

I was originally just going to respond to this blog post on Reddit before it became apparent it was going to be much more involved than that:

<https://likeabxrdinflight.tumblr.com/post/619571148001345536/azula-and-the-issue-of-diagnosis-an-essay-which>

I also see it often enough that I figured, y'know what, let's just make this one & done. Since the original blog is a poorly-organized rant, I've taken the liberty of providing subheadings so you can skip to specific topics, if you so wish. You're welcome.

1: This Blog Flirts With Science Denial

Yes, I know that's a bold claim. I'm going to show you, early & often, how the anti-science writing of this blogger is easy to spot if you compare the way they write about psychology compared to if they were saying equivalent things about physical medicine.

You see the problem with diagnosis is that our diagnostic categories are little more than descriptions of symptoms clustered together.

This would be like saying a diagnosis of physical illness like influenza or cancer is useless because it's "just a description of symptoms clustered together" & "doesn't tell you about the person's entire experience." It's fucking nonsense to the point where I think, if this person isn't just plain lying about working in a clinic--because, remember, anyone can claim to be anything on the internet--then they should probably be fired. It's irrelevant because what they're describing isn't a flaw in the manual, the whole point is to separate certain symptoms out, figure out what things cluster together & why. Like in the analogy to influenza, if you know that runny nose, fever, aches, etc. are related, & then you figure out this is caused by germs, well then you can treat that specific disease. Talking about "the whole experience" isn't necessarily helpful because you have a SPECIFIC problem, & in fact can be a warning sign that you're about to be sold on some quackery like homeopathy.

But I have been in out of my own therapy since I was a teenager. In short, while I am still a trainee and still operate under the license of a supervising clinician, I know what I'm talking about.

Oh, I almost missed this part: This is irrelevant. This is like saying I'm basically a doctor because I've been to the doctor's office many times.

To say that someone has major depressive disorder tells you very little about what that specific person is experiencing.

A clinician would take notes on this, so I don't know what point this person is trying to make. Like it doesn't seem to occur to this person that there's this amazing technique to get more information when someone says "I'm depressed" that you can learn about their symptoms: You

can just ask them, "What are your symptoms?" This is useless bloviating that has nothing to do with the ostensible point of this blog.

What about mania, which would require a different diagnosis altogether?

So, that would be, & get this, right: A different diagnosis. This is another classic pseudoscientist warning sign. This is in the same paragraph that's supposed to be about "flaws in the DSM," but the main people using the DSM are psychologists, so why is this person acting like a psychologist wouldn't know to assess for this? If that's not what they're trying to say, then whatever their point is supposed to be is poorly conveyed.

And there are other problems with DSM besides its lack of specificity. There's also the issue of significant overlap and comorbidity (multiple diagnoses occurring at the same time).

That's not an "issue." Mental illness isn't like a videogame stat where you're only allowed to have one. Again, think of it like physical illness. Not only can you have more than one physical illness, it's actually quite likely that a physical illness might cause related problems. For instance, if you get a broken arm, you're at risk of the injury being infected.

The DSM is also incredibly culturally bound. These disorders are very white, very western, and have been used to stigmatize women, queer people, and people of color throughout the book's existence.

This is a very freshman factoid. Psychology departments don't get a ton of funding, & as such, most research is done on freshmen psychology students. As such, most psychology research is done on predominantly white, able-bodied, young-adult men. Particularly since we tend to implicitly mean "research we have access to," wherein "we" means "English-speakers." It's not that say India or Algeria don't have psychology programs, it's that those studies don't tend to get translated & added to the English-speaking body of literature that comprises the mainstream psychological community. But, again, let's compare this to physical medicine: How much of this do you think is true of pharmacological research? This is actually a very trivial critique blown out of proportion to sound like a much smarter, more scathing critique than it actually is.

And it only gets worse from here. No, the DSM is not "incredibly culturally bound." Culture-bound disorders, by definition, take place in very specific cultures. By that, I don't mean "the west," I mean like "Malaysia" or "Japan." They're difficult to talk about by nature because they're very controversial & things once considered culture-bound disorders, like "running amok" or "Wendigo psychosis" are constantly getting reclassified or questioned if they ever really existed rather than being misinterpretations by anthropologists.

As for "have been used to stigmatize," again, note the lack of specifics or how this is relevant to their argument. No one is denying these things have happened, but the way this is being used here is just a well-poisoning fallacy. It's planting the implication that, because psychology has

been misused in the past, we should therefore distrust psychological arguments. Never mind questions of how relevant these examples are to our supposed topic, which is still nowhere in sight.

Some of these comparisons are outright dishonest. They place gender dysphoria with homosexuality as if they're equally unjust, but gender dysphoria being in the DSM is not "being transgender is a mental illness." Gender dysphoria signifies a discomfort between one's gender & one's sex assigned at birth, so being diagnosed with gender dysphoria is a way to get insurance to approve hormones; practically the opposite of what the author implies. I imagine the author would probably defend themselves by saying they never SAID that gender dysphoria being in the DSM is the same as homosexuality being in the DSM, but frankly, that's bullshit, they know what they're implying when they talk about how the DSM "stigmatizes minorities," & they include these two examples without explaining what gender dysphoria actually means. It's a textbook dishonest pseudoscience tactic to bloviate about all these "unfortunate implications," & then conveniently clam up any time something doesn't suit the narrative to maintain plausible deniability that you "didn't technically lie about it," but a lie by omission is still a lie.

