Do You Know What’s Normal?

One of my favorite exercises when I teach psychiatric nursing is to challenge the students to think of a symptom or act that, if a person exhibited it, would confirm with no doubt that he or she had a mental illness diagnosable via the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR, American Psychiatric Association, 2000). Students suggest hearing voices, running around naked, piercing skin/flesh, spreading feces, and so on. For each of these, I point out that the symptom or act is actually normal, if exhibited in the correct or expected time or place. Illness may then be rethought as something whereby the person has lost the sense of time or place. Normal is simply knowing where and when a particular act would be acceptable.

For example, in the privacy of one’s own home, people of any age can walk about naked. In nudist colonies, adults wearing no clothes are accepted, as they are on certain beaches. In some African tribes, earlobes are cut and elongated so that very big, beaded jewelry can be worn. At séances, the dead are approached by special masters of the trade.

In my October editorial, “Telling Stories: Ways to Persuade” (Smoyak, 2012), I suggested that persuasion was the main focus of the work of psychiatric nurses. Persuasion strategies are rarely practiced in a one-time-only mode. Repetition and persuasion go together, hand in glover.

When does persistence cross the line?

What is perceived as normal or not also has to do with another aspect of timing: repetition. When is a repeated statement, request, or action simply persistence, and when does it become annoying or indicative of illness? People with diagnoses of obsessive-compulsive disorder could be defined as persistent. Stalkers persistently pursue objects of their affection. Who has the right to judge that “normal” is not the case and illness is?

There are several instances in the Bible, where the suggestion is that persistence can be rewarding. In Luke 11:5-8, there is a parable about a man who goes to a friend’s house, asking for loaves of bread with which he might feed his unexpected guests. The friend repeatedly tells him to go away, but in the end, the man’s persistence wins, and he gains the loaves requested. And in Luke 18:1-8, there is the parable about a widow who persistently asks a judge for a decision against her adversary. Finally, after many refusals, the judge relents, and the widow’s persistence is successful.

What is normal childhood behavior?

With children, age should be considered very carefully when judging whether a behavior is normal or not. Most head-bangers “age out” of this behavior, which commonly begins in toddlerhood. But if an adolescent is banging his or her head, this is rarely seen as normal. Expressions such as “I felt as if I were banging my head

The text seems to be discussing the concept of normality in various contexts, including mental illnesses and cultural practices. It also touches on biblical examples of persistence to highlight the difference between normal and pathological behaviors.
Against a wall” remain useful descriptions of frustration, but descriptions of feelings or emotions are just that, and not the actual act.

Spinning is another interesting act and is fairly common in childhood. However, if spinning is done in a classroom or appears to be out of the control of the spinner, then autism enters as a potential diagnosis.

IS NATURAL WORRY A MENTAL ILLNESS?

In their new book, All We Have to Fear: Psychiatry’s Transformation of Natural Anxieties into Mental Disorders, Horwitz and Wakefield (2012) raise many questions about angst, fear, and anxiety. Thousands of years ago, fear facilitated survival. The actions of fighting or fleeing danger kept our ancient ancestors alive. Reviewing the literature, the authors point out the many speculations about how fear, which is related to observable and real threats to one’s existence (e.g., armed enemies, tornadoes, snakes), has been turned into anxiety, where the object is never directly visible. My favorite definition of anxiety is that it is “fear, in search of a cause.” Panic is an endpoint of anxiety with no discernible cause.

To paraphrase Horwitz and Wakefield, worries and angst are normal parts of life. Despite the lack of a threat or real danger, people today are likely to go beyond worrying and convert their emotions into anxiety. In the absence of an actual dangerous situation, people can experience heart palpitations, sweaty palms, weak knees, upset stomachs, dry mouths, and/or dizziness. Groundless fears, worries, and apprehensions can be specific or vague, time limited or not. Even when the person is able to voice the idea that the worry is irrational, the discomfort persists.

In their first chapter, Horwitz and Wakefield (2012) state:

“Studies of the U.S. population indicate that the most common forms of psychiatric disturbances by far are various fears that, when intense, psychiatry currently classifies as “anxiety disorders”: fear of public speaking, heights, or meeting new people; fear of snakes or rodents; and many others conditions where people experience intense anxiety.” (p. 1)

When the DSM was first published in 1980, the estimate of prevalence of anxiety in the general population was 2% to 4%; today, well over half the population experiences an anxiety disorder at some point in their lives (Horwitz & Wakefield, 2012, p. 2). The authors raise the question of whether or not psychiatry can correctly distinguish between what is normal and what is an anxiety disorder. If anxiety is not rational, then is it correct to label it a psychiatric disorder?

Sue and Sue (2013) provide in-depth analyses for counseling, with their major points centered on how one cannot judge whether a person or family system is normal or not without knowing the culture. The treatment approaches are also dependent on life views and belief systems. These very diverse cultures are described in exquisite detail, resulting in the reader, who may formerly have thought a practice bizarre, switching to now see it as normal.

I have some questions about what is normal or not, regarding anxiety: How do we distinguish between natural fears and anxiety disorders? For example, people who have been in actual fear-inducing situations may relive this fear, experiencing posttraumatic stress disorder. Survivors of September 11, 2001; tsunamis; or war are the patient-victims. Also, how do various groups of people (e.g., psychiatrists, social workers, psychologists, psychiatric and other nurses) discern what they encounter in practice as normal or not?

One of the questions raised by Horwitz and Wakefield (2012) is: “Does the medicalization of anxious emotions have more benefits than costs?” (p. 19). What questions do you have? Would you like to share your thoughts in a future editorial? Article? Letter to the editor?

REFERENCES


