

*Understanding Mental Illness*

**WHAT PSYCHIATRIC  
ILLNESS MEANS**

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## What Psychiatric Illness Means

*Now the Spirit of the Lord departed from Saul, and an evil spirit from the Lord tormented him. And Saul's servants said to him, "Behold now, an evil spirit from God is tormenting you. Let our Lord now command your servants, who are before you, to seek out a man who is skillful in playing the lyre: and when the evil spirit from God is upon you, he will play it, and you will be well."*

1 SAMUEL 16:14-16

Saul was not the first victim of misunderstanding about the nature of psychiatric illness, and he was certainly not the last. The account of his problems in 1 Samuel is a moving portrayal of a gifted leader who falls prey to depression and despair in an era when such illness was interpreted by victim and bystander alike as a possession by evil spirits reflecting divine disfavor and when the only treatment available was soothing music.

You may have picked up this book because a friend or relative has experienced a psychiatric illness just as Saul did. You may have a religious background or be a religious person, and you may be feeling fear, shame, and guilt just as Saul did. Why did this happen? What did I do? Will this run in our family? Will he ever recover? How will I explain this to our friends and family? You may find it difficult to shed the ingrained feeling, enhanced by biblical passages like the one above and centuries of tradition, that mental illness is an affliction of the

human spirit inflicted by an angry God. I, too, am a religious person and I believe that religion can often illuminate or help alleviate psychiatric problems, but I also believe that those who saw psychiatric illness as due to possession or witchcraft were terribly and unfortunately misguided. As a psychiatrist, I feel profound sorrow and compassion for the unfortunate individuals who for thousands of years suffered from psychiatric illness in an age less enlightened than ours. And I hope that after reading this book you will no longer feel shame, fear, or guilt; that you will become a crusader for a future age when mental illness is recognized as what it is—a disease like any other, but one which happens to affect the nervous system and, therefore, emotion and behavior rather than the heart, lungs, or kidneys.

Two hundred years ago your friend or relative might have been chained in a filthy cell for the remainder of his life, while people came to amuse themselves by observing him as if he were an animal in a zoo. Or he might have been burned at stake for being possessed by the devil. Or, if his symptoms were mild enough for him to escape these severer torments, he might simply have been an object of mockery and derision, a “bedlam beggar” taunted by small boys (or grown ones) with sticks and rocks. That is what fear, shame, and guilt about psychiatric illness have done in the past.

Even today these old ghosts haunt us. People hesitate to enter a psychiatric hospital or to encourage their loved ones to enter one. "You ought to go see a shrink" may be the final devastating insult in a bitter quarrel between two adults. We *have* improved. We don't burn schizophrenics at the stake or throw stones at the demented. But we haven't improved enough as long as people use words and phrases like "mad," "crazy," "losing his mind," or even "nervous breakdown," as long as "you need to see a psychiatrist" is a derisive taunt. And as long as some people believe that the psychiatrically ill are somehow tainted or marked for life, we still have a long way to go to conquer ignorance and fear. Hopefully, two hundred years from now both psychiatry and humanity will have progressed as far as we have in the past two hundred, and people will then look back and mourn our ignorance.

Your relative now sees a physician instead of being condemned for witchcraft, when he is psychiatrically disabled, and he enters a hospital rather than a prison or an "insane asylum" when he is incapacitated, because psychiatric disorders are now approached by most enlightened people through the "medical model." This in effect means that these disorders are considered as illnesses. Just as the diabetic cannot control his blood sugar by his will power but can control his illness by accepting medical treatment, so too the person with a psychiatric disorder at times behaves peculiarly for reasons he

cannot understand or help but can improve with treatment. He, too, has an illness, one which affects his behavior and emotions. He deserves compassion and patience, not derision. His illness is caused by aberrations in his bodily mechanisms, as yet not fully understood, not by moral flaws or taints or a desire to be cruel and difficult. A person who suffers psychiatric disorders and his relatives have no more reason to feel guilty or ashamed than the diabetic and his relatives.

Someone may be wondering why the terms "psychiatric illness" or "psychiatric disorder" have been used here instead of "mental illness"—especially since the latter more familiar term has been used in the title of this book. "Mental illness" was chosen for the title because it is the term most people use when speaking about the subject discussed on these pages. But the word "mental" creates problems because it implies that the illness is limited to the mind. We want to avoid this implication since it cannot be substantiated. No brain abnormalities have been found on autopsy in most people suffering from psychiatric illness, and rarely do abnormalities show on an electro-encephalogram (the EEG or brain wave test). No doubt at least part of the cause is due to biochemical or neurophysiological changes in the brain as yet not discovered, but the brain is an incredibly complex mechanism which acts and interacts with a variety

of other bodily mechanisms including the endocrine glands and the peripheral nervous system. Since the nervous system is involved in psychiatric illness, the term “mental illness” becomes unsatisfactory because it implies an illness limited to the mind.

Further, some people take “mental illness” to mean that their brain is damaged or that there is something wrong with their mind and that they will never be able to think clearly. In fact, most psychiatric disorders manifest themselves in the emotional or behavioral spheres, while only a few significantly affect the ability to think. This is another reason why the term “mental illness” is insufficient for our purposes.

Some readers may be wondering what psychiatric illness means in another sense. They may be wondering how one distinguishes between illness and normality in a complex area such as human behavior. Normality is itself a difficult concept. It may represent the average, what the majority of people do. Yet, a man like Einstein was far from average, perhaps even a bit odd, but could in no sense be considered psychiatrically ill. His very superiority made him in a sense abnormal, but his abnormality was desirable. Another sense of the word “normality” is that normality is an ideal. The “normal” person is one who functions to the fullest limits of his capacity. Using normality



in this sense is also a bit risky, however, for few of us are able to fulfill all our intellectual and emotional capacities at all times. Psychiatrists tend to think of normality and illness in terms of ability or inability to function within the daily demands of life. Freud had perhaps the most sensible definition of what constitutes psychological health—*lieben und arbeiten*, "to love and to work." Although a person may be extremely bright or somewhat below normal in intelligence, although he may be gregarious and outgoing with many friends or somewhat shy and a loner, although he may live a conventional middle-class life or be somewhat bohemian and unconventional, he has achieved psychological health if he has learned to love some other human being and to work productively in some way which he finds personally satisfying. When a person is unable or becomes unable to function at a level commensurate with his intellectual abilities in interpersonal relations or in work, then he might be considered to have some form of psychiatric illness.

In the pages which follow, a variety of psychiatric illnesses will be described. Chapter 2 will serve as a brief introduction to psychiatric terminology and symptomatology. A word of caution should be heeded concerning that chapter. When people read about psychiatric symptoms, they inevitably tend to apply them to themselves and to think that because they occasionally have a few symptoms in a mild

form, they must have the illness described. The above definition of normality in terms of capacity to function should be kept in mind. Even if you have an occasional symptom, you probably do not have or have not had the illness described unless it has affected your capacity to love and to work for several weeks or more.