Speaking of, they criticize that histrionic personality disorder involves "hypersexuality," but you should understand the dry & clinical language clinicians speak in. When they say "uncontrollable sexual behavior," they don't mean "getting a bit horny," they mean like someone who can't stop being aroused even when it interferes with their ability to perform daily activities like necessary chores or their job, & when they say "inappropriate displays," they basically mean sexual harassment. The author says that borderline & histrionic PD being diagnosed more often in women "may" reflect misogynistic attitudes, which is what Wikipedia would call a "weasel word." It's very rare to have a disorder with a perfect 50/50 diagnosis rate between the sexes. Usually, either males or females are diagnosed more often, which always leads to the age-old debate of "Is this because of sexism, because they're seeking out treatment for it more, or because of some innate biological difference?" The writer, of course, just gives you the narrative they want to be true without any data to back it up & relies on implication & appeal to authority.

So diagnosis isn't totally worthless, it's not going away, and the language we use to talk about mental health is probably not going to change anytime soon. These diagnoses do also represent real symptoms and real distress, there is no minimizing that. But it's highly nuanced, and more complex than is commonly assumed.

It's nice of the writer to relent just ever so slightly after paragraphs upon paragraphs of well poisoning, but perhaps they realized they needed to backtrack before they defeated any & all purpose of playing the Expert Card? I mean, what's the point in establishing credibility in a field if you go on to COMPLETELY shit all over it?

To be fair, they do cool it with the science denial in the later sections & start explaining legitimately informative things, but nothing that an undergrad wouldn't be able to tell you. I suppose you'd want to keep things fairly simple when explaining to non-experts either way, but then again, if that was the goal, you wouldn't say that very misleading thing about "gender dysphoria" without explaining the context of what gender dysphoria actually is, why it's in the DSM, & what it means to get that label.

Besides, I'm editing after the fact, so I know it's not like any of this ties back into some super important point that gets fleshed out later on. No, it's just a way of planting the implication that, if someone says something you don't like about Azula being a psychopath or whatever, they're probably sexist, & homophobic, & racist, overall a bad person, with the plausible deniability defense of "I didn't technically say that."

2: Whether We Should Diagnose Azula

So what the hell does all of this mean for Azula? It means that trying to diagnose her is going to be really hard, inherently flawed, and that the diagnostic label chosen is going to tell you fuck all about her personal experience, her history, and the reasons she's symptomatic. So what's the purpose of even trying?

Look, maybe you don't think I'm giving this blog a fair shake, but please just try to replace this with stating literally any fact about a character & see if it makes any sense. Does stating Azula's gender "tell you her history & the reasons she acts the way she does"? What about the fact that she's the younger sibling? Does that instantly describe her entire experience? I know shippers would argue intensely over whether or not we know Azula's sexual orientation, but just for the sake of demonstrating the point, let's say we did. If we said that Azula was straight, or Azula was bi, or a lesbian, or whatever, does that label instantly tell you everything about her character? If we tried to label her political affiliation, regardless of how simple or difficult it is, is that a reason to not do it? No, of course not, if it's hard, you can just do the effort, if you need to give more information, you can give more information. This is truly a bunch of words to say nothing. Why would "it might take a bit of time to analyze a character" ever be a reason not to do it?

There are a couple reasons we might want to diagnose her.

Given the previous section, I don't think this person actually bases their opinion on an informed perspective of mental health at all. They certainly know some things ABOUT mental health, but like I said, nothing you couldn't from undergraduate courses. Honestly, potentially even just from particularly passionate reading of pop psychology articles. But either way, I think their opinions have more to do with social media culture than sound psychological advice. Given that, don't expect me to agree with a lot of this.

One is if you're mentally ill yourself- headcanoning Azula to have a similar disorder as yourself might be a way of seeing yourself in a fictional character. There is truly nothing wrong with this.

I think that's terrible advice & is probably why so many people clearly see criticism of fictional characters like Azula as personal attacks against themselves. Your personal interpretation of Azula is not necessarily the canonically correct one, which means if you read all of your own behaviors into her, that's not necessarily who she is. If someone says "Azula is a psychopath," they probably aren't saying you're a psychopath because you aren't Azula, & I think you'll probably be happier interacting with people if you don't have that expectation that they'll see Azula as an extension of yourself. No matter how frustrated I get with Azula stans, the reason I write things like this is I fundamentally hope

when you say Azula is just like you, that it's not true, that you are NOT someone who would throw me overboard to drown just to get your ship into port a little faster, as Azula herself says she would do to her loyal captain.

Another is if you're interested in psychology and mental health care as a potential career- it is a very common training exercise, in both graduate and undergraduate programs, to practice diagnosing fictional characters. It's a good way to learn how diagnosis works and there are significantly fewer real-world implications to it.

This does happen, & I have mixed feelings about it. For one thing, fiction doesn't necessarily aim for accuracy, so training people on diagnosing fictional characters has a potential to teach them bad habits. Importantly, though, when you're doing it as part of a degree program, you have an instructor who's rating you on your accuracy. It's also a very small part of the overall program. Like I pursued my undergraduate degree for 6 years (not to sound defensive, but that's actually the average—4 years is more of an ideal), & I did this for a handful of short ice breaker assignments. Even factoring in that a good chunk of my schedule wasn't psychology per se due to things like electives, it's still by no means a cornerstone. A much more common activity was case studies, which may or may not have involved fictional people, but they were diagnosing realistic scenarios, not like TV or movie characters

Another reason is that giving Azula a diagnosis could lead us to trying to understand that diagnosis better ourselves in real world contexts- if done with sensitivity and a genuine sense of open curiosity. If we think a favorite character might have schizophrenia, we might be more open to learning about schizophrenia and hearing the voices of real people who have schizophrenia.

