

What is Mental Illness?

(This is an address given by Dr. Marleen S. Williams, Associate Clinical Professor of Counseling Psychology, Brigham Young University)

Often the media portrays sensationalized accounts of the mentally ill that contribute to the public being both frightened and confused. Historically, the mentally ill have been locked up, beaten, exorcized and ostracized or set adrift in the ocean on what was labeled a Ship of Fools.

In the latter days, however, the Lord has permitted many of the secrets of how the human brain works to be revealed to us through scientific inquiry. We now have a more accurate understanding of what happens in the brains of those with mental illness because of the development of more effective ways to study the brain through neuroimaging and other scientific advances.

God has not yet revealed to us exactly how the spirit interacts with the body. However, we know, just by simple observation that faithful and righteous people frequently suffer from disease and dysfunction of various organs of the body. Heart disease, cancer, diabetes and other ailments afflict both the just and the unjust. The brain is also an organ of the body. In mortality it is subject to disease and dysfunction in both the just and unjust.

For example, my beloved father served faithfully as a bishop and in a stake presidency. Before his death, he experienced several strokes. As a result, he easily forgot things; had difficulty planning and organizing, was sometimes confused, behaved inappropriately, and occasionally experienced delusions. We call this kind of mental illness Vascular Dementia.

I also have a 30-year-old daughter who is mentally retarded. In spite of considerable efforts and fine teachers, she can only read on a 5th grade level, can only do very simple addition and subtraction, cannot live independently nor care for her own needs. Without medication, she is delusional and confused. She frequently has auditory and visual hallucinations. She cannot will her brain to work properly and the Lord has not seen fit at this time to heal her of this disability in spite of many prayers in her behalf. As with 75% of all mentally disabled individuals, the cause of her disability is unknown. It cannot be determined by medical tests, such as a blood tests or CAT scan. She is a faithful Latter-day Saint and her patriarchal blessing tells her that she was a choice spirit who accepted the assignment to come to mortality under special circumstances for a particular mission. Her particular diagnoses are mental retardation and a schizoaffective disorder.

The illnesses I have described are easier to understand because they are more blatantly apparent and affect the brain's ability to learn and remember things. However, the brain has more functions than just learning new material. Some of those functions include regulating and interpreting mood, emotions, perceiving and making sense of information that comes to the brain from the 5 senses, organizing and planning activities, understanding, interpreting and responding to subtle interpersonal cues and complex activities too numerous to list here.

In its simplest explanation, the brain works on electro-chemical energy generated by chemicals in the brain such as neurotransmitters. Different parts of the brain communicate back and forth to integrate information and help form thoughts, ideas and responses. You may be familiar with some of these brain chemicals such as serotonin, dopamine, norepinephrine, and acetylcholine. Just as the pancreas can fail to function properly and not create sufficient insulin, or the body may not properly regulate insulin resulting in diabetes, for some people, their bodies are vulnerable to mental illness. The brain fails to produce, regulate and use neurotransmitters optimally. Does this mean we are just victims of our chemistry and determined to problem behaviors without agency and accountability? No, we know that the body and the spirit do interact and that people with mental illnesses may have not only biological but also psychology and spiritual concerns that can make the illness worse. Agency and accountability may be diminished, however, if the brain is malfunctioning to the point that the person cannot accurately understand and process information.

This evening I would like to discuss several specific mental illnesses that you are likely to encounter in a typical ward. Recognizing and understanding these illnesses is one of the first steps in being able to help. Most studies I have read suggest that the prevalence of most of these illnesses is similar in LDS people as is found with those not of our faith.

Anxiety Disorders

What is anxiety? We have probably all experienced fleeting moments of anxiety. If a big grizzly bear came through the door and was running up and down the aisles growling and swinging his paws, you would feel a rush of adrenaline that would speed up your heart rate and prepare your body to fight, freeze or flee. It is a “wired-in” survival mechanism. Some people’s bodies respond much more quickly, intensely and do not return to a normal, calm state as easily. They are more vulnerable to developing anxiety disorders. If a person experiences either chronic or intense stress such as war, sexual assault, chronic abuse, they may also develop an anxiety disorder.

