

# Mental Health and Mental Illness: Historical and Theoretical Concepts

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# Core Concepts

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- The concepts of mental health and mental illness are culturally defined.
- The psychological adaptation to stress is explained in terms of two major responses.
  - Anxiety
  - Grief

# Historical Overview of Psychiatric Care

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- Primitive thoughts regarding mental disturbances
  - Some cultures thought an individual with mental illness has been dispossessed of his or her soul and wellness could only be achieved if the soul was returned.
  - Others believed that evil spirits or supernatural or magical powers had entered the body.
  - Still others considered that the individuals with mental illness may have broken a taboo or sinned against another individual or God.

# Historical Overview of Psychiatric Care (continued\_1)

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- During the Middle Ages, the association of mental illness with witchcraft and the supernatural continued to prevail in Europe.
- Middle Eastern countries began to perceive mental illness as a medical problem.

# Mental Health

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- Maslow emphasized an individual's motivation in the continuous quest for self-actualization.
  - A “hierarchy of needs”
    - Most basic needs requiring fulfillment
  - Self-actualization
    - Fulfillment of one's highest potential
  - An individual's position within the hierarchy may revert from a higher level to a lower level based on life circumstances.

# Hierarchy of needs - Maslow



# Mental Health (continued)

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- Mental health

- This modified version of Robinson's definition of mental health used by this text:
  - “The successful adaptation to stressors from the internal or external environment, evidenced by thoughts, feelings and behaviors that are age-appropriate and congruent with local and cultural norms.”

# Mental Illness

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- Horwitz describes cultural influences that affect how individuals view mental illness, which include
  - Incomprehensibility
    - The inability of the general population to understand the motivation behind the behavior
  - Cultural relativity
    - The “normality” of behavior is determined by the culture.



# Mental Illness (continued)

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- The transactional model of stress and adaptation
  - Mental illness
    - Will be characterized as “maladaptive responses to stressors from the internal or external environment, evidenced by thoughts, feelings, and behaviors that are incongruent with the local and cultural norms and that interfere with the individual’s social, occupational, and/or physical functioning”

# Psychological Adaptation to Stress

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- All individuals exhibit characteristics associated with both mental health and mental illness at any given point in time.
- Anxiety and grief
  - Two major primary psychological response patterns to stress

# Psychological Adaptation to Stress (continued\_1)

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## ■ Anxiety

- A feeling of discomfort and apprehension related to fear of impending danger. The individual may be unaware of the source of his or her anxiety, but it is often accompanied by feelings of uncertainty and helplessness.
- Low levels of anxiety are adaptive and can provide the motivation required for survival.

# Psychological Adaptation to Stress (continued\_2)

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- Anxiety becomes problematic when the individual is unable to prevent their response from escalating to a level that interferes with the ability to meet basic needs.

# Psychological Adaptation to Stress (continued\_3)

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- Anna Freud
  - Identified a number of defense mechanisms employed by the ego in the face of threat to biological or psychological integrity
- Maladaptive use of defense mechanisms promotes disintegration of the ego.

# Psychological Adaptation to Stress (continued\_4)

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- Common characteristics of people with neuroses
  - Aware they are experiencing distress
  - Aware their behaviors are maladaptive
  - Unaware of any possible psychological causes of the distress
  - Feel helpless to change their situation
  - Experience no loss of contact with reality

# Psychological Adaptation to Stress (continued\_5)

- Examples of psychoneurotic responses to anxiety
  - Anxiety disorders
    - Disorders in which the characteristic features are symptoms of anxiety and avoidance behavior
  - Somatic symptom disorders
    - The characteristic features are physical symptoms for which there is no evident organic pathology.
  - Dissociative disorders
    - The characteristic feature is a disruption in the usually integrated functions of consciousness, memory, identify, or perception of the environment.

# Psychological Adaptation to Stress (continued\_6)

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- Common characteristics of people with psychoses
  - Exhibit minimal distress
  - Unaware their behavior is maladaptive
  - Unaware of a psychological problem (anosognosia)
  - Exhibiting a flight from reality into a less stressful world or one in which they are attempting to adapt



# Psychological Adaptation to Stress (continued\_7)

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- Grief is a subjective feeling of sorrow and sadness accompanied by emotional, physical, and social responses to the loss of a loved person or thing.
- The loss or anticipated loss of anything of value to an individual can trigger the grief response.

# Psychological Adaptation to Stress (continued\_8)

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- This period of characteristic emotions and behaviors is called mourning.
  - Characterized by feelings of sadness, guilt, anger, helplessness, hopelessness, and despair

# Psychological Adaptation to Stress (continued\_9)

- Kübler-Ross's five stages of the grief response
  1. **Denial:** A stage of shock and disbelief.
  2. **Anger:** Envy and resentment toward individuals not affected by the loss are common.
  3. **Bargaining:** A “bargain” is made with God in an attempt to reverse or postpone the loss.
  4. **Depression:** The sense of loss is intense, and feelings of sadness and depression prevail.
  5. **Acceptance:** The final stage brings a feeling of peace regarding the loss that has occurred.

# Psychological Adaptation to Stress (continued\_10)

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- Anticipatory grief
  - Experiencing the grief process before the actual loss occurs
- Resolution
  - Length of the grief process is entirely individual
    - May last from a few weeks to years
    - Influenced by a number of factors

# Psychological Adaptation to Stress (continued\_11)

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- Many factors may prolong the length of the grief process.
  - If relationship with lost entity was marked by ambivalence or a “love-hate” association, reaction may be burdened with guilt
  - Guilt often lengthens the grieving process
    - Feelings of anger toward oneself for having committed a wrong against or behaved in an unacceptable manner toward a lost loved one.

# Psychological Adaptation to Stress (continued\_12)

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- Anticipatory grieving may shorten the grief response.
  - Individuals who are able to work through some of the feelings before the loss occurs

# Psychological Adaptation to Stress (continued\_13)

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- Maladaptive grief responses
  - Occur when an individual is not able to satisfactorily progress through the stages of grieving to achieve resolution
  - Usually occur when an individual becomes fixed in the denial or anger stage of the grief process

# Psychological Adaptation to Stress (continued\_14)

- Types of grief responses identified as pathological
  - Prolonged
    - Characterized by an intense preoccupation with memories of the lost entity for many years after the loss has occurred
  - Delayed or inhibited
    - Individual becomes fixed in denial stage of grieving process
  - Distorted
    - The individual is fixed in the anger stage of grieving
    - May culminate in pathological depression