

When does 'different' become a diagnosis?

When does feeling 'a little different' become a diagnosis for mental health? CMC counselor and psychologist Drewbie talks the pros, cons and hidden truths of a tough yet common topic.

My favorite class to teach is *Abnormal Psychology*, a class based on diagnosis and treatment of mental-health disorders. I always hated the word "abnormal" — it is outdated, offensive and indicates that those with a diagnosis are freakish — but still love the class though. It deals with an incredibly important topic: When do emotions and behaviors go from odd, stressful or uncomfortable, to diagnosable?

All of us have experienced many of the symptoms of diagnosable disorders at some point: sadness, anxiety, worry, substance abuse, self-worth doubts and other negative feelings are very common.

Just because these symptoms have some level of commonality, however, does not mean we all meet the requirements for a diagnosis.

When making a diagnosis, there is substantial subjectivity and gray area. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (the Bible of mental health disorders) identifies disorders and specific symptoms and requirements for diagnosis, but there is still a level of interpretation. Learning how to accurately use this system requires substantial training, education and testing. The diagnosis process must be respected and performed by those with

appropriate credentials.

A mental-health diagnosis can be both beneficial and harmful. Regardless of the pros and cons, diagnosis is necessary and the benefits far outweigh the drawbacks, and when done responsibly by a professional, the risks and dangers should be mitigated.

DIAGNOSIS DRAWBACKS

The "self-fulfilling prophecy": This concept essentially states that if you believe something to be true, it is more likely to come true. This is often done subconsciously and unintentionally. If a person is diagnosed with Generalized Anxiety Disorder, he or she may start to show signs of more anxiety because of the diagnosis.

Stigma: Fair or not, mental-health disorders come with stigma. As a counselor, professor and, more importantly, a person with a mental-health disorder, I know this is too true. Our culture has a skewed idea of mental illness, manifesting in assumptions, fears and stereotypes. Appropriate or not, it is real.

Inaccurate diagnosis: Because of the subjective nature of diagnosis (client self-reporting, hidden symptoms and other factors), clinicians can miss a diagnosis. This can have major consequences, including improper treatment methods, negative emotional consequences and more. Your

clinician should understand that diagnoses could change over time.

Excuses: A mental-health diagnosis should not be an excuse for negative behaviors, but it is often an explanation. Do not let your diagnosis be an excuse to be the worst version of yourself — use it as motivation.

DIAGNOSIS POSITIVES

Relief: For most people, receiving a diagnosis can bring a huge sense of relief — the whole, "That's what this is called," moment. It might be a diagnosis, but it's also a starting point for recovery.

Validation: When diagnosed bipolar some years ago, I realized I wasn't making up symptoms. It is real and I am not crazy — just a little ill.

Treatment: Forgoing a diagnosis can limit treatments. In the field of psychology and counseling, people have spent years learning the best treatment options for each specific disorder, and the majority of treatments are non-medicinal with holistic benefits. For me, exercise, diet, art and yoga have all been helpful.

Support: Counselors, family and friends (and people with similar diagnoses) can help support a person with a diagnosis. Find the people you need and let them know how best to support and encourage.

Acceptance: For some people, a diagnosis can help with personal and outside acceptance. While it can sometimes feel alienating, it's also a reminder you're not the only one with these issues.



Drew Mikita
Dear Drewbie



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Drew Mikita says that yoga is one way he likes to self-treat his mental-health diagnosis.

ODD BEHAVIOR OR ILLNESS?

The questions remain: When does normal sadness turn into Major Depressive Disorder? When can everyday life stress become Generalized Anxiety Disorder? The lines are gray at best, even as a professional with a decade in the field, but I have to remember that some of the most fascinating people I know are abnormal, weird and quirky. They might even have a diagnosis. Some of our favorite artists, writers, athletes and people have diagnosable mental-health disorders.

First, it is essential to always look at the context of the behavior. If a person is showing mild signs of depression but just got divorced, lost their dog or even has the flu, they might not have depression. They could show signs, but they just had a horrible stretch of life events and sadness is appropriate. Understand that life circumstances, cultural and religious values, and all other factors make for an accurate diagnosis.

Second, mental-health disorders fall on a continuum, or spectrum, of severity, ranging from mild to severe. Don't assume that just because you know me,

you also know what it is like for everyone who is bipolar. Everyone is unique.

KNOW THE SIGNS

Below are a few things to consider when evaluating the differences between a possible mental-health diagnosis and normal, everyday stress. Speak with a licensed clinician if you are experiencing mental-health symptoms to get an accurate diagnosis.

Intensity: Being bummed out or melancholy is fairly normal — laziness, lack of motivation and sadness are common. People with a mental-health disorder experience those feelings much more intensely, to the point that the feelings disrupt daily functions. They're often described as crippling, paralyzing and debilitating, including common symptoms like suicidal thoughts and panic attacks.

Frequency: Symptoms of depression and anxiety can be typical for days, weeks or even months at a time, and they can be brought on by changes (tourist season, work demands, life stressors and more). For people with a disorder, these are much more common, even constant.

Duration: For most people, negative emotions will last a few hours, days or weeks,

then fade back to normal. People with a diagnosis can experience negative feelings with little or no relief for months and years.

Quantity of symptoms: Every diagnosis is essentially a checklist — a person meets X number of Y symptoms. The more symptoms a person has, the more likely a diagnosis.

BOTTOM LINE

If you are concerned that you or a friend might have a diagnosis, don't delay. Get them to a licensed professional to start getting answers and talk about treatment options.

Just don't stress if you get diagnosed — this is the beginning point for improvement. It is the start of treatment, relief and recovery, and remember: "Normal" is kind of boring anyway.

Drew Mikita is an associate professor of psychology at Colorado Mountain College. Since 2007, he has practiced mental health in Summit County as a licensed professional counselor. He is also a sports psychology consultant currently pursuing a doctorate in sport psychology. Originally from Summit County, Ohio, Drew is living out his dream as a mountain person.