Common anxiety disorders include:

1. Phobias – These are intense fears of particular objects, situations or activities.
2. Panic disorder – In a panic attack the individual experiences episodes of intense anxiety that may be triggered by an event or situation or may come without an environmental trigger. This can be very frightening and is often mistaken for a heart attack. The person may fear going crazy or that they are going to die. Symptoms include palpitations, pounding heart, and sweating, shaking, shortness of breath or feelings of choking, stomachache or nausea, dizzy or feeling out of their body. The attacks usually come on suddenly and then taper off. Medical events such as mitral valve prolapse, some medications or surgery can also contribute to panic attacks. .
3. Obsessive Compulsive Disorder – OCD causes the brain to generate recurrent, unwanted, intrusive thoughts. The brain acts like Herbie the Volkswagon. It is as if the brain has “a mind of its own.” The person does not want to think these thoughts and often tries to stop them by compulsive rituals like excessive hand washing, checking things repeatedly, meaningless rituals like having to count the cracks in the sidewalk or refusing to touch anything that has ever touched the floor. The purpose of the rituals is to try to stop the anxiety that comes

from the intrusive thoughts. Like a broken record, however, the brain replays the thoughts repeatedly. The harder the person tries to stop the thoughts, the more they persist.

For example, a student sees a piece of litter on the ground and does not pick it up. She goes to class but keeps hearing the words in her head,” You are not a good citizen unless you pick up litter.” These words keep running through her head against her will. She knows that she is not trying to think the words and does not want to think them. She cannot concentrate on the class lecture until she leaves class and goes back and picks up the litter. Then the thoughts stop. This happens every time she sees any piece of litter and it becomes so time consuming that it is interfering with her daily life.

The content of the intrusive thoughts varies from concerns about germs, excessive worries about making a mistake, words or phrases that the person finds objectionable, personal safety and many other kinds of thoughts that the person does not want to be thinking. However, they cannot stop the thoughts from playing in their head. Medication and psychotherapy both help OCD.

4. Post Traumatic Stress Disorder - PTSD develops after an experience that threatens life or safety to the person or significant others. The person experiences flashbacks, nightmares, and recurring thoughts about the event. They may experience intense body responses to any trigger that reminds them of the event. They often avoid anything that triggers a memory or response and may feel constantly agitated and hyper vigilant.

An example of PTSD is the many war veterans who returned following life-threatening events in war. They may hear an airplane or a loud noise and drop to the ground or run for cover. It is as if they are back in the war even though they are now in a safe environment. They may have frequent nightmares or become flooded by intense and fearful emotions.

Mood Disorder

There are two main categories of mood disorders. They are unipolar and bipolar depression that is also known as manic-depressive illness. Mood disorders are very common and many outstanding people have struggled with mood disorders. Abraham Lincoln, Winston Churchill and many other prominent and accomplished individuals experienced episodes of a mood disorder.

Depression is more than just a bad mood or a bad day. Depression is a whole body illness and disrupts normal processes like sleep, appetite, energy levels, thinking and concentration. Depression also interferes with the person’s ability to enjoy pleasurable activities and to feel pleasant emotions. Many depressed people struggle with thoughts of death or suicide. Frequently my LDS clients say that they would never consider suicide, but they often just wish a truck could hit them in order to be out of the pain of the depression.

Both biological and psychological factors play a role in the onset of depression. Some individuals have bodies that do not properly manufacture and utilize serotonin and norepinephrine. This kind of depression tends to run in families and has a genetic component.

Some depressions result from chronic, negative thinking or interpersonal problems. Depression can also be caused by excessive stress that taxes the body's resources. These depressions are like leaving the lights on in your car. You may be an excellent driver and it may be a very good car. However, if the lights are left on for too long, it drains the battery and the car will not start. Chronic or extreme stress drains the body's resources and this can contribute to the onset of a clinical depression. Sometimes a combination of these factors triggers the depression.

