



Clear Thinking Issue 106

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How to avoid the damage caused by psychological labelling

Why it's so important to understand that mental health problems are normal
– by **Mark Tyrrell**

I've worked with so many different people over the years that nothing really surprises me anymore. I've seen just about every kind of phobia, fetish, addiction and obsession you can imagine.

Yet the people *experiencing* these difficulties often feel alone, ashamed, freakish and embarrassed.

In some ways this is not surprising because, although modern society has made some attempts to *de-stigmatise* conditions such as clinical depression and anxiety, in a way these conditions have actually become *more* daunting for sufferers through being 'medicalized' – they are seen as pathological chemical *disorders* rather than what Milton Erickson described as 'the normal roughage of life'.

Having a 'disorder' can seem a lot *more* of a problem than 'feeling depressed'. So

- 'feeling blue' has become 'clinical depression'
- 'having cold feet' about undertaking something difficult is now 'avoidant personality disorder'

and, as a psychologist friend of mine likes to joke:

- 'normal childhood' is now called 'attention deficit hyperactivity disorder'

I'm not suggesting that these diagnostic labels have *no* relevance or value, and for some people having a so-called 'proper diagnosis' can be reassuring in an "Ahhh! Now at least I know what is wrong with me!" kind of a way. And I respect that when I am treating people who have been diagnosed in these ways.

But the danger is that if we come to believe we have a 'disease' or a 'genetic condition' when *in fact* we are just experiencing part of life's rich pattern, then we may:

- feel we've lost control over our lives, leading to a deepening of depression and a worsening of anxiety or addiction (after all, if my problems are a 'disease', the best I can do is live with it – it isn't something I can resolve)
- start to feel we are fundamentally *different* and weird, instead of just a regular human being struggling with life.

In reality, there is no evidence that the majority of depressions are caused by chemical imbalance rather than temporary adverse life circumstances, or that addictions such as alcoholism are a 'disease' that you *always* have to live with. These are ideologies which have never been scientifically validated but have seeped into the collective cultural consciousness. And in some ways they can be very disempowering.

This is not to say that experiencing psychological problems isn't genuinely horrible for the sufferer, or that there aren't any genuine neurological disorders – of course, there are. But it's also true to say that most common so called 'psychological disorder' is what used to be known as 'the human condition'.

Sometimes – quite often, in fact – it helps to gently 'normalize' the problem behavior and situate it in the range of common or natural responses to difficulties of this kind. This not only 'permits' the sufferer to stop feeling like some kind of a freak (i.e. 'more normal'), but also makes what is happening more manageable and controllable, which gives us one of the most powerful psychological boosts any of us can ever have – hope.

I recently treated a woman who was heavily pregnant. She was terrified of what might happen during the birth. The birth of her first child, five years before, had been surrounded by complications and she herself had almost died. Now she was experiencing flashbacks, nightmares and extreme fear about the upcoming birth, even though the specific medical problem that had led to the previous trauma had been rectified.

She was particularly alarmed because she'd been watching a medical drama on TV recently and found herself crying uncontrollably during a scene in the operating theatre. "It was like I was crazy, she said. "Like some sort of freak!"

I looked at her squarely and said something I'll often say to someone who's been having psychological difficulties: I said:

“Now really, after what you’ve been through, I’d have thought there was something rather weird about you if you *hadn’t* become traumatized!”

She looked at me in astonishment, and then laughed out loud and I could almost see the weight of self doubt lift from her. I had *normalized* her reaction to the circumstances she’d experienced, and suddenly she felt normal again – which, of course, she is.

When we feel ‘abnormal’, as if we are ‘crazy’, then we feel over-whelmed. How is anybody expected to cope with that?

Psychiatry has been rather keen to pathologize all kinds of natural and normal human reactions. I never treat *anyone* as ‘abnormal’, however they’ve responded to life’s ebbs and flows.

