

Mental illness and the utility of explanatory models

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ABSTRACT:

Throughout history, there has been fervent debate on the nature of mental disease. The phrase “mental health” was first used in ancient Greece by Plato, who advocated a mentalist concept of mental sickness and defined it as reason that is supported by temper and rules over passion. Hippocrates, who adopted a more physicalist perspective around the same time, characterised many mental illnesses as imbalances between various “humours” around the same period. Griesinger was the first to assert nearly 200 years ago that “mental sickness is brain illness,” a claim that has strongly influenced the more contemporary medical understanding of mental illness. The last few decades’ significant advancements in genetics and brain imaging have strengthened biological psychiatry more than ever, and contributed to the reification of mental disorders as illnesses of the brain.

Keywords: Psychopathology, Diagnosis, Nosology, Philosophy of Psychiatry, Mental disorder, Harmful dysfunction, Cross-cultural diagnosis, Validity of diagnostic criteria, False positives.

INTRODUCTION

It is important to look closely at a comparison that is frequently made between type 2 diabetes and mental disorders, particularly schizophrenia, other psychoses, and depression, in order to comprehend the basis for equating medical and mental disorders. Despite being extremely complex, diabetes is thought to be caused by abnormal glucose metabolism linked to either a total or relative lack of insulin signalling. Endogenous predispositions, such as inherited diathesis, and environmental variables, including personal decisions, such as a poor diet and sedentary lifestyle, are the cause of this disordered metabolism. Positive health effects can therefore be anticipated by enhancing glucose metabolism, whether through medication, insulin replacement, or lifestyle adjustments. High fasting glucose levels and other relevant biochemical markers of glucose metabolism are used to confirm the presence of diabetes. Moreover, the succession of its effects on other systems (e.g., cardiovascular, central nervous system) are, or could be, well explained on the basis of physiologic mechanisms (Davidson & Strauss, 1995).

NEUROBIOLOGY AND EXPERIENCE OF MENTAL ILLNESS: Neuroscientific advancements have undoubtedly provided us with much better biological mechanistic explanations for many of the cognitive, emotional, and

conative activities that are essentially human, including memory, reasoning, perception, mood, and action. We now understand that many mental diseases are vulnerable due to underlying biological differences. However, many of the behaviours and feelings that make up the main manifestations of mental diseases are still beyond our ability to fully understand in terms of neurobiology. Even if neurobiology were to one day better explain how the brain functions, elaborate on how genes increase the risk for mental illness, and explain the mechanisms underlying complex human behaviour, one would still need to comprehend the experiences of patients with various types of mental illnesses (Jones 2013)

MENTAL ILLNESS AND THE UTILITY OF EXPLANATORY MODELS: In fact, it is envisioned that by placing mental disease on par with medical illness, society will comprehend it better and have a more accepting attitude toward persons who suffer from mental illnesses. As a result, it is believed that persons who suffer from mental illness would experience less social stigma—which is a significant barrier to people seeking and/or receiving care—and that this will help people eventually regain acceptance by society as contributing members. It’s interesting to note that the public’s explanatory models of mental illness do not adhere to this narrative; instead, they have many models that vary across cultures and time periods (Pescosolido et al, 2010)

EXPLANATORY MODELS, STIGMA AND SOCIETY: The first is to look at how the idea that mental illness is similar to other medical illnesses affects the stigma that society has against those who suffer from it. As previously mentioned, the axiomatic statement implies that the behaviour and

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suffering that characterise mental disease have a biological genesis. Let's look at the supporting evidence in this regard. The biogenetic attribution of all mental disorders, which has assumed a hegemonic status¹⁰, has mostly been used to guide campaigns to lessen stigma and foster greater acceptance of mental illness and those who experience it by society in the previous two to three decades (Read & Law, 1999).

This method has nearly universally failed, according to a number of well-conducted research, and it may even have made people's views and behaviours toward people with mental illnesses worse. Studies on stigma have revealed that people who believe that mental illnesses are primarily caused by biological forces, similar to other medical disorders, tend to be less hopeful about the ability of the mentally ill person to recover and function normally, as well as less accepting of them and more negatively toward them (Sartorius 1997).

CONCLUSION

At best, embracing the premise that "mental illness is like any other medical ailment" will simplify a complicated human issue; at worst, this will do patients, their families, and the mental health community a great damage. Our conversation should take into account the general complexity of human

thinking, behaviour, memories, and the concept of self and consciousness, as well as knowledge from cutting-edge biogenetic and social science research, while also paying attention to the particular complexity that each of us as individuals carries as part of our unique life stories. That applies to both those who provide and those who receive services

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