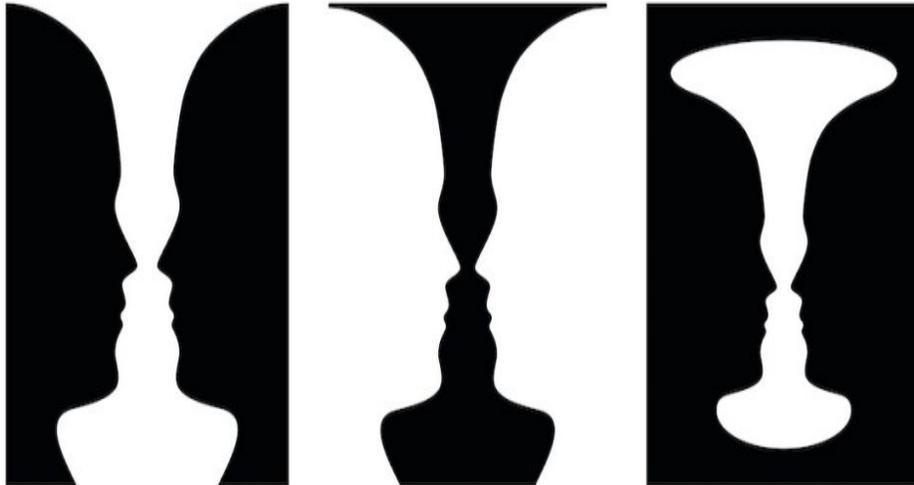


False Dichotomies

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William of Ockham was a 14th century Franciscan friar and scholar credited with establishing that scientific models should prioritize simplicity and parsimony when trying to understand the complex world in which we live. This principle, referred to as Occam's Razor, remains an important heuristic scientific principle to this day - simpler is better. BUT... we can carry this idea too far and wind up with overly simplified explanations and reductionist frameworks that actually interfere with more holistic understandings - and no where is this more true than in the case of mental illness.

Over the years, I have heard a variety of false dichotomies put forward regarding mental illness that juxtapose two ideas as if they are opposing and mutually exclusive. This isn't just an abstract problem contained in the lab. Dichotomous thinking limits our capacity to advance understanding and improve treatments for mental illness.



[Photo Credit](#)

Here are some false dichotomies to watch out for when thinking about mental health or when you or a loved one needs mental health care.

1. Mental health vs. physical health. If we had a dollar for every time someone distinguished mental health from physical health, we might well come close to paying off the national debt! People commonly talk about mental health as if it is not physical health. What does that mean? Do people really think there is no physical reality to mental health and mental illness? Thoughts and emotions have a physical reality in the brain as much as high blood pressure has a physical reality in the cardiovascular system. We have a long way to go in understanding the brain and linking brain structures and activity to different conditions of mental health and mental illness, but every day advances are being made in this frontier. Yes, mental illness is all in our heads - literally and physically. This is important as you think about promoting mental health and when considering which treatments to pursue when you or a loved one needs care.

2. Genes vs. environment. This age-old nature-nurture debate is another false dichotomy that trips people up all the time when it comes to mental health and mental illness. The question of whether mental illness is caused by genes or environment - as if it is one or the other - is overly simplistic on several counts. Genes are like the

ingredients in your kitchen. They can be combined in a multitude of ways, and, depending on many factors (the chef, other ingredients, oven temperature, etc), you could wind up with fluffy mousse or dried out cake. Yes, the raw ingredients matter, but so do the environmental factors. And now, with the revolutionary field of [epigenetics](#), we know that life experiences – such as child neglect, drug abuse or other severe stresses – can cause changes to our genes that are passed down across generations, potentially impacting the health of the affected individuals' children and grandchildren.

3. Communicable vs. non-communicable. Mental illnesses are commonly referred to as “non-communicable” diseases because mental illness is not contagious in the traditional use of the term. You can't cough and give someone depression or anxiety the way you can with health conditions commonly described as “communicable” such as tuberculosis or the common cold. But it's not true that mental illnesses do not spread from person to person. We are social creatures, and family and societal groups can and do reproduce and spread mental health conditions. [Myrna Weissman and colleagues at Columbia University, for example, have documented the multiple ways in which depression can be passed on from parent to child](#). We also know that [anxiety can be “communicable”](#) in very real ways.

4. Depressed vs. happy. In the treatment of depression, the common assumption is that recovery from depression means that you will be happy. My personal and professional experience is that feeling depressed and happy are not actually opposites nor mutually exclusive. And happiness is not the guaranteed endpoint for recovery from depression. Andrew Solomon, in his TED Talk [Depression, the Secret we Share](#), contends that the opposite of depression is not happiness but vitality. With 6.8 million views, I have the sense that others agree.

5. Normal vs. abnormal. In the study of human health and behavior, the dichotomy of normal vs. abnormal is everywhere. “Abnormal psychology” is a required course for virtually all psychology majors in college. But these terms, though cloaked under an aura of objectivity, are as value-laden as they are determined by the knowledge and social values of the time period in which they are used. Alcohol, opium, and marijuana use have been considered “normal” and “abnormal” at different moments in history, and there are still places in the world where homosexuality is considered so abnormal that it can be cause for a death sentence.

So... simple can be better and the principle of Occam's Razor has helped us advance science in many ways, but beware of false dichotomies that reduce the complexity of the brain and human behavior in such ways that research and care are actually hampered.