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Are people getting crazier?

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young girl is snatched from her bike as she rides to her elementary school and is later found sexually assaulted and killed by a recently released convicted sex offender. A frightened, angry, and isolated adolescent comes to his high school with an automatic rifle and randomly shoots classmates and teachers—until he is confronted by a police officer and ends his life by shooting himself. A community and seemingly religious congregation is shocked to hear a teenager attempted to take a teenage congregational pew for sexual recreation and used an office computer for accessing child pornography. Web sites. News seems like this indicates how frequently Americans are forced to confront severe psychopathology, mental illness, or disordered behavior.

Then, thanks to the culture of celebrity obsession, we are all familiar with the highly narcissistic style of Donald Trump, the accusations of pedophilia and body dysmorphic disorder associated with Michael Jackson, as well as the many other human tragedies that seem to have played out in the American media and culture, including the murder of John Lennon, John Hinckley’s attempt on Ronald Reagan, Mia Farrow’s affair with Woody Allen, and even Macaulay Culkin. Sometimes it seems like a rehabilitation stay at the Betty Ford Clinic is a requirement or rite of passage for the rich and famous.
Are people getting crazier?

At a subconscious level, many psychologists believe we are predisposed to view our mental state as normal, even if it is disordered.幼儿心理状态是个体心理发展的基础。

The DSM-5, published by the American Psychiatric Association, lists hundreds of psychiatric disorders that include a checklist of symptoms and criteria for diagnosis. The manual is not really informed by empirically based science as much as it is a collaborative effort of many psychiatrists. The DSM-5 says, a reasonable consensus has been reached among experts who describe and diagnose mental disorders.

Regardless of whether the DSM-5 is a reasonable and appropriate way to define abnormal behavior, the fact is that it is a comprehensive and widely accepted manual used by mental health professionals. Some disorders, such as bipolar disorder, have been known for centuries, while others, such as autism spectrum disorder, have been identified relatively recently.

The DSM-5 includes many new disorders, such as autism spectrum disorder, which was previously considered a single condition. The DSM-5 also includes many changes to existing disorders, such as the addition of subtypes for some conditions.

The DSM-5 is a tool that helps mental health professionals diagnose and treat mental disorders. It is not a cure, but it is a helpful guide for understanding and managing mental health problems.
Mental Disorders of the New Millennium

If you were to take a comprehensive look at some of the most challenging and perplexing issues of the 21st century, you would find many of them rooted in the complex and often disturbing world of mental health. This is especially true in the context of media, where stories and reports about mental disorders, secrets, betrayal, and crime often capture the public’s attention. These stories are not just about media coverage; they are also about the interplay between media and mental health, and the ways in which media coverage can shape public perceptions and behaviors.

The constant bombardment of media stories about the crazy behavior of others becomes entertainment in and of itself, as the craze of reality shows uses mental illness for their plots and perhaps a grand conclusion of the show. But it is not just the dramatized version of mental illness that is problematic. The real-life experiences of people with mental disorders and their families can have a profound impact on society.

For example, the tragic deaths of Nicole Brown Simpson and Ron Goldman, O.J.'s television interview and book project titled If I Did It, created a media storm. The sensationalism and exploitation of these stories have helped to increase awareness of mental illness, but they have also contributed to the stigmatization of mental illness and the perpetuation of harmful stereotypes.

There is a need for a more nuanced and balanced approach to understanding mental illness. The media can be a powerful tool for raising awareness and promoting understanding, but it is important to consider the potential risks and consequences of media coverage.

In terms of context for mental disorders, what is especially new today is a 24/7 news cycle with media coverage seemingly everywhere. Stories of people performing horrific acts are often shown repeatedly, and the public demands to know more about the individuals and the circumstances of the crime. Security cameras, which now seem to be located everywhere, show child abuse, abductions, and other crimes that are then shown hundreds of times on television and the Internet.

The integration of biopsychosocial treatment approaches is generally more effective for many other mental and behavioral disorders as well. For example, I treat a woman who suffers from anxiety and insomnia. She has tried anti-anxiety medications, but has also tried breathing and relaxation techniques as well as hypnosis and biofeedback to reduce her physiological reactivity. She has also eliminated caffeine from her diet. In addition to these biologically-based interventions, psychological and social interventions have been very productive for her recovery, and her quality of life has improved tremendously.

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What can be done to minimize, eliminate, or sometimes prevent abnormal behavior? This question is a fundamental one for those concerned with public health, social welfare, and psychology. Some factors, such as genetics, hormonal imbalances, and biochemical imbalances, are biological or physiological in nature. However, many abnormal behaviors are the result of environmental influences, such as cultural norms and values, economic conditions, and social interactions.

We clearly can make a better world for ourselves and for society if we can follow some key principles of prevention. Several principles have emerged as being especially important in preventing abnormal behavior from either developing or getting worse. While we cannot do justice to all of these principles in this brief reflection, we can at least mention some of them.

**Minimize exposure to risk factors.**

People who are exposed to certain risk factors are more likely to develop certain problems. For example, children who are exposed to extreme poverty, violence, or neglect are more likely to develop depression, anxiety, and other psychological problems. Minimizing exposure to these risk factors can help reduce the likelihood of developing abnormal behavior.