That seems like a very roundabout reason that could just as easily backfire, but as written, I guess it's not technically false.

The final reason I can think of is related to the first- representation. Giving Azula a label can cause her to function as representation for others with that same diagnosis- and this can be important to people. Seeing depictions of mental illness in the media does matter, even if Azula is far from perfect in this sense, and even if there are troubling implications to potentially equating mental illness with villainy- and Azula does function as a villain at the end of the day. So we need to be careful in how we talk about this. However, Azula may still be an important character for people with mental illness in terms of representation and it's important to honor that.

I don't really have anything against representation, but this person seems to see it as just "depicting good people." Just like Avatar has female characters that are both heroes & villains, there's nothing saying that a character can't be a villain & also have a mental illness. Though let's hold off on that for a minute, because it's going to be more relevant then.

But why might we not want to diagnose her?

Just to note we're switching gears for what are supposed to be reasons NOT to diagnose a character.

Well, a specific diagnostic label really doesn't help us understand her character at all. Labelling her doesn't alter her character arc, her history, or our understanding of why she turned out the way she did.

Well, that's just plain wrong. A diagnosis might not tell you EVERYTHING about a character, but y'know what, if I tell you a character is depressed, I bet you have a pretty good idea they aren't going to be motivated to make the happiest decisions. And this is why I wanted to hold off a second ago, because there's a whole lot our self-appointed expert hasn't unpacked here.

Firstly, psychopathy isn't a mental illness per se. You won't find it in the DSM. It's correlated with antisocial personality disorder (APD), & some clinicians would say it's the same thing, but most wouldn't go that far. This is why you'll also have a lot of self-appointed social media experts tell you "it isn't real" or "it's outdated" because they think that psychology doesn't exist outside of diagnoses, but it's actually an entire field with a whole bunch of sub-disciplines besides treating mental illness, like animal behavior, learning theories, memory psychology, & so on. Psychopathy is most relevant to personality psychology, which overlaps with clinical psychology (diagnosing mental illnesses) in the form of personality disorders.

The simplest way I can think to put this is one's personality is a pattern of thinking & behavior that is consistent across time. A disordered personality is a type of personality that is (A) abnormal & (B) harmful to the person's self &/or others. A few have been alluded to so far, like histrionic, borderline, & APD. Psychopathy, again, is not a diagnosis, it's a theoretical framework. I guess the closest analogy I can think of for it would be like a virus? You don't get diagnosed with "virus," you get diagnosed with a specific type of illness, the virus is the scientific theory that explains the type of illness you have.

I can only be so accurate while also explaining everything this blog gets wrong & still writing something short enough that people might actually read, so as brief as I can possibly be, basically, psychopaths feel little to no guilt. Note that guilt is not the same as shame or regret. When I say, "guilt" I mean "I genuinely feel like what I did was bad, & knowing how that person must feel hurts me, especially if I did it to them." By contrast, "shame" is more "I feel bad because of how I'm perceived" & "regret" is "I don't like the consequences of my actions, but I don't feel a deeper sense of guilt."

There are a lot of misconceptions about psychopaths, like that they feel no emotions or that they can't self-loathe. Psychopaths are also people, they're just people with a very peculiar personality trait, so they aren't robots, they react differently depending on the specific person. One might conform to expectations, he might feel totally fine that people don't like him & just move to another town so he can start over, but another might feel very distressed because he wants those deeper connections, but he just can't maintain them because he never REALLY feels bad when he does something wrong, & no amount of telling himself he should makes it happen.

But what I really want to get at is not every mental illness—or we could also say "psychological abnormality," which is broader, since again, not all psychologically abnormal traits are diagnosable mental illnesses—are some equivalent monolith. Abnormalities in personality &/or personality disorders are particularly relevant when it comes to behavior since, well, your personality is about how you act across situations. Like most mental disorders, if not all of them, will affect your actions

at least from time to time—if they didn’t have some kind of observable effect on your behavior, then there wouldn’t be much to diagnose—but some affect more than others.

And, much as destigmatization was very important, we’ve overcorrected because now people go around acting like no mental illness has ever resulted in violent behavior, & that just isn’t true. Take, for example, the results of this study:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6813663/#:~:text=Review%20studies%20carried%20out%20up,for%20severe%20depression3%2C%204.>

“101 (49.5%) inmates received a diagnosis of personality disorder, the most frequent being: narcissistic, 43 (21.08%); antisocial, 38 (18.63%); and paranoid, 29 (14.22%). The presence of any personality disorder was associated with an increase in the risk of committing crimes, especially violence and crimes against property. The most frequent personality disorders were associated with higher scores in the psychopathy assessment tools. Higher scores in the Psychopathy Checklist Reviewed (PCL-R) correlated with an increased risk of committing the following crimes: violent, against public health, against property and disorderly conduct. The consumption of addictive psychoactive substances was associated with the commission of crimes against property. Methadone stood out for its protective role against the commission of violent crimes.”

