonstrate that no shrinkage was occurring.”
(Bartholomew, 1994)

Koro, sudden and intense anxiety that the penis (or, in females, the vulva and the nipples) will recede into the body and possibly cause death, is found primarily in Southern China and Southeast Asia.

Name of Condition	Principal Region(s) in Which It Has Been Reported	Clinical Features
<i>Hikikomori</i>	Japan	Extreme social withdrawal
<i>Dhat</i>	India, Pakistan	Anxiety, fatigue, worries about loss of semen
<i>Hwa-byung</i>	Korea	Insomnia, fatigue, indigestion, aches and pains, other physical symptoms, all attributed to suppressed anger
<i>Latah</i>	Malaysia, Southeast Asia	Sudden and extreme startle reactions, followed by loss of control, profanity and mimicking of others
<i>Windigo</i>	Central and Northeast Canada, Native American populations	Extreme anxiety, along with fears of cannibalizing others



“...they traveled hundreds of miles west—to Kyoto, Osaka and Nara... They took touristy pictures under cherry trees, frolicked like children on merry-go-rounds and slurped noodles on street corners. Now, after three years together, they are virtually inseparable. ‘I’ve experienced so many amazing things because of her,’ Nisan told me, rubbing Nemutan’s leg warmly. ‘She has really changed my life.’” (Katayama, 2009)

Reported in Japan and a few other countries, men develop lasting romantic relationships with imaginative or anime characters. Is it a mental illness? Is it culture-bound?



ひきこもりクライシス “100万人”のサバイバル

Some mental illnesses were once thought to be culture-bound. There are over a million of “hikikomori” cases in Japan, constituting a social crisis. However, cases resembling “hikikomori” have been reported outside Japan (Kato et al., 2012).

- Cultural variations
 - Some conditions which appear to be culture-bound are plausibly just variants of mental illnesses already defined in the West

“Taijin Kyofusho 対人恐怖症 was first identified in Japan and is described as an obsession of shame, manifested by morbid fear of embarrassing or offending others by blushing, improper facial expressions, a blemish, a physical deformity, staring inappropriately, or emitting offensive odors or flatulence.”

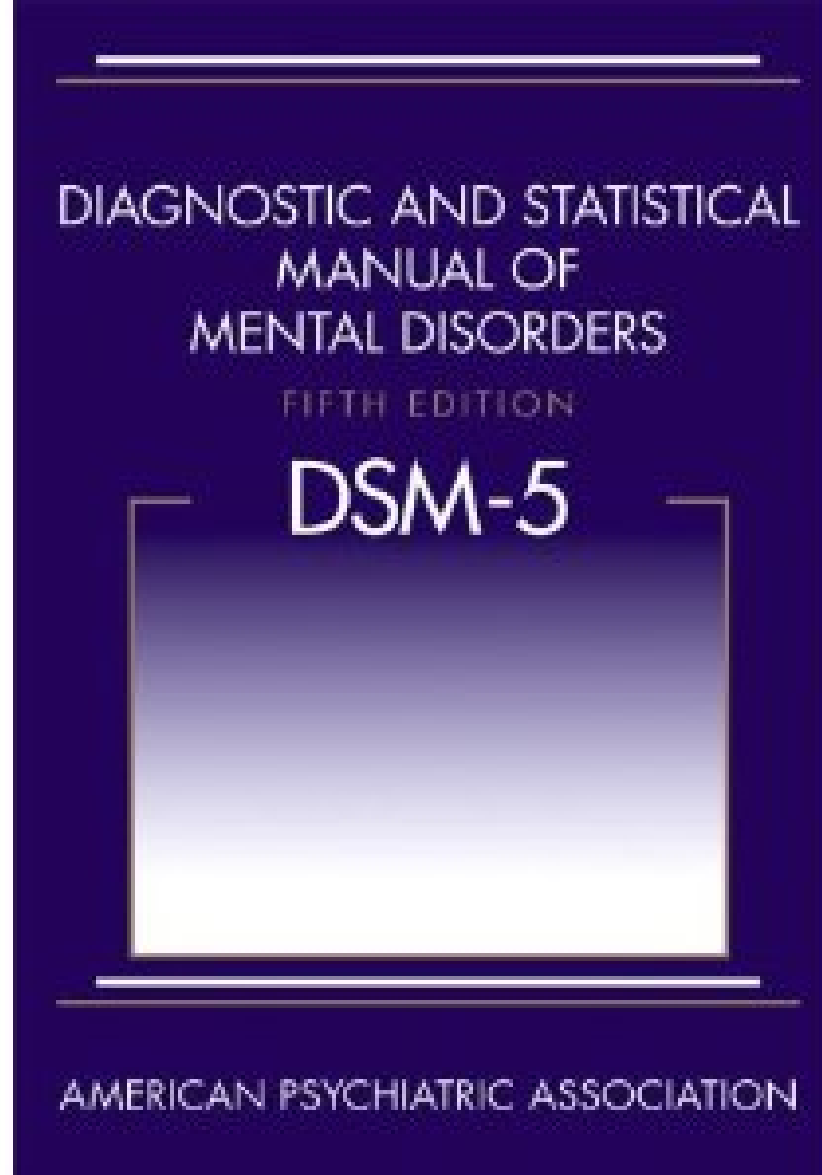
“The salient feature of social phobia is marked fear in social or performance situations in which others might judge one to be odd or different.”

