Annexure 5: Mental Health: What’s Normal, What’s Not

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What is the difference between mental health and mental illness? Sometimes the answer seems clear. For instance, a person who hears voices in his or her head could have schizophrenia. A person who goes on a frenzied shopping spree or starts an ambitious project, such as remodelling the bathroom, without any plans might be having a manic episode caused by bipolar disorder.

In some cases, however, the distinction between mental health and mental illness is not so obvious. If you are afraid of giving a speech in public, does it mean you have a mental health condition or a run-of-the-mill case of nerves? If you feel sad and discouraged, do you have the blues, or is it full-fledged depression?

It is often difficult to distinguish normal mental health from mental illness because there is no easy test to show if something is wrong. Mental health conditions are diagnosed and treated based on signs and symptoms as well as on how much the condition affects your daily life.

Mental health conditions are identified by looking for signs and symptoms that affect our behaviour, feelings and thinking.

**Behaviour**

For instance, obsessive hand-washing is a sign of a mental health condition, as is not following daily self-care routines such as bathing, brushing one’s teeth and hair, or changing clothes regularly. Drinking too much alcohol might be the sign of a mental health condition.

**Feelings**

Sometimes a mental health condition is characterized by a deep or ongoing sadness, euphoria or anger.

**Thinking**

For instance, delusions, such as thinking that the television is controlling your mind, or thoughts of suicide, might be symptoms of a mental health condition.

**Abnormality: What Is It?**

While on the face of it, ‘abnormality’ sounds like an easy thing to define, there are many different techniques used by psychologists to classify behaviour, or mental health, as ‘abnormal’. All of these have their strengths and weaknesses; there is no one ‘right’ way to define abnormality. Some of the most common ways are given below.
Statistical Abnormality

In some cases it is possible to gather data in a numeric form and derive a mean average value. We can then say that the majority of values which are nearest to the mean are ‘normal’, and the minority of values farthest from the mean are ‘abnormal’. For example, if the average height of a set of people is five foot eight, with most values falling in the range four feet to six foot six, then a height of less than three foot or more than eight foot would probably be considered ‘abnormal’.

One problem with the statistical approach is that the decision of where to start the ‘abnormal’ classification is arbitrary. Typically, abnormal values are considered to be anything with a standard deviation of greater than two. Applying this measure to values of IQ, which have a bell-curve distribution around a mean of 100, values of lower than 70 or greater than 130 are classified as ‘abnormal’.

An important consideration of statistically ‘abnormal’ values is that ‘abnormal’ doesn’t necessarily mean undesirable. For example, someone with an IQ of 131 is statistically abnormal, but may well be regarded as gifted.

Another problem with this method is that behaviour which is undesirable may be statistically frequent. For example, depression is regarded as undesirable, yet it is not uncommon enough to be classified as abnormal in the statistical sense.

Deviation from Social Norm

A social norm is an unwritten rule which governs behaviour in a given social context (see Conformity). Using this definition, behaviour which breaks these rules is regarded as abnormal.

Strengths of this technique

• It takes into account the social dimension, which is important because the same behaviour that might be considered ‘abnormal’ in one context could be ‘normal’ in another. For example, wandering around naked in the town centre is not normal but wandering around naked on a naturist beach is.

• It takes cultural relativism (the way that social norms change over time and between cultures) into account.

• It tries to avoid ethnocentrism, which is the tendency to regard one’s own culture as ‘normal’ and consequently see different cultures as ‘abnormal’.

Problems With this Technique

• It is difficult to define what a ‘cultural context’ is because cultures have subcultures within them. One way to overcome this is to use laws as a reference point, e.g. if a society has a law against murder, then that is considered a ‘social norm’. However, evidence shows that many, if not most, people will admit to breaking the law, and so by this measure, they are all ‘abnormal’.

• It does not provide an objective definition of abnormality.

• It makes non-conformity undesirable. For example, suffragettes might have been labelled ‘abnormal’ even though they achieved positive things (by current standards).

• It can lead to discrimination/abuse of ‘non-conformists’: for example, labelling people as mentally ill if they do not go along with the prevailing political system.

Szasz argued that ‘mental illness’ is a label that is used to justify forcing treatment on people. For example, drugs are prescribed to people to make them behave more like ‘normal’ people do.
Deviation from Ideal Mental Health

In this context, ‘normal’ can be taken to mean ‘mentally healthy’, while ‘abnormal’ describes an undesirable state which is somehow deficient from ‘mental health’. This approach therefore attempts to describe the characteristics that constitute ‘ideal’ mental health.

This approach is characteristic of humanistic psychologists such as Maslow, who defined his hierarchy of needs (e.g. physiological, safety, love, esteem, self-fulfilment, etc.) as a means of assessing where an individual was on their path to self-actualisation, which he regarded as the ideal state. However, a problem with this approach is that very few people would be considered ‘normal’ by this measure, because few people achieve self-actualisation as Maslow defines it.

In a slightly different approach, Jahoda defined six criteria by which mental health could be measured:

- Attitudes of an individual toward his/ own self;
- Growth, development, or self-actualization;
- Personality integration;
- Autonomy;
- Perception of reality; and
- Environmental mastery.

According to this approach, the more of these criteria are satisfied, the healthier the individual is.

An advantage of this type of approach is that it does provide areas to target when treating depression, and it focuses on a positive approach to the problems. On the other hand, like Maslow’s criteria, very few people are likely to achieve all six of Jahoda’s objectives, and it is also hard to measure the extent to which an individual misses these criteria. Another criticism of Jahoda is that some of the criteria might be seen to be ethnocentric: for example, autonomy is seen in some cultures as an undesirable trait.

Failure to Function Adequately

Using this set of criteria, behaviour is defined as abnormal if it hurts the person or other people. Rosenhan & Seligman, 1989 listed seven criteria.

- Distress: the person is upset or depressed.
- Maladaptive behaviour: behaviour that prevents someone from coping with everyday situations.
- Irrationality: belief or behaviour not connected with reality.
- Unpredictability: reacting to a situation in a way that could not be predicted or reasonably expected.
- Unconventional behaviour or statistically rare behaviour.
- Observer discomfort: behaviour that makes other people feel uncomfortable.
- Violation of moral standards: breaking laws, taboos, etc.
Strengths of this Technique

- It provides a practical checklist.
- It takes into account the social/cultural context.
- It takes into account statistical influence.

Weaknesses of this Technique

- Sometimes it is normal to be distressed (e.g. grieving).
- Some people may be abnormal (e.g. a psychopath) and yet show no signs of distress.
- Some of the criteria are subjective; who judges what is ‘unpredictable’?