

# Causes and Treatment of Mental Illness

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### 1. Definition of mental illness

The conception and the treatment of mental illness is undergoing dramatic and rapid changes. A number of factors contribute to these changes, and provide opportunities for the application of clinical psychology and behavioural sciences.

Mental illness may be defined as "a mental or bodily condition marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal psychological functioning of the individual" (1), or "The psychological inability to cope realistically and effectively with the ordinary challenges of life" (2), or "clinically significant behavior or psychological syndrome associated with distress or disability, not just an expected response to a particular event or limited to relations between a person and society" (3), occasionally as psychosocial responses to stress that inhibit a person's ability to meet human needs and function effectively within a culture.

The American Psychiatric Association in its Diagnostic and Statistical Manual (DSM-IV), tied to the medical model, views mental problems as diseases with specific symptoms, causes, predictable courses and treatments.

Many people suffer from mental or emotional trouble due to trauma, poverty, discrimination, social injustice, destructive interpersonal relationships, and other nonbiological or biological forces.

Attempts to define mental illness in some precise shape proves to be difficult. Mental health professionals differ in viewing mental illness primarily as a disease, as a disturbance in the functioning of the personality, or as a problem in living. "Those who view mental illness in disease terms are most likely to believe that constitutional factors are largely responsible for many mental conditions and that genetic and biological factors play an important if not prominent part in explaining the causes of mental illness. Those who view mental illnesses as primarily disturbances of the personality, conceive of such problems as repertoires of behavior and patterns of feeling which have become deeply rooted as a result of the child's social development and which persist through time, although they are inappropriate to effective social functioning and personal comfort. Finally, some mental health professionals maintain that what is called "mental illness" results in no specific sense from genetic or physical factors or from deep-rooted psychological disorders. They argue rather that such difficulties are problems in living which develop because of confusion in communication, maintenance of particular social rules, and enforcement of certain moral standards either because of their own unique understandings and viewpoints or because of their failure to develop certain social skills which others define as necessary" (4).

## 2. Definition of normality (mental health)

Although mental illness is usually defined in terms of some deviation from normality, defining normality is controversial.

According to definition normality is the quality or state of being normal, contrary to abnormality. There are several approaches of defining abnormality: norm violation (breaking or not observing the rules of society), deviation from an ideal (deviating from some description of an ideal well-adjusted personality), maladaptive behaviour (behaviour that interferes with social and personal functioning), statistical abnormality (substantial deviation from a statistically calculated average). (5)

Anthropologists stress the importance of culture in handling of this issues. Culture not only defines normal and abnormal behaviour but may also contribute to the development of mental illness, determine how mental illness is recognized, labelled, explained, treated. Behaviour varies perpetually, mental health or mental illness is not a static state.

Characteristics of mental health are based on a general concept of psychological maturity, which includes a firm grasp of reality, a value system, a positive attitude toward oneself, the ability to care for others, to work productively, to cope with stress, the ability to love (to love others and to be loved), the ability of self-actualizing and self-expression, the ability to integrate and synthesise life events in such a way as to maintain equilibrium and to reduce anxiety, the ability to make appropriate decisions and to be self-directed, with specific goals and objectives in mind, the ability to perceive reality without distortion, creativeness, sense of humour, self-knowledge. These include all aspects of interpersonal relationships, such as work and play (6)

### 3. Theories of mental health

Balance with the natural world is essential to mental health. Change in one part changes the whole. Individual is regarded as a biopsychosocial unit, in a holistic, human-environmental approach.

A holistic orientation toward health contains the integration and balance of the biological, psychological and the sociocultural subsystems. The appearance of the biopsychosocial model is a paradigm-shift in medicine.

It implies that every disease is of multicausal nature, and the treatment can be performed by interpersonal relationship (7). Proponent of this model, George Engel proposed an integrated systems approach to human behavior and to disease. The model is derived from general systems theory. The biological system deals with the anatomical, structural and molecular substrates of disease and the effects on patients' biological functioning. The psychological system treats the effects of psychodynamic factors, motivation, and personality on the experience of, and reaction to, illness. The social system examines cultural, environmental, and familial influences on the expression and experience of illness.

Research in neurophysiology has increased our knowledge of the processes through which messages or impulses are transmitted in the brain and the central nervous system. Psychoneuroimmunology is a new field of biology. It explores how the brain, emotions, and the body's immune system interact. The brain and the immune system form a closed circuit.

According to the psychodynamic orientation, unconscious processes motivate behaviour, id, ego and superego are interacting structures of the personality, symptoms are symbolic representation of intrapsychic conflicts.

Interpersonal interactions influence the origin and perpetuation of behaviour. According to the behavioural theory, behaviour, rather than thoughts or feelings, is paramount. All behaviour is learned through conditioning (either operant or respondent).

Sociocultural theories focus on the influence of social definitions, social norm and social values on human behaviour.

