

Unraveling the Complexity: Psychiatric Diagnoses and Character Attributes

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Abstract

This paper explores the complex relationship between mental illness and character flaws, using the Lorena Bobbitt case as a starting point to challenge the notion that these two concepts are synonymous. By defining mental illness as a biological dysfunction and character flaws as maladaptive behaviors rooted in social contexts, this essay distinguishes between the two. It examines their causes, diagnostic methods, treatments, and implications in the legal system. The analysis highlights the importance of differentiating between mental illness and character flaws to ensure fair treatment and effective intervention within both clinical and legal frameworks.

Keywords: mental illness, character flaws, psychiatric diagnosis, legal responsibility, DSM-V, personality disorder, neuroimaging, biological dysfunction, Lorena Bobbitt case

1. Introduction

Mental illness and character flaws are central to the unresolved question highlighted by the Lorena Bobbitt case that describes how severe emotional and psychological stress caused Bobbitt cut off her husband's penis due to momentarily losing control, but finally successfully arguing for an insanity defense (Effron Lauren & Dooley Sean, 2023). Based on this case, some people believe that psychiatry and personality disorders are akin as they can both contribute to madness and then as a reason to plead not guilty. Nonetheless, the common belief deserves further discussion. In psychological and biological academic opinions, as they are related to one another's genesis or development (A Widiger T, 2011), they are two distinctively different.

Further, character defects are defined by researchers as chronic maladaptive behaviors that deviate from social norms (Jutta Stoffers-Winterling & Birgit Völm, 2021), while mental illness is defined as a biological disorder that impairs cognition and personality (Kendell RE, 2002).

Therefore, in the aforementioned case, insanity may be the product of the mutual effect of mental issues and moodiness, which cannot illustrate that mental illness equals character flaws.

Meanwhile, this case illustrates that the legal system warrants further differentiating mental illness from character flaws to assess criminal responsibility.

Based on the causal relationship, this essay will challenge the viewpoint that mental illness and

personality defects are similar, explore the difference between them by defining these two terms, and examine different symptoms, diagnoses, causes, and legal judgments. This distinction can ensure fair treatment and effective intervention in the legal system.

2. Definition

Genetic or neurochemical abnormalities in the brain cause mental disease, which frequently calls for medical attention. Character defects refer to a weakness in a person's character, demeanor, or behavior. It is usually viewed as a bad quality that influences how someone approaches life or interacts with other people.

Mental illness is a general term used to describe a wide range of illnesses that affect a person's ability to think, feel, or behave. In other words, it would impact the mind, cause emotional problems, impair reasoning, and have an overall negative impact on a whole personality (Cooper, Rachel, 2007). However, it excludes aberrant behavior for social, religious, or political reasons that do not stem from an individual's dysfunction (Stein DJ, Phillips KA, et al., 2010), since it highlights a psychological or biological dysfunction that is concomitant with distress according to DSM-V (American Psychiatric Association, 2013). Indeed, biological factors also play an important role in these diseases. Numerous behavioral and somatic features and disorders are influenced by a significant part of genetic risk variations. To elaborate, research shows the genetic risk behind both childhood Attention Deficit Hyperactivity Disorder (ADHD) and adulthood ADHD correlate by 0.81 (Rovira P, Demontis D, et al., 2020) suggesting a strong association between the genetic factors contributing to ADHD. That is: Genetic factors that contribute to ADHD tend to persist from childhood into adulthood and remain consistent, which indicates ADHD symptoms have a significant genetic basis throughout a person's life.

In summary, mental illness can be defined as a biological dysfunction, which poses a potential risk for the individual suffering from that, whereas character flaws are prone to be elicited in a social environment. The reason why they are sometimes misunderstood is that mental illness might also cause behavior problems or affect the personality in the social context.

