

The Chief Peril Is Not a DSM Diagnosis but the Polarized Mind

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Abstract

This article calls on organized psychiatry and psychology to wake up and address a major underappreciated discrepancy. This is the discrepancy between diagnostic nomenclature for therapy clients and the nonpathologizing or even glorifying nomenclature for many throughout history who are abusive, degrading, and massively destructive. While the former, typically clinical population, may be referred to as the “diagnosed” and the latter, typically nonclinical population, as the “undiagnosed,” I show how the compartmentalization of our current psychiatric diagnostic system prevents us from seeing the larger problems with mental health in our country and beyond and show that these problems require an alternative framework. Such a framework would address both that which we conventionally term *mental disorder* as well as the disorder of cultures, which so often forms the basis for that which we term mental disorders. I propose that the phenomenologically based framework that I call “the polarized mind” is one such alternative that might help us more equitably treat suffering, whether individual or collective.

Keywords

diagnosis, mental disorder, DSM, society, polarized mind, depth therapy, terror management theory, psychiatry, psychology

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There is a reason why many of the most “twisted” and destructive people on this planet are not seen as “mental patients.” They tend to be ordinary or even celebrated individuals—and their brains are considered to be as “normal” as the rest of us. Does this not tell us something glaring about the inadequacy of our current psychiatric diagnostic system, as well as the culture out of which it arises (e.g., see Fromm, 1955)? We have no language for the malady that both supersedes and, in many cases, fuels the diagnostic categories we conventionally term *psychiatric illnesses*, and our reduction of these categories to brain abnormalities almost entirely blinds us to their deeper cause. This cause is overridingly environmental and the product not of sickness but of unaddressed, unacknowledged fear—which leads individuals—as well as societies—to become rigid, narrow, and destructive (Schneider, 2013).¹

Time for a Broader Perspective

In light of humanity’s persistent destructiveness (Pilisuk & Rountree, 2015)—and in the spirit of Laing (1967), Foucault (1961/1988), and Szasz (1961/1974)—it is time to revisit what we mean by “mental illness” and “mental disorder.” Although these terms are popularly understood as various forms of psychological suffering, increasingly, they are being defined in terms of biologically based brain correlates (Insel, 2013). From the standpoint of the disease model of psychiatry, for example, mental illness implies the presence of detectable tissue pathology and mental disorder implies a discrete deviation from normal functioning as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*; American Psychiatric Association, 2013); yet neither concept holds up well under close scrutiny.

Mental illness, for example, is rarely corroborated by the clear presence of tissue pathology, and when it is, it tends to be dispositional rather than determinative (Read & Bentall, 2012). The second category, mental disorder, is typically confined to those who are (1) socially isolated, (2) professionally referred, or (3) socially powerless. The problem, however, is that the category is much broader than is generally conceived. There are legions of people who fit many aspects of what is conventionally termed *mentally disordered* (as well as mentally ill), and they are rarely considered as such either by authorities or by the authority-adhering public. Consider, for example, the relevance of the following set of traits, drawn from the *DSM*, to many of the world’s most notorious political leaders, business and religious leaders, and everyday bullies, bigots, and nationalists. (Let’s not forget that 76 short years ago, 8 out of the 15 leaders who assembled at the ill-famed Wansee conference in Nazi Germany, which instigated the “Final Solution,” were doctors!). Consider

how problematic it is to restrict diagnoses to a relatively small and powerless constituency of mental patients (the so-called mentally disordered) while forgetting that the most egregious possessors of such qualities often reside casually next door, or worse, in the most lavish chambers of national capitols.

The traits to which I refer are, first, the diagnostic criteria for antisocial personality disorder, as adapted from the *DSM*. These traits include the following:

1. A callous unconcern for the feelings of others
2. The incapacity to maintain consistent, responsible relationships
3. The reckless disregard for the safety of others
4. Deceitfulness: the repeated lying to and conning of others for profit
5. The incapacity to experience remorse
6. The failure to conform to social norms with respect to lawful behaviors

I would also add the diagnostic criteria for narcissistic personality disorder, which include the following:

1. A grandiose sense of self-importance
2. A preoccupation with fantasies of unlimited success or power
3. A sense of entitlement, a lack of empathy, and an unwillingness to recognize the needs of others
4. Arrogance

Now, it is abundantly clear—or should be with even a cursory knowledge of history, as well as of our own times—that these aforementioned “disorders” are major disturbances of humanity and not merely the pathologies of marginalized groups. They are also major disturbances of personal and cultural conditioning and not merely the byproducts of defective brains or genes (Fromm, 1955; Laing, 1967; Pilisuk & Rountree, 2015).

