

Mental Diversity - The Short Version -

By Joshua David 2.17.25 ©

In my first book, *The Power of Us*, I wrote that Mental Health is anything but mentally healthy. *The Power of Us* started out as a book called “*Mental Diversity*.” You can read about this in its preface. The book originally took aim at the terms “neurodivergent,” and “neurotypical” that I saw being used on online videos about mental health conditions like attention-deficit hyperactivity disorder (ADHD,) and schizophrenia. As someone with bipolar disorder and ADHD, who had recently grown out of these conditions, I found these terms to be personally offensive. I saw them as an affront to the liberation that I had to work so hard to find.

I found them offensive because I recognized them as simple scientific renamings of “normal,” and “abnormal.” Throughout my years of study of psychology, I knew that dichotomous thinking, thinking in terms of two choices, is destructive to the formation of healthy logic in most situations. I knew that dichotomies are often used because they are convincing, as they require little mental effort to conceptualize. I could tell that this was a ploy to market being sick as being fashionable, in order to sell interventions; because of the use of convenient dichotomy and seemingly intelligent-to-know, scientific renaming. Dichotomies are inherently stigmatizing in nature; e.g. “normal” or “abnormal,” or, “good” or “bad;” worse yet; the double-stigma, false choice of “typical,” or “divergent.”

As you will read in *The Power of Us*; I proposed that this normalist-thinking dichotomy of “normal” and “abnormal;” “neurotypical,”

and “neurodivergent,” where insidiously *encouraging* stigma and not preventing it. The main theme of *The Power of Us* is that whenever we create a “we” group; “You and me;” there is always someone that is excluded; “they.” This *exclusionary* dynamic can be seen in movements touting *inclusivity* in areas like age related groupings like “Gen Z,” ethnicity labeling like “Latino,” gender and sexual orientation labels comprising LGBTQ+, and color and race.

Of course, having recognition of the differences of others in order to create a safe space for all is a *very* good thing, *but* this is not the result of these movements. These movements of proud and public self-identification are missing the point. They have segmented our nation as a result. These labels do more to seclude ourselves from the bulk of everybody else; instead of integrating us into a collective whole. This is *not* “inclusivity.” It is segmentation. It is not unifying, but diabolical; and it is nothing to be proud about. Self-labeling has only served to slice up the pie of the collective whole into smaller populations, each population confused about the other. As we know, a block of cheese more easily crumbles when it is not a solid block.

This public self-identification, and the fashions that are marketed to each of these individual groups, have served to *slice up the pie* of humanity. They have created a convenient and fashionable way to claim that we know who we are, when in fact; what age we are, our ethnicity, the sex of the people that we have sex with, our gender, and the color of our skin are poor indicators of who we are as a person. What really defines us as a person has little to do with these attributes as it does with what we do *in spite*, or on

top of, these limiting definitions. These self-identifying, self-profiling, labels of protected classes is a gross perversion of the spirit of civil rights.

Are all millennials the same? Does any similarity bear any relevance to their value as a human? Can we say that all Latinos are the same? Are all of those that identify as gay the same? What exactly is feminine and what is masculine? Are gender roles the same to all men, women, and transgender individuals? Do caucasians identify with “black culture?” Is “black culture” just basketball and hip-hop, or does it include Dr. Martin Luther King and jazz music? Of course these labels can give us hints about how the person sees themselves, but they are all generalizations which are the hallmark of discrimination. They are inherently fraught with inaccuracy without further description to the listener. While these labels may have had a place in undoing the scourge of systemic white racism and power-mongering, continuing to use these labels in public conversation does more harm than good. They are simply irrelevant, TMI (too much information) in getting to know others.

In the original draft of *Mental Diversity*, I covered these labels as being more for marketing fashion than they are for describing who a person is. Also, as a studying psychologist thinking of human development, it terrifies me to think of the scores of people out there that stop at defining themselves by identifying with these convenient and shallow identities, and their respective stereotypical; spoon-fed; lingos, behaviors, values, and fashions; and call it good. By doing so, they are letting the fashion and stereotypes of these groups conveniently define their personality for them.

This tells me nothing about *them*; only a lot about their preferences. Preferences are not personality traits.

Having an identity formed in this way *seems* like an easy way to get ourselves across to someone, but it is only a very general, superficial representation. If someone engages in this self-profiling behavior as a way to identify who they are internally; then they *stunt* their psychosocial growth catastrophically. My self-help book *Self-Discovery Therapy (SDT)*, that is coming out soon, aims to help avoid this trap and aid with one of the hardest things that any of us need to do in life; to know ourselves. It is the deep details and human life stories that we share that truly define a person, and personal identifiers concerning our protected classes are; well; nobody else's business. Self-identifying is a self-*forfeiture* of our civil rights.