3. Observation and Diagnosis

Although both mental illness and character flaw

can be diagnosed through DSM-V, there is still a distinction in details. Character flaw diagnosis focuses on interpersonal relationship issues and present impaired functioning (Mulder RT, 2021). However, mental illness diagnosis values diagnosable mental, behavioral, or emotional disorders of sufficient duration (Le, H., Hashmi, A., et al., 2020).

The symptoms of personality disorder are sometimes relatively obvious, as it is deeply rooted and long-lasting behavioral patterns that show themselves as rigid reactions to a wide range of social circumstances, either severe or noteworthy departures from the typical person's perceptions, thoughts, etc. in social contexts (Kendell RE, 2002). To be specific, many individuals with character defects take advantage of others to satisfy their own wants, lying, cheating, stealing, and hurting others as necessary. What these people lack is a conscience or internal sense of morals, and care for other people's rights (Stuart C. Yudofsky MD, 2005).

Thus, the most common character signifier is manner or behavior. To illustrate, a group of researchers experimented to explore student participation in class serves as an initial indicator of potential character issues and concluded that reticence and dominance are two main types of trouble. Reticent students may have self-esteem issues, while dominant ones can overshadow others (McLuhan, A., 2020). Furthermore, the five-factors model also provides a basis for diagnosis: negative affect, detachment, antagonism, disinhibition, and psychoticism. To elaborate, the disinhibition of personality disorder is linked to low orderliness, and negative affect is linked to neuroticism (Mulder RT, 2021).

Furthermore, the DSM-V seems to not be a "one-fit-for-all", since sometimes it has failed treatment trials, such as STAR*D, STEP-BD, and the CATIE (Warden D, Rush AJ, et al., 2007; Ghaemi SN, Ostacher MM, et al., 2010; Lieberman JA, Stroup TS, et al., 2005). By contrast, several neurophysiological underpinnings of mental illness have been identified through neuroimaging research. For example, neural dysfunction arises from frontal lobe neuron damage, which can resemble the reduced activity seen in ADHD's frontal lobe regions. However, damaged neurons may not respond to treatment as uninjured ones do. Toxic brain injury can also mimic ADHD, as impaired attention and ADHD symptoms can

result from various toxins and stressors harming frontal lobe neurons. Thus, functional neuroimaging helps clinicians figure out mental illness cases better (Henderson Theodore A., van Lierop Muriel J., et al., 2020).

In essence, behavior norms are the most effective way to detect character flaws, whereas they are not suited for mental illness. On top of that, the personality disorder can be not only detected by the DSM-V but also can be based on some theories, such as the Big Five. However, the DSM-V is sometimes inaccurate for mental illness, and thus neuroimaging also plays an imperative role in the diagnosis of psychiatry.

4. Causes

Some opponents argue that mental illness and character flaws share the same contributors, environments, and genes, and therefore these two terms actually represent the same concept. For example, maladjusted attachment, inconsistent and/or harsh parenting, early childhood stress and trauma, and these factors can all aggravate and contribute to antisocial behavioral reactions in the participants of a survey, and many of them also have PTSD diagnoses (Tuck N, et al., 2021). On top of that, adults with characteristic issues have distinctive indications and symptoms that arise from the combination of genetic predispositions and abusive experiences throughout childhood (Stuart C. Yudofsky MD, 2005). The diathesis-stress model in mental illness asserts that an individual will contract a disorder if their gene predisposition plus environmental stress level above a certain threshold (Lazarus, R. S., 1993).

Different from the contributors of current stressful events to mental illness, childhood neglect, and maltreatment are persistent risk factors for the emergence of personality disorders in people (Cohen P, Brown J, Smaile E, 2001). To illustrate, in an experiment, adversity childhood experiences (ACEs) and childhood resilience were measured using standardized questionnaires, while personality disorder (PD) symptoms were assessed with SA-SAPAS. Results showed ACEs predict PD symptoms. Individuals with fewer ACEs had a stronger link between childhood resilience and PD symptoms (Solmi Marco, Dragioti Elena, et al., 2021).

