

Normal or Abnormal?

“Normal” and “abnormal” are opinion words with multiple, often contradictory meanings and countless usages. They are also typically and regularly employed to persuade and manipulate. It is really rather odd that the current mental health industry should be built on those two words, normal and abnormal, rather than on some solid ideas about helping people in distress and difficulty, but that is how the current paradigm works. That should make you scratch your head. Why build a whole industry on two such shaky words?

Maybe you think that the mental health establishment makes some wise, coherent distinctions between normal and abnormal. They do not. This is another place where you had better be skeptical about the putative expertise of so-called experts. Indeed, it is a real question whether these words can be reasonably used at all, given their baggage, built-in biases and the general confusion they create. Most important of all, who is going to be permitted to decide what is normal? Should it be a handful of psychiatrists sitting around a conference table? Should the fox decide what “safe” means when it comes to hens?

The "treatment" of every single "mental disorder" that mental health professionals "diagnose," from "depression" and "attention deficit disorder" on through "schizophrenia," flows from the way society allows its so-called experts to take charge of the words "normal" and "abnormal." How are those decisions currently being made? Think of the name of the book that professionals use to “diagnose” and “treat”: The Diagnostic and Statistical Manual of Mental Disorders. Is the implication that normal is somehow a statistical matter? But what is considered normal can't be and must not be a mere statistical nicety, can it?

It can't be and must not be considered "normal" to be a Christian just because 95% of your community is Christian. It can't be and must not be considered "normal" to be attracted to someone of the opposite sex just because 90% of the general population is heterosexual. It can't be and

must not be considered "normal" to own slaves just because all the landowners in your state own slaves. "Normal" can't mean and must not mean "what we see all the time" or "what we see the most of." It must have a different meaning from that for it to mean anything of value to right-thinking people.

Nor can it or should it mean "free of discomfort," as if "normal" were the equivalent of oblivious and you were somehow "abnormal" when you were sentient, human, and real. This, however, is rather how the mental health industry construes "normal": it announces that when you feel a certain level of discomfort you are abnormal and you have a disorder. It equates abnormal with unwanted, turning "I am feeling profoundly sad" into "You have the mental disorder of depression."

In this view "normal" is living free of excessive discomfort; "abnormal" is feeling or acting significantly distressed. But sadness, guilt, rage, disappointment, confusion, doubt, anxiety and other similar experiences and states are all to be expected and are all normal, aren't they, given the nature and demands of life and the sort of creatures human beings are? It is simply not right to call the absence of significant distress normal and the presence of significant distress abnormal. Does that seem right to you?

More than a hundred years of careful language analysis still hasn't helped us realize well enough that the words we use matter. It is perhaps not in the nature of our species—not normal (wink, wink)—for a sufficient number of people to care enough about the terrible consequences of lame naming, consequences like forcing three, four, or five "normalizing" medications on a child. But we ought to care, because until we shed that unfortunate language we can't think very clearly about cause and effect in human affairs. And shouldn't the subtleties of cause and effect interest us?

Consider the following. Imagine five young boys growing up in the same group home where they are repeatedly and severely beaten. One grows

up to be a ruthless businessman who makes a fortune. A second grows up to be a serial killer. A third grows up to be a repressed priest with a penchant for visiting discipline-and-bondage porn sites. A fourth grows up to be a loving family man afflicted with bad memories, stomach upsets, and difficulties concentrating. A fifth becomes a tortured poet who writes gorgeous, heart-felt poetry about pain and suffering and kills himself when he is twenty-eight.

Which of these are “normal” people and which of these are “abnormal” people? Which of these are “normal” outcomes and which of these are “abnormal” outcomes? Do those words help us at all to understand these five boys or to help them as boys or as men or do they only get in the way of what we know to be true: that very different outcomes can arise from similar causes? Through a glass darkly, we see cause and effect at work here. The fingerprints of that seminal experience of brutality can be seen on each outcome. We may despair about these outcomes but that is not the same as saying that any one of those outcomes is “normal” or “abnormal.” It is not like one of these five boys broke his arm and the other four didn’t. All got broken. These five outcomes all make human sense.

Isn’t it time that we stopped being held sway by those mesmerizing professional forces that want us to avoid looking the reality of our human condition in the eye? If we could do that, if we could break their hold and adopt a new “normal” that let quintessential human experiences into our definition of normal, we could begin to create a more realistic way of speaking about life and more effective strategies, tactics and plans to help human beings face the tasks of living.

The word “normal” would then be allowed to include pain, difficulty, and especially struggle. Why does a child sit at his desk as his teacher lectures? He sits there with his hands folded because he is coerced and socialized, not because he has any desire to be there. What is normal for him and what his being wants is to have him leap up and run off to play.

What is normal for him are his squirming, his making faces, and his expressing his outrage at being forced to learn a list of Roman Emperors or Spanish Missions of California. He is struggling to sit there, not happy to sit there. If we do not honor that struggle as a feature of normal mental health we make a mockery out of the word normal.

If you are a parent, it's unlikely that any mental health professional you encounter will say to your face, "Your child is abnormal." But his or her "diagnosing" of your child with some "mental disorder" like ADHD is completely based on the idea that "normal" is a statistical matter and that if your son squirms more than is statistically average, he is "abnormal." Whether they use the word out loud or not, that is how mental health professionals are proceeding, not on the basis of an understanding of human nature and an appreciation of the causes of effects like sadness or anxiety but by turning to a "statistical manual."

Just ask your provider why his or her "diagnosis" comes from a book called a diagnostic and statistical manual and not a diagnostic and treatment manual. See if his or her answer satisfies you. Please be very aware about how language is operating: even if the words "normal" and "abnormal" are never spoken out loud by the mental health professional you're encountering, they are working in the background in ways that are anything but innocent and inconsequential. Get them out in the open and make sure that you believe how they're being employed before you accept the consequences of their use: namely, the "treatments" that will follow because your child is "abnormal."

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You can reach Dr. Maisel at emaisel@madinamerica.com to let him know about a resource for the Parent Resource Section, to make a comment, to ask a question, or to share your story. Dr. Maisel is however unable to provide individualized advice or to make specific recommendations regarding your family's situation.