This is what has made this “*inclusive*” identity-labeling of age, ethnicity, gender, genetic information, mental status, race, sex, and sexual orientation *counter-productive*. The mixed-majority outside of these exclusive groups does not care, nor do they want to focus on it up-front. The minority groups that have distanced themselves from the *mixed*-majority; that does not only include xenophobic white peoples; rationalize it as a way to “fight back.” Vengeance and justice are not the same thing. The just thing to do would be to not exclude ourselves from everyone else to feel special again, but to see a little of ourselves, and that which we are *not*, in *all* others. Not to “make a stand,” or “fight back;” but to come together by getting over ourselves.

Moreover, in the original drafts of *Mental Diversity*, I argued that this labeling is *illegal* under the Civil Rights Acts because it is a kind of *discrimination*. In these legal documents, “discrimination” is only defined as “disallowing said protected class the use of facilities and services because of said protected class, or treating them with malice intent.” It does not say which side of the discriminatory divide is doing the exclusion or the “other people” bashing. Therefore, identifying oneself outside of the larger mixed-majority; consisting of all non-identifying *and* other-identifying minority groups; using these labels *is* engaging in discrimination. It is either discriminating *against* others, or *for* oneself. These “we”-labels are self-profiling. They are self-discrimination and self-stigma that all too often lead to tension between their identified in-group and everybody else, or vice-versa. The proof is in the pudding. Look at us now.

In this same way, so is the case with mental health conditions. Moving along in this shortened article, I am going to briefly describe a “healthy,” “normal” individual. Then I will give some examples of common mental health conditions, along with some surprising and eye-opening revelations concerning each. This was the original format of *Mental Diversity*, which later became *The Power of Us*. Perhaps, one day I *will* write a full version of this book, but I offer this article of free information to the public now; in the hope that some talented and right-minded individuals will pick up the torch and write some for me. History is moving in this direction...

So, let’s begin with a “normal,” “everyday,” “healthy” human. *The Power of Us* goes over this briefly. My article on consciousness also goes

over this as well; that any one of us have a *completely* different biochemical and genetic makeup, and that we are *all* thus “neurodivergent.” In essence, there is no such a thing as a “normal,” “everyday,” “neurotypical” person. *The Power of Us* and my web article both point to the scientific and medical facts that state that calling someone “neurotypical” is just as stigmatizing as calling one “abnormal.” Do you want to be called or categorized as “typical” by those you may consider crazy or deficient? Do you want to conveniently be called “divergent,” by people you may deem as “typical?” Can you see how this is problematic? It *creates* stigma and in-fighting.

“Normal,” is nothing but a human ideal used to generalize an idea of *nominal*. The truth is that even with something like blood pressure, there is no “normal.” There are *generally acceptable* ranges needed to characterize different blood pressures so that doctors can better communicate with patients and other doctors; but they *vary*. For instance, a trained athlete can have a blood pressure and heart rate that might be considered hypotension or bradycardia, but this is actually healthy in their condition; or for anybody if they are a trained athlete themselves. The metrics that we use are not absolute indicators of what a healthy blood pressure and heart rate should be. All peoples’ healthy blood pressure is divergent and relative.

In these same ways, there is no such thing as a “normal,” kosher person. We *all* are exemplary and outstanding in *many* ways; talented, non-noteworthy, and deficient. We are all *unique*. I remember hearing this when I was younger and felt that it was a way to call us “special,” but this is a misunderstanding that undermines the spirit of being unique that is just as detrimental as that for blood pressure. Being unique doesn’t make one

“special;” for we are *all* unique. We are like interlocking puzzle pieces *together*, and just a square with bumps on it alone. Being unique is our *contribution* to the group, not how we can stand out from it.

Unfortunately, there is no such a thing as “normal.” This includes you; and *me*. Instead of seeing this as an insult or a terrifying prospect; think of this as exciting and liberating news. This means that we are all, indeed, *one humanity*. Humans are akin to the tropical rainforest of the Amazon. We consist of billions of individually diverse organisms, just as diverse as each and every member of the rainforest ecosystem. Together, we are as beautiful and critical to the functioning of this planet as this rainforest. Section by section, the rainforest is being divided and eradicated, just as we are dividing ourselves and stifling our personal growth by engaging in this game of identity-labeling and self-profiling. This is truly sad indeed.