In summary, although in a big-picture view mental illness and character flaws are affected by environments and genes, the environmental

factors for these two concepts are specifically nuanced: for mental illness, stressful events are the main, although character flaws are more prone to be elicited by childhood adversity.

5. Treatment

People should not presume that treatment procedures for individuals with comorbid personality disorder and mental illness are the same as those for those with mental illness on their own (Tyrer P, Simmonds S., 2003). Admittedly, mental illness requires medical and therapeutic means to address symptoms and improve functioning, but personality defects involve personal weaknesses that need to be improved through self-improvement and behavior change without the need for clinical treatment.

While there are various therapy options available, and the most suited one for each patient is unique, pharmacological drugs still have a crucial role in psychiatry for symptom relief (Ivanov I & Schwartz JM., 2021). For example, methylphenidate and atomoxetine are commonly recommended medications for attention deficit hyperactivity disorder (ADHD). Propranolol, a β -blocker that is frequently prescribed to treat hypertension, has been examined as a treatment or preventative for post-traumatic stress disorder (PTSD) and has also been used, off-label, to reduce performance anxiety (Tuck N, et al., 2021). Moreover, a clinical trial evaluated pharmacists' role in improving psychiatric patients' conditions in the hospital. The intervention group, which received intensive pharmaceutical services including pharmacist involvement in team meetings, clinical assessments, medication reviews, recommendations, monitoring, and counseling, showed notable improvements. Specifically, 93% of patients experienced at least a 20% improvement in their BPRS scores, with 62% achieving a 30% improvement and 22% showing a 40% improvement (Canales PL, Dorson PG, et al., 2021).

However, dealing with character flaws is difficult due to the hardness of change. After analyzing the difficulties in defining character flaws and recent treatment research, a team concluded that treating personality disorders as standalone conditions may be a myth. For instance, various clinical methods, such as cognitive therapy and medication, have been attempted to treat antisocial individuals, but

effectiveness remains elusive (Prof Anthony W Bateman, et al., 2015). Nonetheless, some scholars argue that for certain types of character flaws, psychological treatments, and biotechnology may be efficacious (Prof Anthony W Bateman, et al., 2015). To illustrate, social phobia serves as a model for treating avoidant personality disorder, which has cognitive-behavioral therapy as the primary treatment. Furthermore, by using optogenetics, recent research shows a promising prospect: male assault behaviors can be controlled by modifying particular neurons in the ventromedial hypothalamus, a part of the mouse brain linked to satiety (Bartholow, B. D., 2018).

To summarize, the treatments for mental illness are diverse but mainly consist of medication. For character flaws, while certain types of personality disorders may be considered to be the targets for cognitive-behavioral therapy or medication, the therapy for the majority of them remains upcoming.

6. Legal Judgement

In the file of the judicial system, mental illness may be seen by the law as a mitigating or an excusing condition, while personality disorders have not traditionally been considered mental illnesses by the legal system (Johnson SC & Elbogen EB., 2013). In practice, there are different effects between people with character flaws and people with mental illness after receiving forensic treatment, and thus impact the influence of labeling for the jury.

Based on this fact, labeling the criminal as a “psychopath” may influence opinions about risk and punishment (Boccaccini MT, Murrie DC, et al., 2008). According to certain mock jury experiments, biological labels, except for Pedophilic Disorder, for psychiatric disorders can help lessen people’s feelings of blameworthiness, danger, and punishment. For instance, the offender’s lessened lack of treatability acted as a mediating factor in the main effect of an ADHD designation improving support for rehabilitation (Berryessa, C.M., 2018). And extreme ideologies can blur the line between character flaws and mental illness.

7. Conclusion

Since mental illness and character flaws can develop into each other, they have different sources: mental illness has a stronger biological basis, but character flaws can only manifest in social contexts and interpersonal or

intrapersonal relationships. Under such circumstances, mental illness and character flaws have different definitions, performances, diagnoses, treatments, and legal perspectives; even though in several cases, the boundary between psychiatry and character flaws keeps blurring. Further, this topic still deserves a discreet discussion.

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