



Difference and Deviance in the Bipolar Diagnosis

Essays on the Socially Constructed Meaning of Mental Illness

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Introduction

The goal of iBipolar.net is to decrease the stigma around mental illness by describing the some of the variety of ways in which mental illness is socially constructed. While mental illnesses are neurobiological in nature, the meaning that we give to them is entirely social. A person can talk to himself for instance, but unless another person is around to say, "That's crazy," the action has no inherent value. Because these meanings are socially constructed, they can obviously be changed. In this project therefore I focused on debunking the idea that bipolar disorder or any other mental illness is “deviant behavior.” Instead, I proposed that it was simply “different behavior” caused by differences in composition and function of the brain. Difference should be respected, and it shouldn’t be used as a tool to dehumanize the mentally ill. We are all inherently equal human beings; we all have an equal right and ability to make choices. We may be different, but we are equal. This is the heart of the matter.

I focused particularly therefore on empowering those with bipolar disorder as well as articulating this perspective as the end goal of the process of destigmatization.

Contents and Methodology

In order to highlight the more socially constructed aspects of mental illness, I have written five essays, each describing a social aspect of mental illness. The first, *Labeling Theory*, discusses an important theory in the sociology of deviance: the affect that being give a diagnosis – or label – can have on a person. In the second, *I Am & I Have*, I deal with a very important linguistic division surrounding bipolar disorder. The third, *(Ir)rationality*, highlights the fact that rationality, a quality that is generally not associated with the mentally ill, is a culturally-specific Western value as well as pointing out that bipolars can be rational as well as irrational. The fourth, *The Discourse of Abnormal Behavior*, elaborates on the idea of rationality as a culture-specific value as well as discussing some issues of psychiatric power. The fifth, *Disease/Illness and Mind/Brain Distinctions* describes what is at stake when we forget the mind and treat only the brain. It is in the mind in which each person has the capacity to make choices, regardless of any structure and function of his or her brain.

Labeling Theory

One of the goals of this blog & website is to look at stigma from a sociological perspective. Much of the current information out there is a combination of psychological and sociological perspectives; they're merged together in a field called social psychology, which studies how people's thoughts and feelings are influenced by groups.

I think, however, there is a certain amount of importance in going back and studying the good old fashioned sociology of deviance and stigma. Ironically enough, I think this can sometimes lead us to a better understanding of the patients themselves as well of the situation. It was, after all, a sociologist who coined the term "stigma."

That being said, one of the first things I want to talk about is labeling. Okay, so what's labeling? And what's deviance?

Deviance is behavior that violates the standards of conduct or expectations of a group or society.

Labeling, or Labeling theory is an approach to deviance that attempts to explain why certain people are viewed as deviants while others engaged in the same behavior are not.

To put it a lot more simply, we all know what normal is. We have ideas about what to expect from any given situation, and when people behave in ways we don't expect them to - they're weird. They're deviants. Labels are just the names we give them - like criminal or crazy person. Sociologists, however, think labels go a lot farther; they think the labels can actually help determine what happens to a person. Just think of a kid who's told he's going to be no-good his entire life - when he winds up in the juvenile justice system at age 12, is it him, or is it the label of "bad kid?"

All of this labeling theory certainly applies to mental illness. The most drastic of these approaches asserts that the label actually causes the illness; you don't have bipolar disorder or act that way until the doctor tells you you do. Now, that's pretty patently untrue, but it's not terribly hard to see if you are bipolar or know someone who is that the way a bipolar interfaces with their disorder changes upon being diagnosed. That's a product of the label.

And that's not the only product of the label. Here we come back to stigma. Now, obviously, stigma does not always come from labeling. Labels are just words, and people stigmatize mentally ill behavior as well. But enough stigma comes from labels that I think it is important to pay attention to it.

This is because the label causes some of the most harm for the bipolar person him or herself. Studies have shown that long after a major episode or a hospitalization, long after they have resumed acting “normally,” most mentally ill patients believe that they will still be socially rejected (Link, 1987: 1473). Obviously, stigma here has nothing to do with behavior.

