That fine line between personality and insanity

By Geoffrey Miller

Published as:
Miller, G. F. (2011). The personality/insanity continuum. In J. Brockman (Ed.), This will make you smarter: New scientific concepts to improve your thinking, pp. 232-234. NY: Harper Perennial.

We like to draw clear lines between normal and abnormal behavior. It's reassuring, for those who think they're normal. But it's not accurate. Psychology, psychiatry, and behavior genetics are converging to show that there's no clear line between "normal variation" in human personality traits and "abnormal" mental illnesses. Our instinctive way of thinking about insanity — our intuitive psychiatry — is dead wrong.

To understand insanity, we have to understand personality.

There's a scientific consensus that personality traits can be well-described by five main dimensions of variation. These "Big Five" personality traits are called openness, conscientiousness, extraversion, agreeableness, and emotional stability. The Big Five are all normally distributed in a bell curve, statistically independent of each other, genetically heritable, stable across the life-course, unconsciously judged when choosing mates or friends, and found in other species such as chimpanzees. They predict a wide range of behavior in school, work, marriage, parenting, crime, economics, and politics.

Mental disorders are often associated with maladaptive extremes of the Big Five traits. Over-conscientiousness predicts obsessive-compulsive disorder, whereas low conscientiousness predicts drug addiction and other "impulse control disorders". Low emotional stability predicts depression, anxiety, bipolar, borderline, and histrionic disorders. Low extraversion predicts avoidant and schizoid personality disorders. Low agreeableness predicts psychopathy and paranoid personality disorder. High openness is on a continuum with schizotypy and schizophrenia.

Twin studies show that these links between personality traits and mental illnesses exist not just at the behavioral level, but at the genetic level. And parents who are somewhat extreme on a personality trait are much more likely to have a child with the associated mental illness.

One implication is that the "insane" are often just a bit more extreme in their personalities than whatever promotes success or contentment in modern societies — or more extreme than we're comfortable with. A less palatable implication is that we're all insane to some degree. All living humans have many mental disorders, mostly minor but some major, and these include not just classic psychiatric disorders like depression and schizophrenia, but diverse forms of stupidity, irrationality, immorality, impulsiveness, and alienation.

As the new field of positive psychology acknowledges, we are all very far from optimal mental health, and we are all more or less crazy in many ways. Yet traditional psychiatry, like human intuition, resists calling anything a disorder if its prevalence is higher than about 10%.

The personality/insanity continuum is important in mental health policy and care. There are angry and unresolved debates over how to revise the 5th edition of psychiatry's core reference

work, the Diagnostic and Statistic Manual of Mental Disorders (DSM-5), to be published in 2013. One problem is that American psychiatrists dominate the DSM-5 debates, and the American health insurance system demands discrete diagnoses of mental illnesses before patients are covered for psychiatric medications and therapies. Also, the U.S. Food and Drug Administration approves psychiatric medications only for discrete mental illnesses. These insurance and drug-approval issues push for definitions of mental illnesses to be artificially extreme, mutually exclusive, and based on simplistic checklists of symptoms. Insurers also want to save money, so they push for common personality variants — shyness, laziness, irritability, conservatism — not to be classed as illnesses worthy of care. But the science doesn't fit the insurance system's imperatives. It remains to be seen whether DSM-5 is written for the convenience of American insurers and FDA officials, or for international scientific accuracy.

Psychologists have shown that in many domains, our instinctive intuitions are fallible (though often adaptive). Our intuitive physics — ordinary concepts of time, space, gravity, and impetus — can't be reconciled with relativity, quantum mechanics, or cosmology. Our intuitive biology — ideas of species essences and teleological functions — can't be reconciled with evolution, population genetics, or adaptationism. Our intuitive morality — self-deceptive, nepotistic, clannish, anthropocentric, and punitive — can't be reconciled with any consistent set of moral values, whether Aristotelean, Kantian, or utilitarian. Apparently, our intuitive psychiatry has similar limits. The sooner we learn those limits, the better we'll be able to help people with serious mental illnesses, and the more humble we'll be about our own mental health.