KATHERINE GORDY LEVINE'S SHRINK THINK LECTURE NOTES I taught various graduate level Human Development Courses for many years at Columbia University's School of Social Work. I was one of the first social workers allowed to teach one of those courses; for years they had been taught only by psychiatrists. I always gave my students extensive Lecture Notes. Those lectures notes are part of what I will as part of my narcissistic need to share my "intellectual" property. I spent lots of years learning, hope what give back is valuable to someone. Enjoy, care, and share or just delete.

NORMAL OR NOT, THAT IS THE QUESTION

As aoon as I first got my own copy of the DSM way back when, I spent an evening devouring it trying to find if I was Normal or Not. Suspect I am not alone in puzzling abut my level of santity. After all my mother's favorite quotation was "The whole worlds crazy but thee and me and often I worry about thee." That is a Quaker saying and she was part-time Quaker. Anyway, for all who question such things, not just for human behavior students, here is the first one.

NORMAL EXISTS ON A CONTINUUM

We all have personalities; your personality style, if taken to an extreme could become a "personality disorder". Every normal emotion can become disorder. When thinking of a potential disorder, look at behavior, feelings or thoughts:

Here are some examples:

Normal traits	Possible Disorder	Personified
Conscientious	Obsessive-Compulsive	Perfectionist Jack Nicholson in As Good as It Gets
Wants attention, recognition—particularly from the opposite sex	Histrionic	Seductive Scarlet O'Hara in Gone With the Wind
Self-confident	Narcissistic	Grandiose, self admiring, can't pass a mirror
Cautious	Phobic	Also Jack Nicholous in as Good as It Gets.
Cautious Private, shy	Social anxiety	Never leaves the house. Howard Hughes.
Cautious Fearful	Paranoid	Suspicious of everything.. Richard Nixon
Sad	Major Depression	Killed self – Ernest Hemmingway and his daughter Margoux
Enjoys something	Addicted	Robert Downey, Jr.
Active	Hyper-active	Robin Williams
Passionate, very connected to people, high expectations, love easily hurt	Borderline Personality Disorder	Glen Close in Fatal Attraction
Takes good care of self	Anti Social Personality Disorder	Hannibal Lector, Ted Bundy, Jeffery Daumer, corrupt politicians,

Most of us find some traits of several styles. Some us clearly see a dominant style. In addition to having a certain personality style, most of us suffer from one or another symptoms of mental illness. Who hasn't been irritable, depressed, slept poorly, saw something that turned out not to be real, dreamed big dreams, gotten hyper? Normal is generally defined in one of the following ways"

1. the middle of a mean--the average.
2. a medically based definition--the absence of health or the presence of disease.
3. more than normal, it means supra-normal.

WHEN IS SOMEONE NOT NORMAL?

You want to hear about insanity? I was found running naked through the jungles in Mexico. At the Mexico City airport, I decided I was in the middle of a movie and walked out on the wing on takeoff. My body... my liver... okay, my brain... went."

Dennis Hopper

How do you know when someone crosses the line? Occasionally, it is easily evident. Dennis Hopper''s description of his descent into madness—crawling out on the wing of an airplane that was about to take off. Thinking he was in a movie rather then life. Here is another and a poignant description of a mentally ill person from Anne Deveson's book about her son Jonathan's mental illness *Tell Me I'm Here*.

> *Martin came from New Zealand....He was a thin, delicate young man with parchment white skin, dark auburn hair to his shoulders....Often he wore only a loin cloth. I never managed to have a coherent conversation with Martin. He would dart nervously into the kitchen carrying scrolls of graph paper under his arm, and he would spread these out on the kitchen bench and begin filling in the squares, in alternate patterns of red and blue. He did this for hours. It was important to Martin that someone would look at the squares and tell him he was doing good work. When I asked him what it meant, these read and blue patterns, he would peer very closely at the paper and say, 'It's my life'.*
>
> *Somewhere, someplace, Martin's mother was probably grieving over him, aching as I ached over Jonathan. I wished that I knew Martin's address so that I could write to her, but if ever I asked him he would shake his head and scuttle out of the room.*

Martin is clearly not like the rest of us. Something is very wrong with him. When someone has bizarre symptoms like Martin's, you know to refer the person for psychiatric evaluation. When a person is clearly out of control, the person tells you they are going to kill themselves, the person shows you the pills and refuse to contract, you know you need to get this person to see a psychiatrist immediately.

Of more concern are those that confuse and concern are the ones that are not so obvious. The ones that make us wonder what is really going on.