This is normal at work for you currently.

Let’s move on to a couple of mental “illnesses,” and see how the way in which we diagnose and treat mental “illness” for interventions, is only *part* of the total solution. As I have been stating throughout this article, we are *all* neurodivergent; just as we are divergent in terms of age, ethnicity, gender, race, sex, and sexual orientation. We are *all* superior to others in some ways, inferior to others in other ways; and most crucially, *in our own right*. Any group that we may test higher than at a specific task, will certainly be superior to us at some other task; and superior in ways untested for. *Together*, with those that we often wrongly label as

“subordinates” or “superiors;” are we that much stronger. Does a boss run a company all by herself? Here, let’s take a look at schizophrenia.

There is a growing body of evidence that those with schizophrenia have traditionally been the “medicine men,” or *shaman*, of their tribe. Not only did these shamans perform medicinal healings, but they also discovered new medications in the forests, and gave psychological and spiritual advice to people. I had once known a person with otherwise severe schizophrenia. But, to me and the others in the neighborhood, he was one of the kindest, and paradoxically grounded people that any of us had ever met. He was a homeless veteran, who died at the steps of a church around the corner on a cold night with no blankets. I know for certain that his death was a tragedy that could have been avoided. It is a story replayed daily in cities the world over.

Traditionally, the shaman’s societal role was to give medication, find new medications, and give advice to those who are worried. Isn’t it ironic that those who performed these duties are now being treated for the most stigmatized of all mental illnesses by medicine men (psychiatrists,) medicine-foraging shamen (drug discovery technicians,) and community psycho-spiritual leaders (counseling psychologists?) It is the perfect example of another disempowering dynamic of mental health care, and this is that of *disability*. Often, when someone is diagnosed with a mental illness, they are considered disabled; though this is often not the case. They are considered disabled because they cannot function optimally in society as it stands. But in fact, it is because *society* is ill-equipped to integrate these individuals.

This stigma and blacklisting in society actually *cause* more mental insanity than the “illnesses” themselves. This is all too true in the next example that I am going to use; bipolar disorder. In 1851, bipolar disorder was first coined, “circular insanity.” My first-hand experience with bipolar disorder is that I presented with mostly depressed moods with short-lived periods of elevated mood and elevated energy. These moods cycled round and round causing a constant state of dysthymia, but what I found most traumatizing was not the symptomatology of the disorder itself; but the way others treated me. I had been recognized for my difference, and the more others recognized it, the more I found myself excluded from peer groups.

As is the case with all mental health conditions, there is a societal “fifth-wheel-effect” that happens to those that are different. They get excluded from the group by a kind of default. They are never “down with it,” or “cool” enough to hang out with others, or even find a mate. Others start to see us as different, and will treat us differently than they would otherwise, whether consciously or subconsciously. They see the difference as a permanent malady, when in fact, it is just a divergent course of human development. Most fail to acknowledge that others are on a journey of their own, if their journey does not appear the same as theirs. This different treatment of the diagnosed, or yet undiagnosed, is more responsible for the debilitating, isolating effects of the diagnosis, than the condition itself.

In the case of bipolar disorder, probably the second most stigmatized of the mental diagnoses, there is a constant societal pressure to be “normal,” to “take it easy,” or “calm down.” I have seen many videos of others with bipolar disorder describing the same things that I have

experienced; being expected to operate at a certain temperature and etiquette; to adhere to conventional folkways; otherwise we get excluded or even reported for the purposes of a 5150-hold, or “crazy-hold” by the police. Sometimes these holds are warranted, but too often we may be chased all the way to the other side of town and locked in a psychiatric hospital for merely stating something in an angry rage; when people without the disorder are almost always let off the hook.

What is circular and insane about the disorder is not the moods that one is in, but other’s reactions to these moods. As you have read in my other article, we have a tendency to live under a kind of imposed expectation of compulsory happiness. If someone is not being superficially happy, even when they are genuinely unhappy; even showing the tiniest amount of anger or depression; then they get treated like garbage. Antagonists will often seize at the opportunity to make it even worse, others representing compulsory happiness will bully them for not falling in line with the chain gang of compulsory happiness. Instead of being asked, “why do you feel that way,” or “what’s wrong;” we are uncompassionately told, “what’s wrong *with you?!* ” Should we all be expected to behave the same?