Taijin Kyofusho and social phobia exist in both Japanese and Western cultures. Perhaps they are variants of the same issue: interpersonal anxiety. The former concerns fear of offending others and shaming the group, while the latter concerns fear of embarrassing oneself (Kleinknecht et al., 1997).

PSYCHIATRIC DIAGNOSIS

- Psychiatric diagnosis
 - Pinpoint the psychological problem a person is experiencing
 - Inform the design of treatment plans
 - Facilitate communication among mental health professionals

- Psychiatric diagnosis
 - Physical examination
 - Psychological evaluation through conversations and structured tests (e.g., Beck Depression Inventory)



Diagnostic and Statistical Manual of Mental Disorders is a diagnostic system that contains the criteria of mental disorders set by the American Psychiatric Association.

Disorder	Subcategories
Anxiety (problems in which anxiety impedes daily functioning)	Generalized anxiety disorder, panic disorder, phobic disorder, obsessive-compulsive disorder, posttraumatic stress disorder
Mood (emotions of depression or euphoria that are so strong they intrude on everyday living)	Major depression, bipolar disorder
Schizophrenia (declines in functioning, thought and language disturbances, perception disorders, emotional disturbances, and withdrawal from others)	Disorganized, paranoid, catatonic, undifferentiated, residual
Personality (problems that create little personal distress but that lead to an inability to function as a normal member of society)	Antisocial (sociopathic) personality disorder, narcissistic personality disorder

There are 18 classes of mental disorders in the DSM-5. Listed above are some examples.

Major depressive disorder (in children and adolescents, mood can be irritable)

5 or more of 9 symptoms (including at least 1 of depressed mood and loss of interest or pleasure) in the same 2-week period; each of these symptoms represents a change from previous functioning

- Depressed mood (subjective or observed)
- Loss of interest or pleasure
- Change in weight or appetite
- Insomnia or hypersomnia
- Psychomotor retardation or agitation (observed)
- Loss of energy or fatigue
- Worthlessness or guilt
- Impaired concentration or indecisiveness
- Thoughts of death or suicidal ideation or suicide attempt

The diagnostic criteria for each disorder are specified. Shown above are the criteria for major depressive disorder.

■ Medicalization

- Concern that mild and normal disturbances are too easily classified as pathological (Frances & Widiger, 2012)
- Increasing number of diagnoses in DSM and number of people on medications for psychological problems (Barber, 2008)



“Previous DSM editions have highlighted the need to consider, and usually exclude, bereavement before diagnosis of a major depressive disorder. In the draft version of DSM-5, however, there is no such exclusion for bereavement...” (Editorial, The Lancet, 2012)

Is grief normal or abnormal? DSM-5 now allows individuals to be diagnosed as having major depressive disorder following loss of a loved one, including the death of a spouse (given that they meet the diagnostic criteria) (Lilienfeld et al., 2015).

Biological influences:

- evolution
- individual genes
- brain structure and chemistry

Psychological influences:

- stress
- trauma
- learned helplessness
- mood-related perceptions and memories

Psychological disorder

Social-cultural influences:

- roles
- expectations
- definitions of *normality* and *disorder*



The **biopsychosocial approach** considers psychological disorders as an outcome of the interaction between biological, psychological, and socio-cultural factors. Past experience, irrational thoughts, and family dynamics, for example, are now considered.

SUICIDE, VIOLENCE, AND MENTAL ILLNESS

■ Violence

- A shared perception: people with mental disorders are at greatly heightened risk for violence
- 75% of televised characters with mental illness are violent (Wahl, 1997)
- Most people with mental disorders are not; only a subset is (Lilienfeld et al., 2015)

- Suicide

- Higher risk associated with major depression and bipolar disorder than other disorders (Wolfsdorf et al., 2003)

- Depression
- Hopelessness
- Substance abuse
- Schizophrenia
- Homosexuality; probably because of social stigma
- Unemployment
- Chronic, painful, or disfiguring physical illness
- Recent loss of a loved one; being divorced, separated, or widowed
- Family history of suicide
- Personality disorders, such as borderline personality disorder (see later discussion)
- Anxiety disorders, such as panic disorder and social anxiety disorder
- Old age, especially in men
- Recent discharge from a hospital

Shown above is a list of known risk factors for suicide (Lilienfeld et al., 2015). Some anxiety-related disorders (e.g., panic disorder, social anxiety disorder) and substance abuse are associated with heightened suicide risk (Spirito & Esposito-Smythers, 2006).