### 4. Illness behaviour

This term means the individual's reactions to the experience of being sick. According to

Edward Suchmann, stages of illness behaviour are as follows: I. the symptom experience stage (in which a decision is made that something is wrong), II. the assumption of the sick role stage (in which a decision is made that a person is sick and needs professional care), III. the medical care contact stage (in which a decision is made to seek professional care), IV. the dependent-patient role stage (in which a decision is made to transfer control to the doctor and to follow prescribed treatment), V. the recovery or rehabilitation stage (in which a decision is made to give up the patient role). (8) Another term is "sick role", a pattern of behaviour expected of someone who is ill. The sick role includes being excused from responsibilities and being expected to want to obtain help to get well.

People react to illness in different ways, which depend on their habitual modes of thinking, feeling, behaving, cultural beliefs about disease.

## 5. Classifying Mental Disorders

The diagnostic process begins with a consideration of the overt symptoms. Examples of symptoms in mental disorders would be anxiety or a sense of worthlessness. An individual symptom is rarely enough for diagnosis. Anxiety occurs in many different mental disorders. We often look for a pattern of symptoms, a so-called syndrome. A set of symptoms that includes disorganization of thinking, withdrawal from others, hallucinations, bizarre behaviours is characteristic of schizophrenia.

The entire list, a psychiatric rating scale includes mental deficiency, senile deterioration, mood disorders (bipolar disorder and depression), phobias, somatoform disorders, conversion disorders, drug addiction to mention only the most prominent.

Until recent times, most psychiatrists subsumed these conditions under two broad super-categories, neurosis and psychosis. The term "neurosis" was applied to any disorder, characterized by anxiety or the defense against anxiety, the term "psychosis" was applied to conditions such as schizophrenia in which the patients' thoughts, moods and deeds were disturbed, withdrawn from reality.

Today, the terms "psychosis" and "neurosis" are no longer widely used in classification of mental illnesses. The most important is a greater stress on the description of disorders rather than on theories about their underlying causes. (9)

At present the two most important classification are the 10<sup>th</sup> revision of International Statistical Classification of Diseases and Related Health Problems (ICD-10), published by the World Health Organization (WHO) in 1992, and the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published in 1994 by the American Psychiatric Association (APA). The International Classification of Diseases (ICD) is the official medical and psychiatric nosology used throughout most of the world. DSM-IV is the official psychiatric coding system used in the United States. It is compatible with the ninth revision of ICD.

## 6. Causes of mental disorders

In former periods of history, the demonological approach to mental disorder was accepted.

Afterwards, it was regarded as a form of illness, being the result of a bodily malfunction. Other mental disorders were seen as a result of psychogenic rather than organic causes. Somatogenic and psychogenic viewpoints agree on one thing: these conditions are illnesses (on the analogy of such nonpsychiatric illnesses as diabetes or carcinoma of the breast), in more detail "mental" illnesses, because their primary symptoms are psychological.

This model ("pathology model") assumes that the underlying pathology is organic ("medical model"), therefore employs somatic therapies (drugs). On the other hand, the psychoanalytic model (based on the conception of psychopathology) considers the nature of mental disorder's symptoms of psychogenic origin. The underlying pathology is a constellation of unconscious conflicts, often rooted in early childhood experiences. Treatment is psychotherapy based on psychoanalytic principles.

The third subcategory of the general pathology model is the "learning" model, considering mental disorders as the result of maladaptive or distorted learning. Adequate treatment is the cognitive-behavioural psychotherapy.

The diathesis-stress conception is very useful in the understanding of many organic as well as mental disorders. Predisposition ("diathesis") toward the illness makes the individual potentially vulnerable to a particular disorder, and some form of environmental stress transforms the potentiality into actuality. Stress is precipitating trigger. (10)

## 7. Biological therapies

This area employ psychopharmacological agents, elektroconvulsive therapy and many other nonpharmacological treatments (such as transcranial magnetic stimulation, light therapy, sleep deprivation, drug-assisted interviewing, psychosurgery, placebos, acupuncture and acupressure, orthomolecular therapy and plant extracts). Historical treatments were subcoma insulin therapy, coma therapy, electrosleep therapy and continuous sleep treatment.

The biological basis of behaviour is coming into focus, in large part because of the use of psychopharmacological agents that modify behaviour and mood.

Psychiatric drugs are the first-line treatments for disorders, such as mania, hyperactivity Disorders, in other disorders, such as depression, anxiety, drugs provide a valuable addition to psychotherapy. For many patients, psychiatric drugs offer a degree of stability that enables them to remain in relationships, to participate in the workplace, or to tolerate insight-oriented psychotherapy. Psychoactive drugs have also been widely applied in nonpsychiatric indications, such as pain control and management of obesity.