This happens to those with bipolar disorder all of the time. Their mood is either too bright as to get the derogatory epithet for “being gay” hurled at them, too imaginative as to be deemed “crazy,” too sensitive to attach the derogatory “p-word” to, or too outside of the box for them to be ignorantly called an “a-hole.” No matter how hard they try, they can never seem to find anybody else that can relate. They turn into a type of voodoo doll for all of the world’s insecurity. Remember, these are the

non-diagnosed calling them these things. This is the dynamic that makes bipolar disorder truly brutal, and not the condition itself. A public conversation on the goal posts for “appropriate” and “inappropriate” speech and presentation, what mental maturity looks like, and who gets to decide these things, must happen for real change to happen here.

Finally, I want to talk about some little progress that has been made in mental health anti-stigma; ADHD. Although, I disagree with the exclusive recognition of “neurodivergence” that has come along with this anti-stigma campaign in ADHD; ADHD offers a good model for how to treat mental illness in general. When ADHD first hit the mainstream consciousness in the 1990s with the pervasive introduction of psychostimulants, ADHD was seen as a debilitating condition for “*unfortunates*” with the disorder. This dynamic continued for about a decade before those with the disorder started to speak up. After a slew of influential books and studies on the disorder, public opinion began to sway in favor of a more healthy view of ADHD.

ADHD began to be seen as a *difference* and not a *disease*. We began to be shown the connection between entrepreneurs and ADHD; most likely to market medications to the general public; but it was a step in the right direction. More students began to take stimulants to study, and then it began to be seen as a “smart” disorder. Studies verified that in fact those with ADHD exhibited a heightened ability to *hyperfocus* when they were interested in what they were focusing on. It became clear that those with ADHD did not lack an ability for paying attention, but had a different kind

of paying attention. Although the condition began to gain acceptance as a mere difference and not a disease, it was still treated like one.

Since these wild west days of ADHD; the societal, educational, and workplace environments have evolved to make ADHD a common word describing one's "multitasking," flighty, and impatient behavior. "I am so ADD." However, this is as stigmatizing and incorrect as labeling oneself as "OCD" (obsessive-compulsive disorder,) is for describing how neat and organized one claims themselves to be. Although ignorant and stigmatizing, the direction is correct. The direction is correct because it is normalizing mental health conditions in a way that even "normal" others can identify with it. This is not to say that we should be diagnosing everyone, but it is; an albeit sick form; of stating that we are *all* neurodivergent. We can all relate.

The evolution of ADHD in the social consciousness has been a great example about how what was first seen as a disease can become to be seen as a difference. This same model of de-stigmatization can be applied to other diagnosable mental health conditions on our way to coming into a higher, ultimate awareness of "the puzzle piece model" of human difference. Unique in and of ourselves, and with a unique purpose within the group. Everyone has their own unique place to shine in and within the group. This is what we must be aiming for, not "treating" those for whom *we* have not made a place for. I personally believe that this is the way that we advance society; through holistic integration; not forced homogeneity.

We need to more fully realize that “two heads are better than one.” Any lofty, imaginative entrepreneur needs a down-to-Earth accountant, and they need employees of all different skill sets and departments to run a billion dollar corporation. Of course, a sole proprietorship can be run by only one person; but if you think pennies you get pennies, if you think dollars, you get dollars. We must view all others and ourselves like the jigsaw puzzle pieces that we are for optimal performance of society and everything within it. There is a new age of scientific advancement on the horizon, and all of us need to be at our posts for this to happen.

Mental Diversity, which became my debut social science book, *The Power of Us*, claimed all of these things, and asked that society stop using the terms “neurodivergent” and “neurotypical” to describe ourselves as they are actually *derogatory*. Who wants to be called “typical?” Who wants to be called “divergent” personally? I challenge you *all* to “dare to be divergent.” I challenge you to be vulnerable in your own shortcomings and aware of your niche abilities. I challenge you not to pity or gawk at those that are different, but see yourself in them too. I challenge you to do the hard work of mastering your uniquely made car, and learn to parallel park it in the streets of humanity.

I hope that *all* of us evolve out of the caveman, inherently stigmatizing and scapegoating, normalist thinking that is now only an anachronism. More and more psychological and neuro-science is pointing to common divergence, we are all divergent; unique; as the actual fact of the matter. We are *all* divergent. The quicker we realize this for ourselves, the faster we move forward as a species. When the herd moves, so do

mountains. Divergency, diversity, is what makes nature beautiful. 8 billion different heads are exponentially better than 7 billion “normal,” “neurotypical” heads and 1 billion “abnormal,” “divergent” heads. Some of us are afraid to be special, because this means responsibility; and *it does*.