I also want to talk about before I close is the idea of self-labeling. For that, we need to take a break and have another mini-sociology lesson. This is based on the idea of the internalization of norms.

Norms are established standards of behavior maintained by society.

So basically all these normal things that we all know are normal are called “norms”. And they’re not just floating around outside of us; we know what they are. If you’re by yourself, you still understand if what you’re doing is normal or not. That’s because you’ve internalized these behavioral norms.

Now consider the idea of emotional norms. We all know what’s “normal” to feel. You can see it in the way we talk: “You have a right to be angry,” “It’s time to stop grieving,” “Aren’t you excited,” “You should be happy.” All of these things show us that there are right ways and wrong ways to feel in any given situation (Thoits, 1985: 224). The thing about emotions, though, that makes them different than other types of normative behaviors, is that they can’t be really seen. The only person who knows if they are deviating from emotional norms is the deviant him or herself.

Now take someone who is bipolar, someone whose emotions can go way outside of these “emotional norms.” While their behavior may not constantly be norm-breaking; their emotions might be, and they know it. They internalize it.

And so they self-label. Again and again.

So to conclude I want to propose that one solution to stigma here is, in fact, emotional validation of the mentally ill themselves. Emotional validation and acceptance, quite simply, makes people feel happier. They feel less pressured to change the essence of who they are (Thoits, 1985: 238). Who knows? If you emotionally validate those bipolars, perhaps stigma won’t even matter any more.

I Am & I Have

A few weeks ago I went to the dermatologist to have a mole removed; a couple of nights ago, I got a call from the doctor who told me that the lab results had come back and the mole was a stage 0 melanoma.

I have skin cancer.

Because it was caught so early, I'm just going to end up have a little more extensive surgery next Wednesday, and I should be fine.

I thought I would take a moment, though, to discuss what the differences are between saying something like "I have skin cancer" and "I am bipolar."

Now, many people do in fact say, "I have bipolar" or "I have bipolar disorder." Some of them say, "I suffer from bipolar" or "I live with bipolar." Most, it seems, feel that the way they express their illness is a conscious choice, and it is an important choice. If you want to take a look at some of these debates, check out Joe Kraynack's post¹ on the Bipolar Blog, rubyblue's question² on the Daily Strength Bipolar Disorder Forum or my question³ at the Livejournal community Bipolars.

The question is why one would want to make these choices. Why is it important to someone to say, "I have X" and to another person to say "I am X"?

I say I am bipolar for several reasons. The first is that I do not at all think about it as I think about the dark spot they cut off the skin of my upper back a few weeks ago.

Bipolar disorder is not anything like a tumor. It is not something that is malignant and completely separate from me, that I can go to the doctor and say, "Get this off of me; get rid of it," as fast as possible. It is not something that I look at with abject horror. It is not a dark spot on my skin or on my brain or in my soul.

Granted, there isn't really a way to say "I am cancer," like there is to say "I am bipolar" – only certain illnesses in the English language can be expressed as "am," as an aspect of identity. But even among these illnesses, bipolar disorder is different.

¹ <http://www.finkshrink.com/blog/opinions/are-you-bipolar-or-do-you-have-bipolar.html>

² http://www.dailystrength.org/c/Bipolar_Disorder/forum/6653528-how-many-us

³ <http://community.livejournal.com/bipolars/979390.html>

You can say I am diabetic or I have diabetes, and both statements ultimately mean something about your blood sugar. When you say, “I have bipolar disorder,” it means something about your brain. When you say, “I am bipolar,” it means something about your identity.

Bipolar disorder has the precarious position being both physical and mental. Further, if who we are is made up in part of how we think, and bipolar influences how we think, then separating the two is almost impossibly complicated.

Among the people who responded to my post in Bipolars, seam_by_seam wrote

I identify as bipolar. I would absolutely NOT be the person I am if... I did not have this “sickness”, this experience. It is part of who I am, just as my green eyes and my (generally) compassionate nature... your life makes you who you are, not just nature. How can I deny my whole life? Who I am, what I feel. It would be a crushing insult if I did not acknowledge this... part of me, as both beneficial, and well, tragic... one has to try. I am absolutely my own person. I just dont think being bipolar makes me who I am, but I can say with 100% certainty that I would not be the same person if I were not bipolar. Who can possibly think this?

