**Relax, You're Normal**

Why won't we call things normal?

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We, in the world of [psychiatry](http://www.psychologytoday.com/basics/psychiatry) and mental health, seem to have an allergy to calling anything normal. People tend to use quotes: "normal", often lifting fingers in the air for emphasis.

We are we afraid to call things normal? Because we're afraid to call things abnormal.

Hence all the hand-wringing about DSM-5. The thrust of most critics, many of whom abound on blogs, is that DSM vastly overdiagnoses abnormality. This is probably true. The problem is rather like what a surgeon once said about all knowledge: Half of what I'm going to tell you is wrong, I'm just not sure which half. Surely not ALL of DSM is entirely false? All 100% of it?

If we agree that there is even an iota of abnormality that is somehow captured in DSM, we are faced with this problem: how do we separate what is validly abnormal from what is not?

We ought to begin with admitting that fact: there is such a thing as being abnormal. Which means there is such a thing is being normal.

So what is normal? I'll tell you. It's this: What's not abnormal is normal. Now let me define what's abnormal: If you have a disease of an organ in your body, and it kills you, that's abnormal. If you don't have such a disease, you're normal. Manic-depression is extremely genetic (as much as height) and it increases the risk of [suicide](http://www.psychologytoday.com/basics/suicide) about ten fold, similar to the risk of cigarette [smoking](http://www.psychologytoday.com/basics/smoking) causing lung cancer. If that's not a mental disease, nothing is.

Bottom of Form

If you're not manic-depressive, you're normal. (A list of about 5-10 other such diseases could be defended, beginning with [schizophrenia](http://www.psychologytoday.com/conditions/schizophrenia)).

I haven't told you what it means to be normal, you say? That's right, and that's the great thing about normality. There are many ways to be normal, normality has many variations, it's not one single essential thing, like the pre-Darwinian concept of species; it's a distribution of [personality](http://www.psychologytoday.com/basics/personality) and behavioral traits. You don't have to be smack dab in the middle of the biological distribution of such traits to be normal (what psychiatrist Roy Grinker called "homoclites"), you just need to avoid the extremes.

That's another aspect of normality: besides not having a disease, to be normal means that what is not at the extreme of standard personality traits, and such extremes can be easily measured and quantified as two standard deviations, which means only a few percentage points of the population.

Relax, you're probably normal.

If you don't have a disease of your body and you are not at the extreme of personality traits, you're normal. You could be somewhat more anxious or less, somewhat more [outgoing](http://www.psychologytoday.com/basics/extroversion) or less, somewhat more curious or less. You might like [sex](http://www.psychologytoday.com/basics/sex) more or less, in one position rather than another, with one [gender](http://www.psychologytoday.com/basics/gender) or race than another. You might be democrat or republican or libertarian, or even socialist or communist, or a [religious](http://www.psychologytoday.com/basics/religion) fundamentalist (even perhaps from a religion from the Middle East that's not popular in the United States). You might even commit crimes.  You could be any of the above, and still be normal, from a psychiatric perspective.

There's plenty of room for normality, without having to stick DSM labels that imply medical abnormality. In this I agree with DSM critics, but they don't seem to appreciate that at the same time, there are a number of serious abnormal diseases that deserve to be called what they are.

Let's drop the quotes and finger waving, and call normal normal, and disease disease, and let's value science and the legitimate work of legitimate researchers in legitimate diseases. Maybe then we can finally stop wasting everybody's time and effort, and convert psychiatry from what it has been - a "pragmatic" game between interest groups -  into what it has always meant to be: an honest science of what is not disease and what is disease.  Without that change, we'll continue to fail to find causes and cures.