Depressions, anxieties and addictions – in fact, any so-called ‘mental condition’ you can think of – *always* develop within a life context. This is what medical diagnosis so crudely often misses. The post traumatic stress of the woman I saw may have seemed pathological if taken *out of context*, but when we put it *in the context of the circumstances of her first delivery*, we can see that it was a perfectly *natural* response to what had happened to her. And everyone has their own ‘story’, including you and me.

One way to think about this, both for your own psychological difficulties and for those of people you treat or know, is to look at the *adaptive* function of psychological problems.

Anxiety isn’t a ‘condition’ or a ‘disease’ – it’s a potentially life saving *response*. Psychological problems only *become* ‘problems’ when a normal response like anxiety is deployed in a situation where it hinders, instead of helping. For example, panicking when confronted by a mugger is a potentially life saving adaptive response – but panicking when I’m about to have a dental check up most certainly isn’t.

I’ll often normalize a ‘pathological’ label that’s been applied to someone by explaining why what they have been experiencing is a *natural* response and also how, in its proper place, it would even be a *useful* response.

Now let’s consider what some might think an extreme example. Where and when would *addiction* be a useful response to have?

When we learn anything new, we have to become quite obsessive about it if we are really to make any progress. If you want to learn to play the guitar, or master that computer program, it will benefit you to be quite addicted to playing the guitar or spending hours and hours and hours coding *for a while*. When I was first learning about hypnosis, it was virtually all I thought about for a couple of years!

In the early development of humans, this *capacity* to addict and devote ourselves obsessively to important life preserving behaviors, like ensuring we had sufficient stocks of food for the winter, was a necessary and even vital human trait – not a weird aberration. We all know about the downside of addictive behavior, but it's important to remember that the capacity to addict is not, in itself, a problem. It's what we choose to be addicted to.

What about anger? This response too is there to keep us safe. If we or someone close to us is threatened, anger helps us seem more scary to an aggressor, and gives us a boost of bravery to address the threat. In the right context, anger is a vital and powerful tool. It is only when it is misdirected or turned into a habitual rather than occasional contingent response that it starts to cause problems.

Can the same be said for depression? Is it in any way a normal adaptive response?

The last ice age was only around 10,000 years ago. When there was less food available it would have made sense to shut down energy, stop trying, and hide away – at least *for a while*. When a dramatic change occurs in life, such as the loss of a loved one, or a job redundancy or accident, we need to *stop for a while, go inward, even shut down for a bit* to process what has happened before we start to re-orientate to life being very different from here on in. Although not an enjoyable process, this turning inward and shutting out the rest of the world allows us to work on the multi-layered implications of such major changes and prepare ourselves for things to be different.

I'll often talk to a depressed client in terms of an analogy describing someone in a boat travelling down a river system. Without noticing, they may find the boat caught in a side channel, the way blocked and barred by matted roots and branches. It's just impractical to think of continuing as before. The boat must stop, turn round, go the other way, find the way back to the main stream, pick up energy once more, and *begin to move in a new direction*.

All these ideas help to make what people have been experiencing seem more 'normal', more manageable and so more hopeful and less stigmatizing than the thought of having some mysterious and inexplicable 'mental disease'.

I don't talk about 'curing' such conditions, because you don't want to entirely get rid of an instinct which is there for your preservation. Instead I describe how we can begin to deliberately *use* these natural human traits in ways that can help us rather than hinder us.

Normalizing these so-called 'abnormalities' does not mean dismissing the difficulties that people have experienced, nor even directly challenging any specific label that they have been given (as I mentioned, some people find comfort in having a diagnostic

label). But there is no doubt that being given a way to understand their symptoms in a 'normal' framework brings great relief to people's minds. No one likes to think of themselves as 'crazy' – and why should they?

Rewind Technique online course

People who suffer from post-traumatic stress and people who battle with the paralyzing fear induced by a phobia are classic 'victims' of the misplaced activation of what are, in other circumstances, life-saving responses.

Although normalization of their experience is vital, it is even more important to know what to do to release them from the grip of the all encompassing fear that binds them.

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See you in a fortnight.

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Uncommon Knowledge
Psychology trainers since 1995

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