Rather short, straightforward, & shows a lot about what we’re talking about: Not only are personality disorders associated with increased likelihood of criminal behavior, especially violent crime, but the 2019 study notes that it uses the Psychopathy Checklist Reviewed, indicating that anyone who tells you “psychopathy is no longer used in the field” is just plain wrong. Now, it must be noted that this study does specifically look at a prison, but as it says in the introduction, rates of psychopathy & APD are much lower in the general public than in prisons. In other words, not everyone with psychopathy/APD is a criminal, but it’s much more likely than not. It also notes that some experts insist that criminality SHOULD be part of the definition of APD; indeed, if you look at the criteria, it’s kind of like winning the lottery to get APD without being arrested, but as of now, it’s technically possible.

I don’t want to belabor the point too much, so to finish off this section, one of the ethical principles psychologists are required to follow is “integrity.” Basically, we’re supposed to be honest with what the science says. And this idea that we should avoid saying that a personality behavior might be reflected in a character’s PERSONALITY because we’re afraid that has some “negative implication” just isn’t honest. The fact is that, yes, sometimes people with mental illnesses commit crimes, & sometimes, the mental illness is even a contributing factor.

By the way, the reason these guys are in jail anyway is because personality disorders are rarely seen as a defense against crime because “I manipulate people for my own benefit & don’t feel guilty about it” isn’t the mental illness preventing the person from understanding why they would be held accountable for their actions. A successful not guilty by reason of insanity (NGRI) defense requires showing that a person, suffering from that mental illness, legitimately wouldn’t understand why what they did is a crime, like say if they committed a murder because they thought the mailman was a CIA assassin about to blow up the neighborhood. And with that morbid thought, let’s move on.

There are quite a few ableist tropes in the world of Avatar, which become especially apparent in the comics series that depicts Azula wearing a straitjacket, behaving erratically, and continue to behave violently during an active psychotic episode. There are deeply

problematic storytelling elements at play here and as such, we may not want to associate this with real-world diagnoses.

“Azula’s symptoms are consistent with X” & “Azula is in a straitjacket” just have nothing to do with each other.” She’s in a straitjacket because people in-universe don’t want her to burn their faces off. Like it or not, she IS dangerous, objectively, she was dangerous before she started hallucinating. This is just going in so many circles about irrelevant topics. Whether or not Azula wore a straitjacket has nothing to do with whether or not someone’s interpretation of the character is reasonable.

There is also the reality that the Avatar world is not our world, and these diagnoses likely don’t exist in this universe. Azula is also a woman of color from a cultural context that might make diagnosis complicated at best, downright inappropriate at worst.

Firstly, these contradict each other. If you want to say the Avatar world wouldn’t use our particular diagnostic constructs, then they also wouldn’t use our definition of “woman of color.” If you have very strong opinions that there’s no such thing as a phenotypically white person in the Avatar universe, well then there’s no “white people” to contrast with, now is there?

And if you’re contrasting Azula with a real world white person, well then you clearly understand the concept of applying real world concepts to fictional characters, so why play dumb about that “diagnoses don’t exist” thing. They’re still humans whose psychology are based on ours, so unless told otherwise, it stands to reason that they would have similar patterns of abnormal psychology, whether they discovered them or not. Case in point, in Legend of Korra Book 4, Korra clearly gets PTSD.

I don’t even know what the point is supposed to be. Because she’s Asian-coded, we can’t talk about her mental state? Is there some “all Chinese people are psychopaths” stereotype I’m not aware of? This is an extremely annoying thing this writer does, where they just drop an implication like it’s automatically correct & doesn’t need any explanation or defending. And there are so many that they tend to get lost, like I had to come back & add this because I realized I forgot about it seeing when we’d actually get to the specific diagnoses.

Finally, people with no background in mental health care who have no training on how to give diagnoses are likely to give inaccurate diagnoses (hence the popularity of referring to Azula as a psychopath) or may give a more correct diagnosis, but accidentally perpetuate stereotypes or misinformation in doing so.

Okay, I do see the author eventually addresses, why psychopathy is supposedly “incorrect,” so I guess I’ll get there, but spoiler alert, we’ll definitely be seeing some of that “misinformation.” You remember how I literally showed you a study from 2019 that literally used a psychopathy checklist, like I gave you direct proof that anyone who tells you “psychopathy is an outdated term” is just objectively wrong & doesn’t know what they’re talking about? Yeah, I think you can guess something this “expert” is going to say in that section.

But sticking with the current section, what are they even suggesting, here? Yes, I also get frustrated by inaccuracies, but it’s not like you fix them by telling people not to talk about things. For one, they just don’t listen to you. At least, if they tell you what they think, you can TRY to correct them. And I’d be a lot easier on the writer of this blog if I genuinely believed they were, in good faith, “accidentally

perpetuating stereotypes & misinformation,” but I don’t. The way they go on & on at such length about how everything in psychology is inaccurate & bigoted just seems way too calculated. I don’t believe they’re a scientist, & I think that’s why it doesn’t play any real role in this section. None of these arguments are based on findings from their supposed experience in mental health, it’s just social opinions.

So is it right or wrong to give her a diagnosis? Well, like most things, it’s complicated. I would say proceed with immense caution,

Oh, fuck off, you said it was fine if people wanted to headcanon their diagnoses onto Azula. If that’s the threshold for “caution” & “research,” then it can’t be that urgent. At the end of the day, people are going to post their opinions online, & other people are going to think they’re stupid. Not all opinions are equal, but I’m not hearing anything in this stream of consciousness rant about how, specifically, it harms anyone if someone says Azula is a psychopath & you don’t think that’s accurate. And what comes up later is just beyond weak.