It is in this context that I advocate for a radical overhaul in our conception of mental disorder. I advocate for a *terminology* that can capture the breadth of the problem we conventionally attribute to those marginalized and disenfranchised groups labeled mentally disordered. Accordingly, I propose that what I have coined the *polarized mind* may be one such terminology that can help us apprehend both individual and collective disturbances and their antidotes (Schneider, 2013). The polarized mind is the fixation on one point of view to the utter exclusion of competing points of view and in my opinion is the psychosocial “plague” of humanity. Over and over again, generation after generation, the major cultures of the world seem to produce the polarized

mind and, until disaster strikes, it is almost always hidden in plain sight. What I mean by this is that, according to my studies of psychohistory (e.g., Hoffer, 1951; Kruglanski, Gelfand, & Gunaratna, 2012; Zinn, 2003), the polarized mind appears to be a vital yet underappreciated link among not only the so-called disorders of conventional psychiatry (e.g., depression, paranoia) but also the upheavals of humanity (e.g., war, corrupt leadership). While the polarized mind still risks use as a marginalizing label, I contend that it comes with far less cultural “baggage” than conventional diagnoses. This is chiefly because virtually all people recognize the experience of polarization at some point in their lives, and the state is not confined to particular outgroups. But even more important—and unlike conventional diagnoses—the state is as applicable to the rich and powerful (who have arguably done the most humanitarian damage) as it is to the poor and destitute, and to the societal as well as to the individual. Moreover, understanding the polarized mind helps us understand, and thus potentially address, the systemic nature of psychosocial disorder—how it arises, why it arises, and how, collectively, to combat it.

In sum, the polarized mind is an expanded conceptual framework for *DSM* diagnoses; it gives us a sociopolitical context for these diagnoses, and it situates them in the much larger and more accurate narrative of historical suffering, than in the compartmentalized narratives of individual physiology, parentage, or trauma. Let me clarify that I am *not* discounting the role of these latter factors in psychosocial suffering; they are real and often have powerful, long-term effects. What I am underscoring, however, is how limited these latter factors are in the context of the much weightier problem of world-historical catastrophes spawned by world-historical leaders and their followers. These are some of the same lineages that foster and are integral to so-called individual disturbances. In brief, the *polarized mind* is a broader and deeper level of analysis that can coincide with and address blatant gaps within the present *DSM*. Perhaps in the future, the *DSM* and polarized-mind perspectives can coalesce so as to bolster our capacity to heal.

What, then, are the bases for the polarized mind? To understand this problem, I have turned to both clinical depth psychology (e.g., Laing, 1969; May, 1981; Stolorow, 2011) and the social psychology of terror management theory (e.g., Kruglanski et al., 2012), which draws from the illuminating work of Ernest Becker (1973) on generative death anxiety. As terror management theorists have so adroitly shown, the fixation on single points of view (or what I term the *polarized mind*) appears largely to be a byproduct of fear—and fear has its roots in the terror of death (Greenberg, Koole, & Pyszczynski, 2004); or what existential depth theorists have termed the *groundlessness* of

existence (Yalom, 1980). In the absence of intervention, people will do all they can to avoid this terror, including becoming inflated and terrifying themselves as a result. In our present age, polarized minds appear to be at work at mass shootings in public institutions (as in military bases and schools), suicide bombings (as in London and Afghanistan), and racially charged homicides (as in the Travon Martin case, among many others). But polarized minds are also evident in the corporate manipulations of the U.S. Congress, the willful contaminations of the environment, the hateful rhetoric of ideologues (on both the political left and the right), and the surveillance state (for numerous examples, see Schneider, 2017; Zinn, 2003).

In short, if we are to address the problem of mental disturbance in our communities, and indeed in the world, we must address the cultures and upbringings that give rise to such disturbance, and we must dig for resources far beyond that of the medical or the psychological clinic.