Gordon Liddy of Watergate fame had a son who was hospitalized for thinking his father was

working for the CIA and not up to any good. The evaluators believed the father, not the the possible reality of the son's "delusaions" When in doubt, when things don't seem to make sense think mental illness, but think cautiously. .

Diagnosis of any illness is based on three things:

1. symptoms - what the patient or a significant other complains about; signs
2. what a physician or other trained observer sees
3. objective criteria - tests

Symptoms and signs generally emerge as problems in feelings, thinking, and behaving. Mental illnesses are diseases much like cancer or high blood pressure, or diabetes. All illnesses lack precise boundaries and consistent operational definitions. Diagnosis may be made on the basis of structural pathology, symptom presentation, deviance from expected norms, and etiology.

Ideally, diagnosis of an illness should combine:

1. a known etiology

2. consistent symptom presentation

3. measurable deviance from expected norms, and

4. consistent structural pathology.

These ideals are not met even when it comes to well researched physical diseases; when it comes to diagnosing a mental illness the ideals are even less easily obtained.

Symptoms and signs of a mental illness emerge as problems in feelings, thinking, and behaving. Sometimes problems will be seen in each area. Symptoms and signs can be observed across all roles or situations or only in some settings and with some people. The more someone has problems across various life domains, the more likely it is they have a mental illness. The more broadly based the symptom, the more likely it is a mental illness is operating.

When thinking mental illness, remember a symptom in one culture may well be an asset in another culture. It is also important when thinking about symptoms to realize a person can be distressed by a symptom, feel it is not normal and see it as a symptom. On the other hand a person may not be distressed, may not see what other people call a symptom as a symptom. Both are suffering from mental disorders.

THE SEVEN MAJOR DIAGNOSITC CATEGORIES

Anxiety disorders
Mood disorders
Thought or cognitive disorders
Psychotic disorders
Somataform disorders: unexplained physical or medical symptoms
Addiction
Personality disorders

HOW DO YOU DECIDE IF A PERSON HAS A MENTAL DISORDER

Must do a mental status examination. All mental status exams cover the following

- Appearance
- Behavior
- Speech
- Affect and mood
- Thoughts: Process and content
- Cognitive functioning
- Risk Assessment

Then must do a Global Assessment-a measurement of how person's functioning is affected by symptoms related to above.

THE GLOBAL ASSESSMENT OF FUNCTIONING

100 -- Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

90 -- Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80 -- If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family arguments; no more than slight impairment in social, occupational, or school functioning (e.g. temporarily falling behind in school work).

70 -- Some mild symptoms are present (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g. occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 -- Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g. few friends, conflicts with peers, co-workers).

50 -- Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning ((e.g., no friends, unable to keep a job).

40 -- Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school.

30 -- Behavior is considerable influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) Or inability to function in almost all areas (e.g. stays in bed all day, no job, home, or friends).

20 -- Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene

(e.g. smears feces) Or gross impairment in communication (e.g.; largely incoherent or mute).

10 -- Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 -- Inadequate information.

FINAL WORDS.

We always have inadequate information about another, just as we inadequate information about ourselves. There are at least four views of a person:

1. The person as s/he is.
2. The person s/he thinks s/he is.
3. The person purposively displayed to others.
4. The view of others

So Normal or Not remains part of the mystery of who we are and how others see us.

The parable of the elephant as viewed by six wise men holds particularly true for trying to decide who is ooraml and who is not. All thought they had the truth and all only touched part of the whole.

So what do I do as a professional?

1. I worry about only one aspect of Normal or Not. It is my personal version of crazy. Is the person kind or cruel. Kind both to his or her self and kind to others. Cruel to her or himself or cruel to others. (I also know defining kindness and cruelty con be complicated; someone self-mutilating because it releases pain does not think they are being cruel; a loving mother in a cultural that believes women need to be circumcised to be worthy does think she is being cruel when she puts are daughter to the knife. Still most people know the difference and if you take culture into account, you will rarely err. But you do need to extend diagnosing to cultures.

2. When cruelty is a problem, I concentrate on keeping everyone safe.

3. I share what I am thinking might be a diagnosis and why. I . give the person what the DSM says. If they agree, I ask what having that description of themselves means to them. If they don't agree, I explore other options until we find what fits best form their point of view.

4. I have a long list of strengths I look for and share with people I am charged with labeling. So many people don't honor or see their strengths.

5. I ask, given all that we have talked about, what helps the person live the life ts/he wants., what problems come up, what they want help with.

6. I practice kindness and always try to treat the person the way I want to be treated.