Be open to hearing from people with mental illness and listening to their voices, as well as being open to correcting yourself if you get something wrong. Mental health professionals like myself may also want to correct any blatant misinformation- this is important- but our degrees ultimately do not trump the lived experiences of people with mental illness. A bachelor’s degree in psychology most *definitely* does not.

I can’t help but wonder, if this person is reading this, are they open to being corrected? Because, for example, the study I showed objectively uses the psychopathy checklist. It’s not the only study I came across, nor the only psychopathy checklist. I don’t see how you get around that by taking a swipe at my* degree being inferior to your totally real master’s degree. If anything, shouldn’t it make it worse that I so clearly know this incredibly basic information about the field that you do not?

Hypothetically, what if I was lying about EVEN having a bachelor’s degree? The information I gave is still accurate even if I’m secretly approximately 400 toads in a trench coat. My point here is the source doesn’t ultimately matter, the information does. My problem isn’t per se that you’re lying about your credentials, it’s that you’re bad at it & spreading slander of the field. So, sure, I’ll hear what someone has to say, but they’re not automatically correct just based on whether or not they happen to have a mental illness.

*=Like I doubt this was written specifically with me in mind, but this person definitely wanted to preempt bachelor’s degrees, which is very funny, & leads me to think they probably knew this was eventually going to be called out by someone with a bachelor’s because they knew this doesn’t read like it was written by a professional because it wasn’t.

I didn’t see the need to comment on most of the remaining paragraphs in this part because nothing was jumping out at me as inaccurate. It seemed like a reasonable explanation of the biopsychosocial model. But then I got to this part:

So dysfunctional families, trauma, abuse- these things *do* contribute to mental disorders, and in fact, are significant risk factors for many of them. So yes, Azula can be both traumatized and mentally ill- in fact, she’s most likely mentally ill *because* of her trauma. Reducing it to some biological flaw in her brain is grossly inaccurate at best.

“Most likely”? “Grossly inaccurate at best”? Listen, I get that you have an opinion, I’m not saying you have to pretend to be neutral, but you just got done talking about how mental illnesses tend to have both biological & non-biological components. So, it’s just wild to drop this idea that it’s ALL trauma & NO biology with ZERO argumentation, like it’s just some fact already in evidence.

3: On Psychopathy

She’s not a psychopath or a sociopath. These are both outdated diagnostic terms that typically refer to what we now call antisocial personality disorder (ASPD).

I want to be brief because I discussed this at great length in Part 2, so go there if you want to see what I said in full. However, I will re-link the study I showed from 2019 explicitly using a psychopathy checklist:

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6813663/#:~:text=Review%20studies%20carried%20out%20up,for%20severe%20depression3%2C%204.>

This is neither the only recent study I found using a psychopathy checklist, nor the only psychopathy checklist being used. It simply isn’t true that these are “outdated terms.” This person could passably have gotten through an undergraduate course ignorant of this fact, but realistically, it’s very unlikely they would be doing clinical work diagnosing personality disorders unaware that these tools are still in use.

Now, yes, you would not be “diagnosed as a psychopath,” but a longstanding, simmering annoyance I’ve had with this blog throughout my reply is the conflation of “mental disorders” with “all of psychology.” This is not true. Psychology is a broad field, & saying Azula is a psychopath is a commentary on her personality. Honestly, unless someone literally says, “I am diagnosing Azula as a psychopath,” then criticizing them for “bad diagnosis” is arguably a strawman.

As for “sociopath,” some researchers have strong opinions on that, I just don’t fuck with it at all. There’s some standard, canned popsci explanation like “psychopaths are born while sociopaths are made,” but last I knew, there was not nearly a consensus on whether or not “sociopath” has a single coherent, consistent, & distinct definition at all. Like I said, I just prefer not to get involved in it.

ASPD cannot be diagnosed before age 18, like all the personality disorders, because children just haven’t finished developing enough to assign such a label to them. For this reason, we can eliminate every single personality disorder as a possible diagnosis for Azula- she is 14, and thus too young. So she’s not a narcissist either, and she does not have borderline personality disorder.

We’re going to have to circle back to this because they bring up something that becomes important later, but part of the reason we do this is because we can’t be sure if real people will age out of certain behaviors. This is less of a problem with fictional characters because we can be more sure of what the author is trying to get at with them. To be like “she’s technically too young” is missing the forest for the trees. This is about character concepts & personality traits.

If you want to accuse me of shifting the goalposts, well notice I didn’t actually say “we should diagnose Azula,” I’ve just been responding to the blogger’s framing. The blogger hears “Azula is a

psychopath” & takes that as “Azula has antisocial personality disorder,” which is deeply weird. Anyone who is uninformed in these topics doesn’t know what APD is, & anyone who is informed presumably has a more nuanced point in mind.

You can learn more about where a particular person stands by seeking clarification, but for some reason people are deeply allergic to that, & that’s why I’m so deep into a blog assuming all this crap & correcting the record with my own responses that probably won’t get read.

It also highly unlikely that Azula’s symptoms can be explained by disorders like depression, anxiety, or bipolar disorder. You could potentially make arguments or headcanon that she has them, but these are likely insufficient labels to account for the wider range of her experiences.