Arbitrarily separating the person from bipolar inevitably means that there is something wrong with us. We are people and we have an illness, a disease. And we are ashamed of it. First and foremost, we cannot stand the idea that we are ill; stigma is as much an internal process as an external. How can we expect other people to treat us as complete people we do not treat ourselves as people who are whole? If we are constantly saying to ourselves, this bipolar is a dark spot on my soul?

We as bipolars should be able to stand up and say, “I am bipolar,” like others can say, “I am gay,” or “I am a woman,” rather than having to apologize for it.

Our brains have neurological differences, yes, but these differences are just that: differences

I am bipolar, and there is nothing wrong with me.

(Ir)Rationality

Emily Martin is a professor of anthropology at New York University; her work focuses particularly on feminism and the anthropology of science and power; more recently, she has

written a book – *Bipolar Expeditions* – and several articles about bipolar disorder (see below). Her interest in BP stems from her own personal experience with, and she offers an interesting and unique perspective on bipolar disorder that you don't usually encounter.

Much of this perspective centers on the mania inherent in today's modern capitalist society – everyone knows the stock market, has, for the last several years, demonstrated up and down tendencies that would make anyone think it needed meds – but Martin also describes the exclusion of bipolars from the human experience. I think this is a very valid point, and worth looking into.

So why are bipolars excluded from the human experience? Back in the 17th century, at the height of the Enlightenment, it was generally thought that rationality was the single most important aspect of a man. Descartes' "I think, therefore I am," or Kant's idea of man as lamp which could illuminate the knowledge of the world all fed into this idea that rationality was man's highest virtue. This idea is still extremely important today, although its been beaten up a little by various modernisms and post-modernisms.

The unfortunate thing for people who are bipolar is that they are not always one hundred percent rational then. The DSM-IV suggests that many of the behaviors associated with bipolar disorder have their roots in a fundamental irrationality including – "inflated self-esteem", "excessive involvement in pleasurable activities that have a high potential for painful consequences" "feelings of worthlessness and inappropriate guilt," and "recurrent thoughts of death or recurrent suicidal ideation."

At least part of Martin's point in *Bipolar Expeditions* is that whether a person is rational or irrational is not a good criterion for their ability to participate in the human experience, firstly because the human experience is about human connection, and secondly because the line between rationality and irrationality is not as well defined as we might like to think.

To substantiate this second point, Martin gives the example of something called "double bookkeeping" which is a term used for schizophrenics who both hallucinate and understand their hallucinations. Martin suggests that much the same thing is going on with bipolars; when a person is having an episode, they understand perfectly that they are acting irrationally.

And because they understand this, it becomes increasingly hard to say that there is nothing rational about this individual, and even more difficult to pin down the line between rationality and irrationality to begin with.

The Discourse of Abnormal Behavior

Discourse is a term used for the way that language influences thinking about a certain subject; in many occasions discourse defines power relations: how person A can talk about person B gives them some amount of power over person B. Because of what a diagnosis of mental illness means about a person's past and present and because it can determine somewhat their future, the discourse that surrounds mental illness is one such disempowering discourse.

The language used by psychiatry, for example, assumes that there is some fault with the individual and ignores that fact that "cultures establish normative criteria for what is acceptable behavior within that culture." (Crowe 2000: 69). Basically the idea is that nothing is abnormal until someone with power says it is; further, what is considered abnormal by some cultures may not be considered abnormal by others.

American culture, as hinted at in the previous post, values characteristics like rationality; as such, it is "normal" to behave "rationally." Michael Crowe outlines a number of other such characteristics which are considered to be essential aspects of normal behavior. Firstly, certain eating, sleeping, and social behaviors, as well as energy levels "should be maintained consistently to ensure productivity despite their social and environmental context" (Crowe 2000: 73). Second, there is a certain sense of self that a person must have to fit into individualist Western culture; one cannot be too grandiose, but at the same time, one must not have diminished sense of self-esteem. The DSM-IV thirdly stresses the importance moderation, categorizing both excessive and minimalistic behaviors as abnormal (Crowe 2000:73-75).

