

# Explanatory models of mental illness and the mentally ill person

Stoops Erik\*

Department of Mental Health, University of Southern Cross, Australia

## ABSTRACT:

*Throughout history, the nature of mental illness has been the topic of heated debate. Plato, who advocated a mentalist definition of mental illness, was the first person in ancient Greece to coin the term “mental health.” According to Plato, “mental health” was thought of as reason aided by temper and prevailing over passion. Hippocrates, who took a more physicalist approach around the same time, defined various mental conditions as a variety of imbalances between various kinds of “humors.” The phrase “mental illness is brain illness” was first used by Griesinger almost two centuries ago. This phrase has given a lot of momentum to the more recent medical definition of mental illness. In recent decades, significant advancements in genomics and brain imaging have contributed to the reification of mental disorders as brain illnesses and strengthened biological psychiatry more than ever.*

**Keywords:** Mental disorders, Mental health facilities, Mental health statistics, Mental health treatment

## INTRODUCTION

The person with a mental illness is yet another area of investigation, and it's possible that this is the most crucial one. During the distressing acute phases of a serious mental disorder, telling patients that their presenting mental illness is similar to other medical conditions may initially reassure them and encourage them to accept medication. A straightforward explanation for encouraging them to accept treatment, which frequently includes medication, may be appreciated by them or their families. Even though this tactic has the potential to accomplish something very significant in situations resembling acute crises, it may present challenges when it comes to persuading individuals to accept other highly effective psychological and social treatments if it persists over time. For some forms of mental illness, such as mild to moderate depression, anxiety, eating disorders, and emotional dysregulation associated with several long-standing mental illnesses, these latter interventions are significantly less harmful than frequently less effective medications. Psychological and social therapeutic interventions are the essential bridge between pharmacological interventions during the acute crises and the need for their sustained use in the long term, achieving the essential goals of relief of internal distress, restoration of self, and a return to productive social and working lives

even in the most serious mental disorders, such as psychotic, bipolar, and severe major depressive disorders, where medications are invariably an essential part of treatment (Farmer, et al. 2003).

## EXPLANATORY MODELS, STIGMA AND SOCIETY:

The first is to investigate how the statement “mental illness is like any other medical illness” influences people's perceptions of mental health issues. As was mentioned earlier, the axiomatic statement implies that mental illness's behavior and suffering are primarily biological in origin. Let's take a look at the evidence in this area. Biogenetic attribution of all mental disorders, which has gained a hegemonic status in the last decade or two, has primarily been used to inform campaigns to reduce stigma and improve society's acceptance of mental illness and its sufferers (McGorry, Et al.2008)

Several well-conducted studies have found, almost unanimously, that this strategy has not only failed, but may also have exacerbated public attitudes and behaviors toward those with mental illnesses. According to Read and colleagues<sup>17</sup>'s review of the literature on the concept of mental illness being like any other illness, biogenetic causal theories and diagnostic labeling as illness are both positively related to perceptions of dangerousness and unpredictability, as well as to fear of and desire for social distance (Rüsch, Et al.2010)

This is consistent with the findings of stigma investigations, which have shown that those who view mental disorders as primarily attributable to biological forces, just like other medical disorders, absolve the mentally ill person of responsibility for their behavior and actions People's

**Received:** 28-Dec-2023, Manuscript No: ijemhhr-23-86193;

**Editor assigned:** 31-Dec-2022, Pre QC No. ijemhhr-23-86193 (PQ);

**Reviewed:** 13-Jan-2022, QC No. ijemhhr-23-86193;

**Revised:** 19-Jan-2022, Manuscript No. ijemhhr-23-86193 (R);

**Published:** 27-Jan-2022, DOI: 10.4172/1522-4821.1000568

\*Correspondence regarding this article should be directed to: Stoops Erik\*[stoopsrik364@scu.edu.au](mailto:stoopsrik364@scu.edu.au)

responses to the question of whether they would live next door to, socialize with, or have a close relative marry a mentally ill person reflect the attitudes examined in these studies (Sartorius, et al. 1997)

**MENTAL ILLNESS AND THE UTILITY OF EXPLANATORY MODELS:** Indeed, it is anticipated that by placing mental illness on the same level as medical illness, society will have a better understanding of it and will not view those with mental illnesses negatively. It is hoped that as a result, those with mental illnesses will face less social stigma, which is a major barrier to seeking and receiving assistance. Additionally, stigma reduction may assist individuals in regaining acceptance by society as contributing members in the long run. It is interesting to note that the public's models of explaining mental illness do not follow this narrative; rather, the public has a variety of models of explaining mental illness that vary based on culture and time. The practical question that needs to be asked is whether or not the approach of utilizing a biogenetic model of mental illness and equating it with medical conditions has actually assisted. In this regard, there are two areas that require investigation (Speerforck, et al. 2014)

### CONCLUSION

At best, attempting to establish the axiom that "mental illness is like any other medical illness" simplifies a complex

human issue, and at worst, it does a significant disservice to patients, their families, and the mental health field. The general complexity of human thought, behavior, and memories, as well as the concept of self and consciousness, ought to be included in our conversation. We should also pay attention to the particular complexities that each of us as humans carries as part of our life stories.

### REFERENCES

- Farmer, A., Mahmood, A., Redman, K., Harris, T., Sadler, S., & McGuffin, P. (2003). A sib-pair study of the Temperament and Character Inventory scales in major depression. *Arch Gen Psychiatry*, 60(5), 490-496.
- McGorry, P. D., Killackey, E., & Yung, A. (2008). Early intervention in psychosis: concepts, evidence and future directions. *World J. Psychiatry*, 7(3), 148.
- Rüsch, N., Todd, A. R., Bodenhausen, G. V., & Corrigan, P. W. (2010). Biogenetic models of psychopathology, implicit guilt, and mental illness stigma. *Psychiatry Res*, 179(3), 328-332.
- Sartorius, N. (1997). Fighting schizophrenia and its stigma: a new World Psychiatric Association educational programme. *BJPsych*, 170(4), 297-297.
- Speerforck, S., Schomerus, G., Pruess, S., & Angermeyer, M. C. (2014). Different biogenetic causal explanations and attitudes towards persons with major depression, schizophrenia and alcohol dependence: Is the concept of a chemical imbalance beneficial?. *J Affect*, 168, 224-228.