Well, yeah, that’s why I disagreed when you said that people should diagnose based on headcanons & also that lived experience de facto trumps knowledge in a dispute.

You could make an argument for a mood disorder with psychotic features, and you might want to consider PTSD- psychotic symptoms can occur alongside it, though this is rare. I’d argue none of these diagnoses are the best fit given what we know about Azula, however, the fact that you even could make an argument for them sort of proves my point about the fuzziness of diagnosis. It really isn’t very clear-cut.

I don’t know when, where, why, how, or by whom it was decided that people have an obligation to explain every single facet of a character. Is there a specific diagnosis besides “whatever the writer felt like” that explains Azula’s particular combination of psychotic symptoms? Maybe. Do I care about finding it? Not really. It’s just not what I’m interested in.

I mean, I get it, you’re writing a psychology piece about Azula, so it kind of makes sense for you to write about this, but it also kind of doesn’t because there seems to be this hanging implication that Azula’s personality pre & post psychotic break should be explainable by the same thing. No, it probably isn’t; why would it be?

I mean, Azula had her cold & shrewd personality for years, & then some pretty abrupt changes to it after the psychotic break. Besides the hallucinations & delusions, she became more erratic & impulsive, her actions less governed by long-term planning. I think it’s pretty obvious there’s two different things going on there. Someone can have a personality disorder & then later get a psychotic disorder. Yeah, it takes some sussing out, but it’s not this truly incomprehensible mystery.

Also, you “can make an argument for” anything if you don’t require the argument to be very strong. Lots of people make an argument for Azula to be a psychopath. That’s way stronger than PTSD, but you just dismiss it out of hand because, let’s be real, you don’t like it. Like we don’t see evidence of any of these symptoms:

Criterion B: intrusion symptoms (one required)

The traumatic event is persistently re-experienced in the following way(s):

Unwanted upsetting memories

Nightmares
Flashbacks
Emotional distress after exposure to traumatic reminders
Physical reactivity after exposure to traumatic reminders

It's true that we do have a label for this kind of behavior in children, and it's called conduct disorder. Conduct disorder is characterized by unusual aggression, deceit, rule breaking, lying, and other significant problem behaviors. These are your kids who act out to express their emotions, who show little remorse, and may act abusively towards peers, siblings, or animals. Conduct disorder *can* lead to a later diagnosis of ASPD- and in fact is required for that diagnosis to be made- but it does not have to. Contributing factors to conduct disorder include but are not limited to: dysfunctional family dynamics, history of abuse/neglect, genetic factors, low socioeconomic status, and peer rejection.

So does Azula have a conduct disorder? You can certainly make a case for it. That does not, however, mean she's destined to grow up to have a personality disorder. Conduct disorder is treatable, and especially for someone like Azula, who grew up in such a flagrantly toxic environment that no doubt directly contributed to her behaviors. Azula was an angry little girl who felt neglected by her mother and was groomed by her father. Ozai took all of Azula's worst traits and rewarded them- this child doesn't know another way of behaving or getting positive attention. Of course she looks like a kid with a conduct disorder- conduct disorder frequently results from childhood trauma.

Yes, finally, conduct disorder came up. Note that, where we currently are, if Azula isn't already 18, then she's very close to it. Also, I guess we've just completely abandoned the whole "they don't have our mental disorders" talking point. Granted, this piece was a bit older when it was originally written, but I still think it should've been possible to reasonably infer that Azula probably wasn't going to pull a 180 if someone was asking "what is the writer trying to tell us about the nature of the character?" rather than pulling some rules lawyering about whether she's technically too young to fit some specific diagnosis.

It's pretty obvious Azula has a stable personality, not like "of sound mind" stable, but as in it's predictable how she'll react to things, & it's been that way for as long as anyone can remember. It's not just something you get from growing up in the Ozai household because Zuko isn't like this. Even at his worst, he's never been like this. But at the youngest we've seen Azula, so what by the "trauma alone theory" should be her most innocent, she's just still cruel, cold, & calculating as the present day. It just doesn't add up. If we apply the principle of "show, don't tell," then Azula was probably born with an abnormal personality.

So, pretending she was a real person, the track this would probably take is she'd be diagnosed with conduct disorder until, eventually, she winds up with an APD diagnosis. Because that's how this tends to work with psychopaths. Not all conduct disorder cases are resolved, & psychopaths are difficult to treat because, if you try to teach them to understand people's feelings, they tend to see that as lessons in manipulation. Or, as Azula puts it, "I'm a people person." You see how the way the character is portrayed dovetails with the concept?

I mean, technically, I gave the streamlined version, if she still had her psychotic break, that would delay people in figuring out which of her symptoms are related to which other symptoms & cause a

more complicated timeline, hence why I didn't do it that way, because I wanted to get the idea across.

We do, however, need to be careful when talking about this as a possible label to not act like that makes her evil or unredeemable. Kids with conduct disorder are not psychopaths- more often than not, they're kids who've experienced significant traumas, disorganized attachments, and severe stress.

I'm about to have an aneurysm with how often this person talks about "being careful with how we talk" & then conflates a bunch of imprecise language. Firstly, "evil" & "unredeemable" are subjects related to ethical philosophy, & therefore, if you're looking for instructions on them in a psychological diagnosis, you're missing the point. Secondly, kids with conduct disorder are not *necessarily* psychopaths. Psychopathy has a strong genetic component, so just because we can't tell which kids with conduct disorder will grow up to be psychopaths doesn't mean we can "cure" psychopathy. Notice I also said "psychopath" not "APD" or "criminal." It is possible for a psychopath to avoid both.