Electroconvulsive therapy (ECT) is one of the most effective and least understood treatments in psychiatry. ECT is considered a safe and effective treatment of patients with major depressive disorder, manic episodes, schizophrenia, and other serious mental disorders. Many inaccurate reports have appeared about alleged permanent brain damage resulting from ECT. Although these reports have largely been disproved, the specter of ECT-induced brain damage remains. ECT may relieve severe depression within a week, but the full benefit requires several treatments over a few weeks. The decision to suggest ECT to a patient, like all treatment recommendations, should be based on both the treatment options available to the patient and the risk-benefit considerations. The alternatives to ECT are usu-

ally pharmacotherapy and psychotherapy. (11)

## 8. Psychotherapies

"Psychotherapy is a special relationship between two human beings. The patient brings to it a sense of suffering and hope. The therapist brings expert knowledge and a desire to help. Together they walk, and sometimes stumble, along the path to mental health" - writes Ronald W. Pies (12).

Psychoanalysis was developed in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries as well. Sigmund Freud, the founder of the psychoanalytic method, spent his early career thinking about cerebral specialization, higher cortical functions, and their relationship to the symptoms of mental illness. He suggested that most specific symptoms of mental illness could be understood in terms of brain mechanisms. Freud himself turned to the observation of clinical phenomena combined with speculations and hypotheses about their underlying psychic mechanisms. He speculated that the symptoms could be due to some type of trauma that occurred early in life and remained embedded in the psyche and caused irritation. The method that he developed for clinical management of milder psychiatric syndromes gained popularity and are still in use today, mostly in modified form. (13)

According to the psychoanalytic theory, when id, ego and superego are out of balance because of unresolved conflicts, arises anxiety. To relieve neurotic anxiety, the ego may use defense mechanisms. Defense mechanism determines the form of abnormal behaviour. "Neuroses" are associated with the overuse of defense mechanisms to control the id. "Psychoses" occur when the ego is so weak that it has no defenses against the id.

Psychoanalytic therapy focuses on a dynamic interplay of conscious and unconscious elements. Psychoanalytic (psychodynamic) therapies emphasize present situations and are briefer than traditional psychoanalysis.

Behavioural theory proposes that abnormal behaviour is learned in the same way as all other behaviour and there is a continuity between normal and abnormal behaviour. The individual failed to learn adaptive behaviour, or learned inappropriate behaviour. According to cognitive approach the way people interpret events determines their feelings and behaviour. There are a variety of behaviourally oriented therapies (systematic desensitization, flooding, aversion therapy, covert sensitization, rational-emotive therapy, self-instructional therapy, cognitive therapy).

Humanistic-existential therapy takes a phenomenological approach. It believes the individual is free to make choices and is responsible for her or his own behaviour. Maladjustment

Is the result of a thwarted drive for self-actualization. Laing's opinion is, that disorders are caused by modern society and the modern nuclear family. Humanistic therapists view psychological treatment as a growth experience. In client-centered therapy the therapist helps clients clarify feelings and come to value their own experience of the world. Gestalt-therapy combines psychoanalytic concept with humanistic philosophy. Always concentrating on the present, the therapist helps the client give up defenses, expand potential, increase awareness and release pent-up feelings.

What kind of therapy is best? There seem to be five main factors that contribute to the

effectiveness of all forms of psychotherapy: understanding, catharsis, self-expression, acceptance and increased self-esteem. Despite some of their divergent intentions and theoretical claims, most good therapists share a number of therapeutic methods. Although more specialized techniques, such as desensitization or dream analysis, may create a unique and beneficial experience for the patient, there is little evidence that these techniques are uniquely curative. Different therapies have different indications. (14)

## References

- (1) Webster's Medical Desk Dictionary. MERRIAM-WEBSTER INC., Publishers, Springfield, Massachusetts, U.S.A. 1986
- (2) Robertson, Ian: Sociology 3th ed. Worth Publishers, Inc. 1987, p.659
- (3) Kaplan & Sadock's: Synopsis of Psychiatry 8<sup>th</sup> ed. Lippincott & Wilkins, Philadelphia, 1998, p. 281
- (4) Mechanic, David: Mental Health and Social Policy, Prentice-Hall, Inc., Englewood Cliffs, N.J. 1969, p. 3-6, 17-22
- (5) Bower G.H., Bootzin, R.R. Zajonc, R.B.: Principles of Psychology Today. Random House New York, 1987, p.159
- (6) Pasquali, E.A., Arnold, H.M., DeBasio, N.: Mental Health Nursing, The C. V. Mosby Company St. Louis, 1989, p. 8-9
- (7) Csabai-Molnár, Health, Illness and Care, Springer, Hungary, 1999, p. 32
- (8) Kaplan & Sadock's, p. 1-2
- (9) Gleitman, H., Basic Psychology 3th ed., W.W. Norton c Company, New York-London, 1992, p. 492
- (10) Gleitman, H., p.499-500
- (11) Kaplan & Sadock's, p. 1115
- (12) Pies, R. W., Inside Psychotherapy, George F. Stickley Company, Philadelphia, p. VII
- (13) Andreasen. N.C., Black, D., W., Introductory Textbook of Psychiatry, American Psychiatry Press, Inc., 1991, p. 9-10
- (14) Pies, R. W., p. 9-21

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