A Works Progress Program for Depth Psychology

It is in this light that I propose what I call the equivalence of a Works Progress program for Depth Psychology.² By “works progress program,” I am echoing Franklyn Delano Roosevelt’s project for the mass transformation of a fiscally depressed society into a more vibrant, collectively productive community (Zinn, 2003). We might begin this project in the context of psychosocial depolarization with pilot studies of longer term, relational psychotherapy programs for troubled, mistreated youth. Such studies could help us understand the fuller and longer term impact of depth psychotherapy for depreciated youth, their families, and communities. Second, we could develop pilot research programs to assess the impact of arts, humanities, and emotional intelligence curricula (e.g., mindfulness education and learning how to handle emotions) in public schools. These kinds of research studies would help us understand how and whether the advice of wisdom traditions, both contemporary and classic, can have a therapeutic effect on developing children (for an elaboration, see Schneider, 2013, 2017). Finally, we could implement a pilot study of confidential, psychologically facilitated encounters among members of communities and government (see, e.g., the recent “experiential democracy” dialogue I facilitated with an African American activist and a White police officer on YouTube at <https://www.youtube.com/watch?v=g92cNF5-Tpw>, a blog I wrote on this topic at *Mad in America*: <https://www.madinamerica.com/tag/kirk-schneider/>, and the facilitations of dialogue between political liberals and conservatives by the timely organization “Better Angels” <https://www.better-angels.org>).

Such encounters are fashioned to emulate the approaches that we have used quite successfully in couples counseling and conflict-resolution groups. Moreover, they seem to help ostensibly adversarial individuals or small groups to understand one another as persons rather than as simplistic stereotypes—and to gradually, as their understanding grows, appreciate points of commonality. This commonality is the basis for consensus, and consensus, under the circumstances of the aforementioned dialogues, may be the basis for a more just and stable world. Pilot studies of such dialogues would give us a chance to see if what we observe in the consulting room and the occasional intercultural exchange can work at the level of communities and, potentially, the highest levels of governance.

These antipolarization measures may not be easy to implement, and they wouldn't take place overnight, but they are certainly doable. Furthermore, if we don't recognize that conventional psychiatric approaches—and terminology—are insufficient to the task of addressing those who rule and often threaten our world, we will continue to flounder in despair.

Author's Note

This article is adapted from a *Psychology Today* blog post by the same author (Schneider, 2014, March) titled “The Peril Is Not Mental Illness but the Polarized Mind.”

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Notes

1. Also, we now have increasing evidence, even from psychiatry, that the bases for many if not most of the so-called mental illnesses are largely informed by physical and emotional abuse, neglect, and devaluation (see Read & Bentall, 2012).
2. By “Depth Psychology,” I mean existentially informed quantitative and qualitative analyses of the human condition. These analyses include the insights of existential psychology, anthropology, and philosophy; psychoanalytic and analytical psychology; and critical philosophy. In general, depth psychology addresses the conscious and subconscious forces that affect the personal and collective well-being of humanity.

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Author Biography



Kirk J. Schneider, PhD, is a psychologist and leading spokesperson for contemporary existential-humanistic psychology. Schneider is past president (2015-2016) of the Society for Humanistic Psychology of the American Psychological Association, recent past editor of the *Journal of Humanistic Psychology* (2005-2012), president of the Existential-Humanistic Institute, and adjunct faculty at Saybrook University and Teachers College, Columbia University. A Fellow of the American Psychological Association, Dr. Schneider has published more than 100 articles and chapters and has authored or edited 12 books. These books include *The Paradoxical Self, Horror and the Holy; The Psychology of Existence* (with Rollo May); *The Handbook of Humanistic Psychology* (2nd ed.) (with Fraser Pierson and James Bugental); *Rediscovery of Awe; Existential-Integrative Psychotherapy; Existential-Humanistic Therapy* (2nd ed.) (with Orah Krug); *Humanity's Dark Side: Evil, Destructive Experience, and Psychotherapy* (with Art Bohart, Barbara Held, and Ed Mendelowitz); *Awakening to Awe; The Polarized Mind; The Essentials of Existential-Humanistic Therapy Supervision* (with Orah Krug); *The Spirituality of Awe: Challenges to the Robotic Revolution*; and *The Wiley World Handbook of Existential Therapy* (with Emmy van Deurzen et al.) in preparation.