I believe James H. Fallon, who discovered he was a psychopath while studying psychopathy in serial killers, had neither APD nor a criminal conviction. I don't know whether or not he ever had conduct disorder. But this hits upon something he would tell you, which is that he thinks the reason he turned out so well even though he had the same biological markers as a bunch of serial killers is he had a very good upbringing. This, however, didn't change the fact that he was a psychopath, & his personality did have fundamental differences because of biological quirks.

These kids need *help*, not shame, and Azula, were she a real person, would be no different.

The implied moral panic here is so frustrating. No one is picking on kids with conduct disorder because people on social media are calling Azula a psychopath. That is not a thing that's happening. And Azula ISN'T real, so she can't have her feelings hurt. Please stop weaponizing therapy speak to shut down discussions of a TV show because you don't like those particular opinions. Moreover, if you're serious about avoiding mental health stigma, I think you should probably stop pretending that all cases of conduct disorder are literally the same as the fictional supervillainess who once shouted "I'm about to celebrate becoming an only child!" while shooting lightning bolts at her brother.

we need to consider her culture and background- is she really so mentally ill when she was raised in a culture that reinforced her aggression and fostered low empathy in all of its soldiers

Even other Fire Nation soldiers found Azula off-putting, so yes.

If Azula learned to behave a certain way from her father, is that really a mental illness?

What is even the argument here, that mental illnesses don't have causes? You could say that any disorder which isn't purely biological is "learned." Trauma responses are a form of learning. They come from conditioning, which is considered learning. If you're depressed, well SOMETHING trained your brain to have a new mood state. Like MAYBE if Azula's behavior really WAS the norm in Fire Nation society, but it wasn't; while Azula's behavior definitely wasn't disconnected from the culture, it was nonetheless an extreme manifestation even by their standards. So, what's the point of going into a very distantly related hypothetical?

Regardless, can it be unlearned? Yes. It absolutely can. She is only fourteen.

She is not real. “What can happen” is whatever the writer wants to happen, & now you’re getting into subjects like whether it’s been built up in her arc, if people actually want her to not be a villain, & about a million other things.

And you know what, related to this, the only reason she’s 14 in the show is because they expected kids to be 12 when they watched it, so they wanted Azula to be slightly older. She’s not real, she’s a villain in a Nickelodeon cartoon.

I mean, we have to have SOME awareness of genre tropes here, right? Or are we gonna be like “Hakoda is a bad parent because he lets his kids go into a warzone”? That’s obviously not the point. It’s obviously a narrative about them growing up & taking on responsibility. But it’d be really cool to watch if that responsibility was in the form of martial arts fights, so that’s what the show is.

It goes back to what I was saying about how diagnosing a fictional character is a tricky subject I have mixed feelings on. Because you’re fundamentally mixing mental health diagnosis with fictional character interpretation, & that naturally raises questions about what the writer meant to imply about the character, if the writer’s understanding of psychology is accurate, if YOUR understanding of psychology is accurate, if your understanding of the writer’s intent is accurate, if your understanding of the writer’s understanding is accurate...I’m not saying don’t do it, but I think we should actually keep these things in mind & not just say “she’s 14” as if she’s a real person & her age wasn’t decided for demographic reasons.

4: Finishing Up

As the title says, I just want to finish the last few sections of the blog. I don’t have too much to say about their section on schizophrenia. It seems they’re pretty agreeable when they don’t have a bone to pick with a specific concept. In short, they say that, based on the specific criteria for schizophrenia, you could say that Azula fits the symptoms based on the comics. However, they mention it’s very strange that Azula’s symptoms seem to “clear up” in Smoke & Shadow, which would not be likely for untreated schizophrenia. But, well, that doesn’t mean it’s perfect.

So does Azula meet criteria for schizophrenia- maybe, but *only* if you consider the comics to be canon. If you don’t, then no- you cannot make that argument.

That’s not how canon works. The whole point of canon is that something just IS canon, regardless of whether or not you want it to count. That’s what differentiates it from fan fiction. Relatively beside the point, but y’know, it still came up.

However, regardless, it’s a troubling label for someone so young and so obviously traumatized. If she does have schizophrenia, you *must* consider her context, consider the causal factors- schizophrenia and trauma can and do frequently go together- and you *must must* be careful in how you talk about this. Schizophrenia is a heavily stigmatized and misunderstood illness, and applying it haphazardly to a fourteen-year-old girl is a serious thing. Especially a fourteen-year-old girl from a non-white, non-western culture.

And now I'm annoyed again. This blogger spends so much time being afraid of vague "troubling labels," & then they don't even give useful advice for whatever it is they're so afraid of. Christ, instead of telling us for like the 14th fucking time that Azula isn't white or western, distinctions which don't even mean anything within the in-universe context of Avatar, why not explain what you actually want people to keep in mind or avoid about schizophrenia? Frankly, I gotta be real with you, I'm personally very excited whenever someone knows that schizophrenia is characterized by hallucinations or delusions & is not having multiple personalities or when you talk to yourself.

But if you remove the comics from consideration, what does Azula have? A single psychotic episode, the causes of which are highly up for debate. And that is *all* you have evidence for. A single psychotic episode does not a schizophrenia diagnosis make.