Crowe further goes on to show how the DSM-IV uses the absence of these characteristics to define abnormality. Examining the DSM-IV reveals that many if not all of the "symptoms" of bipolar disorder fall into Crowe's categories, including "fatigue or loss of energy nearly every day" (DSM-IV 327), "inflated self-esteem or grandiosity", "excessive involvement in pleasurable activities that have a high potential for painful consequences" (DSM-IV 332), and "diminished ability to think or concentrate, or indecisiveness" (DSM-IV 327).

The DSM-IV therefore is basically a classificatory system which divides people into normal and abnormal categories. This is not to say the mental illnesses and bipolar disorder aren't real, because they are, and they cause a lot of problems for people with them. However, I

do mean to suggest that there is nothing truly abnormal about bipolar themselves until they clash with societal norms and values and most especially when they are diagnosed.

There are other cultures which do not value individualism or productivity or rationality nearly as much as American cultures, and we have to ask the question: would we, as bipolar, be mentally ill if we lived in these cultures? And if not, what does it mean that we are mentally ill in this one? What has been taken away from us? And how can we get it back?

Disease/Illness and Mind/Brain Distinctions

In addition to constructing mental illness as the categorical opposition of “normal,” psychiatry and medicine also constructs mental illness as a biochemical problem which is best treated with medication. More simply, bipolar disorder is something that happens when something goes wrong with your brain, much as cardiovascular disease is something that happens when something is wrong with your heart. With bipolar disorder, the problem is one of pathological brain structure and function. Something is wrong with the brain as an organ, and in order to fix the behavioral ramifications of this problem – that is, mania and depression – the brain needs to be fixed.

Inevitably this explanation does not leave much room for the actual experience of being bipolar; a person’s emotions, actions, motivations, and so on, all become symptoms of a disease. Further, the disease is what is treated, instead of the person his or herself.

In medical anthropology, this is called the disease/illness distinction, where the disease is the actual pathological entity, and the illness is the far-reaching social and psychological consequences of said disease. All chronic pathologies are both disease and illness; cancer, for instance, is a disease treated by doctors, and an illness which affects the many areas of an individual’s life, including their well-being, activity level, social relationships, and so on.

While it would seem that mental illnesses could somehow transcend such a distinction (you would imagine, for instance, that a psychiatrist would be interested in treating the social ramifications of bipolar disorder), psychiatry emphasizes the symptomatic and episodic nature of bipolar disorder, firmly constructing it as a disease. This can be seen in the language of the DSM-IV as well as in the idea that bipolar disorder is caused by problematic structure and synapses gone haywire.

The idea that bipolar behavior is caused by brain structure is an example of neuroreductionism. Neuroreductionism is a stance in which all actions are removed from any context but a neurological one; any social, cultural, or moral motivation is dismissed as being a product of the brain to begin with. In philosophy there is a problem which is called the mind-brain problem; the mind is not only all of the thoughts and feelings we have, but our own knowledge of who we are, and the brain is the physical organ which sits in our head and fires off chemicals to keep us going. The problem is about the relationship between the two: are they the same thing? Are they two different things? Is one superior to the other? Neuroreductionism answers this last question with a yes: the brain is superior to the mind. What happens in the mind first happens in the brain; the mind is something which is embedded in the brain, rather than something which transcends it.

I, personally, do not like neuroreductionism, because I think it takes something away from us. While a doctor may be able to treat bipolar as a disease, I deal with the effects of bipolar as an illness every day. As I said before, I think it is insulting to reduce my life to a disease.

Emily Martin uses a metaphor I like in *Bipolar Expeditions*. She says that when we see a finger pointing, we can see what it's doing structurally; we can identify the fingers used, the angles, and so on. But there is no real meaning to the gesture without a common social understanding of what it means to point. The brain can be understood as being made up of various structures serving a variety of purposes, but it can give no meaning without the mind to interpret our experiences.

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