**Minimize poverty.**

Those who are poor are less likely to have access to professional mental and physical health care services. They are much more likely to be affected by the stresses associated with unemployment, poverty, and poor housing. Efforts to reduce poverty will likely minimize the occurrence of a variety of abnormal behaviors.

**Minimize abuse and neglect of children.**

Abused and neglected children are more likely to develop certain troubles with depression, anxiety, violence, substance abuse, interpersonal difficulties, and other problems. Efforts to reduce abuse and neglect can help minimize the likelihood of developing abnormal behavior.

**Minimize exposure to violence.**

Wars and street crime are sources of violence, but partner abuse, date rape, and other kinds of violence are all too common. Furthermore, research performed during the past decade or so has shown that cultural expectations about behavior are acts of terrorism—suicide bombings in particular. Research and forensic assessment clearly indicate that the perpetrators often do not suffer from mental disorders. Psychological evaluations of captured terrorists, as well as others who have engaged in heinous crimes such as murder, suggest that cultural expectations often account for much of their behavior.

**Minimize exposure to pornography.**

Pornography addiction, or addictive gambling, are phenomena that have become increasingly common in recent years. These trends increase the odds that those who are susceptible to disorders like alcoholism, drug addiction, and other problems will succumb to them. Controlling the environment so temptations are not available as easily would go a long way toward minimizing the development of many problems.

**Maximize ethics, social responsibility, and concern for others.**

Cultural expectations about how we ought to live and interact with others can be applied to abnormal behavior risk factors as well. For example, we are all responsible for ensuring that those entrusted with the welfare of children provide the competent and effective care that they need. We are all responsible for minimizing the exposure of children to violence, poverty, and other risk factors.

**Develop effective and affordable treatments.**

Effective, quality intervention strategies, including pharmaceutical agents, have the potential to greatly reduce the impact of abnormal behavior, assuming that they are available to all those in need. For example, medications such as Prozac and other selective serotonin reuptake inhibitors have revolutionized the treatment of depressive disorders during the past decade and a half. These medications, which are not perfect or right for everyone, have greatly improved the odds of effectively dealing with a variety of mental disorders. Psychological and behavioral treatments, such as cognitive-behavioral therapy, also have been very effective in treating depression, anxiety, and other problems.

**Minimize incarceration.**

While incarceration is necessary in some cases, it is often not the best way to treat mental disorders. It is often not the best way to treat mental disorders, and it does not help to ensure that those who are incarcerated receive the care and treatment that they need.

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They’re people first

Students learn about mental illness at a homeless shelter


different from the students who have been referred to the Julian Street Inn because they have already been interviewed by the Homeless Outreach Team, a group of students who are working with the Julian Street Inn as part of the Arrupe Partnerships program. The students have already learned about the issues of homelessness and mental illness, and they are now working with the clients at Julian Street Inn to help them gain new skills and independence. They are also helping to bridge the gap between the clients and the University, and they are learning about the importance of respecting the dignity of each person.

The students are being interviewed by the Office of Student Life to see what level of understanding they have in terms of cultural sensitivities. The next step will be to see what kinds of programs or experiences would enable these students to gain a better understanding of how people from different cultures contribute to and build the community.

SCM: Some might hear about this incident but say, What’s the big deal? And others might say, They have to be punished.

PL: The newsworthy nature of this incident has raised these questions: Who are we approaching this in the right way? What kind of community are we trying to create? We're not talking about freedom of speech or assembly; we're talking about what kind of community we want to build.

SCM: In terms of concrete steps involving these students, what is happening right now?

PL: The students are being interviewed by the Office of Student Life to see what level of understanding they have in terms of cultural sensitivities. The next step will be to see what kinds of programs or experiences would enable these students to gain a better understanding of how people from different cultures contribute to and build the community.

Secondly, we should become a model for broader society, to help society heal all the divisions. One of the lessons is that you can never take your progress for granted. We need to work hard every year of 2,000 people. It is a constantly changing community, and we can never be comfortable with where we are.

Students, alumni, faculty, and staff recognize what a special, inclusive community we have here—and that our work is never done. It’s the responsibility of every one of us to embody the ideals of competence, conscience, and compassion.

Steven Boyd Saum sat down with Locatelli to discuss what happened—and what’s next.

Are people getting tired?

Ben is 19 years old. He says that his favorite part of the University is the community. “I love how everyone is so nice and friendly,” he says. “I like how we all work together.”

Ben is from Frisco, Colo. Locally, he was involved in theater and music. He was also interested in science and was planning to go into a field related to science. But when he came to Santa Clara, he found a new passion.

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On the other hand, some want a punitive approach. The difficulty is that this approach builds barriers so that we remain fractured rather than healed, rather than becoming a whole community.

SCM: If there’s one thing that you would want students, alumni, and the community at large to take away from this, what would it be?

PL: The hope here is that everyone is encouraged to think about the incident in a constructive way. There are lessons we can learn from this experience, and we can move forward together.

SCM: What can we do to prevent incidents like this from happening in the future?

PL: The key is to continue to educate people about the importance of respect and understanding. We can’t take our progress for granted, and we need to work hard every year to build a more inclusive and respectful community.

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