Yeah, sure, that's not an unfair point. I can't really complain, given I said earlier that I'm not interested in being compelled to explain what exactly Azula's psychotic symptoms are caused by.

If you're asking do I have a problem with people headcanoning Azula as schizophrenic, the answer is no, with some reservations. It definitely doesn't bother me if the person doing so has a psychotic disorder and sees themselves in Azula, or else has a background in mental health care and understands how diagnosis works. For everyone else, please do your research and please do your due diligence. These are not labels to throw around lightly, and not every person experiencing psychosis has schizophrenia.

Alright, now I can complain again. I didn't include the part where they talked about how schizophrenia is a spectrum disorder because it was really long & there wasn't much to critique, but since schizophrenia is a spectrum disorder, someone who has schizophrenia might not necessarily know a lot about how it works outside of their particular manifestation. Again, it's this idea that having a condition gives you some kind of expertise, when that's just not the case.

I really wish this writer would stop trying to have it both ways, either be okay with headcanons or insist people do research, don't devise this weird caste system where some people have to do research before they can have opinions but others don't. Especially because, again, who is going to listen to this? Who is the target audience who doesn't know shit about psychology, but is going to listen to this specific blogger?

And what do they even mean by "due diligence"? Earlier, they criticized "reading Wikipedia articles" & even having a bachelor's degree, so is that still in effect? Are the only ways to have an opinion on this topic to either have a mental illness or to have a master's degree? Y'know, on top of everything else, this blog just isn't very well written. It constantly says it wants you to do things, but not how it wants you to achieve them, it repeats a lot of stock phrases (hey, did you know that Azula isn't white) without expounding on how they're supposed to support the point, just drops a lot of ideas it doesn't build up, it's a whole thing.

Diagnosis is an incredibly complex and tricky thing even in the real world

The hanging implication here is that it's necessarily & always harder in fiction, but that isn't true. For example, I could use the DSM criteria as a guideline specifically to write a character, & in fact, I always recommend this when people want to write mental illness so they just don't write "generic insanity." So, a reader could follow the clues I give & figure out my intention. They lack certain

advantages that they'd have if they were a real psychologist studying a real case, but they have other advantages, namely a writer can simplify a narrative & present only what is most relevant.

and it is based on a flawed and imperfect system

That's literally every human system. Probably also every inhuman system. Don't throw away your cancer pills.

that at best manages to describe clusters of symptoms.

We link those clusters of symptoms to causal mechanisms & evidence-based treatment methods, & that's why we have pills that treat schizophrenia, & real people don't need writers to magically send their symptoms into remission. Obligatory disclaimer, not all cases respond equally well to treatments, medication usually works best when combined with therapy, I'm using a rhetorical device to point out how reductive this "it doesn't do anything but describe clusters of symptoms" thing is. Yeah, that's called a syndrome, & then we figure out how the syndrome works, & then we treat the syndrome, that's called "medicine."

Am I diagnosing Azula today? No, I am not, and that is not the purpose of this very long essay. If you take from this that I am definitely saying Azula has a conduct disorder and schizophrenia, you have not read it thoroughly.

It was indeed very long, & I think it's safe to say I read it thoroughly. You don't even want to know how long it took me to write this reply.

At the end of the day, slapping a label or set of labels onto Azula is unnecessary to understanding her character.

Is it, or do you just not like it? I'm not hearing how this is supposed to improve understanding of the character. If anything, it sounds like you want to avoid making any specific proclamations. That's your prerogative, but where it becomes annoying is when you tell other people what to do based on your own biases & lack of understanding, all while telling everyone else to "do their due diligence."

And for god's sake fandom, stop calling her a psychopath.

Azula shows signs consistent with psychopathy. You showed a great deal of ignorance of what psychopathy even is, & even taking your argument at face value, it amounted to little more than a semantics one.

Basically, you claimed (incorrectly) that the proper term would be antisocial personality disorder, but she's too young to know for sure if she'll still have the symptoms when she's old enough. Well, y'know, the clock on that excuse is quickly running out, & I don't see those symptoms reducing in the slightest.

Also, don't you say you're not against headcanons? Oh, right, you have those weird stipulations, & I'm still not clear on whether having a degree means I have the approval of someone who doesn't know that psychopathy is still very much discussed in the research, which I for some reason totally need in order to have an opinion on the subject. What if I had APD? Would that suddenly mean I can disagree with you on this? Your rules are weird & confusing.

But anyway, it's a moot point because, like I said, that's only IF I take your argument at face value, which I don't, because it's wrong. Like I said, psychopathy is very much not an outdated term, it's just not a diagnosis. Psychology is to diagnosis like biology is to diagnosis. It's just one part of a much broader branch of science.

So, yes, I think I will keep calling Azula a psychopath, because the vast weight of the evidence convinces me the writers wrote her character as a psychopath. Her issues aren't just from her upbringing, they're also from her biology, & that's why Zuko doesn't have them. He has his own issues, but lack of empathy has never been one of them because he just didn't inherit those traits. If she was raised differently, Azula would be much better functioning, but there's no reason to think she'd suddenly become this deeply caring person.

And with that, I finally have a complete, all-purpose response to this blog whenever it seemingly inevitably comes up again. I'm pretty sure this isn't even the first time I've responded to it in full, so hopefully, I don't lose this one because it was a real pain in the ass. I can only hope it evens out the effort in the long run.