Women have double the rate of depression as men. Contrary to folklore, LDS women are not more depressed than other women are. This is a myth that started years ago but had no real data to back it up. Recently, there have been several scientific studies that show LDS women do not have a greater prevalence of depression. In addition, religious beliefs can be a buffer and support against depression in women. Women have lifetime prevalence for depression of about 20%. This is also true for LDS women.

Bipolar mood disorder or manic-depression is equal in man and women. It has the strongest evidence for genetic origins of any mental disorder. In genetic studies, several different chromosomes are implicated. The stronger and closer the genetic link, the more likely a person is to develop the disorder. For example, if both parents have bipolar, the child is much more likely to develop the disorder than if it only appeared in a great-aunt.

One of the defining symptoms of bipolar mood disorder is extreme mood swings. In the manic phase, the person may feel very elated or very irritable. Other symptoms include extreme self-esteem or grandiose ideas of exceptional achievements. In its extreme forms, these symptoms may even reach psychotic proportion with the person believing they are a great and famous person or have some special, unusual gift or mission even though evidence does not support this belief. For example, I remember a man who knew he was entering a manic phase whenever he started wanting to write letters to the President of the United States because he had special insight into the solutions to all of the nation's problems. Other symptoms accompany the grandiosity. Not needing much sleep, being very talkative, experiencing thoughts racing through the mind or trouble staying with a thought and being easily distracted are other symptoms of bipolar mood disorder. A person experiencing a manic episode is also likely to increase their activity and take on many projects. They may also become involved in pleasurable yet risky activities such as excessive spending, sexual indiscretions or excessive sexual behavior, foolish investments or risky, dangerous acts. In a person with strong moral values, this component of the illness may just show up by signing up for every committee, sign-up sheet and activity that becomes available and wear him or her out with over commitment.

The difficulty in thinking clearly and poor judgment associated with manic episodes can sometimes have devastating consequences. It is estimated that 15% of people with bipolar disorder eventually commit suicide and that about 50% have at least one attempt. It is a very hard illness to live with and it is important that the person get good treatment and proper medication. The illness is extremely difficult to manage without medication. I have seen mild cases, called cyclothymia, that are manageable without medication but individuals with full manic episodes must stay on medication. Learning to manage stress and good health habits such as getting enough sleep, eating right and avoiding travel that changes time zones can also help.

Often the person has little insight that their behavior is unusual or abnormal and can be angry, irritable, or resistant if others notice and call attention to it. The illness may then cycle into a depression with the symptoms I discussed as being typical of depression. Educating the person, the family and other significant others in their life about the illness is very helpful in coping with the mood swings and keeping life manageable.

Schizophrenia

Schizophrenia is perhaps the most misunderstood of all of the mental illnesses. It is not a split personality. Dissociative identity disorder is the correct diagnosis for what is labeled a split personality. The symptoms are very different from schizophrenia. Most people with schizophrenia are neither violent nor dangerous, although those who are attract a great deal of attention. Bad parenting does not cause it. I have seen young people develop the illness who are good, faithful individuals who are doing their best to keep the commandments and come from loving, good homes.

Schizophrenia shows up in all cultures, races and religions, as well as intellectual and social classes. It occurs equally in men and women. We do not know exactly what causes it, but we do know that the neurotransmitter dopamine plays an important role. If you increase the level of dopamine in the brain artificially, you can induce many of the symptoms in a normal person. Likewise, if you block dopamine transmission in individuals with schizophrenia, many of the symptoms stop. Like mood disorders, the development of schizophrenia often has a genetic component and is related to an interaction between biological vulnerability, stress and coping skills.

What are the symptoms? Psychologists classify two main kinds of symptoms.

The first is Positive symptoms. Positive symptoms include hallucinations, delusions (paranoid delusions such as family members are trying to poison you or the CIA is spying on you are common. However, they may be more bizarre such as aliens have taken over your brain). Three classic positive symptoms are:

1. Thought insertion-- This is the belief that someone else can put or implant thoughts into your brain.

2. Thought broadcasting--This is the belief that others can hear your thoughts. I remember a very sweet young man who developed Schizophrenia. He believed that he could convert all of the people at the bus stop just by thinking about his own testimony. He believed that his thoughts would transfer to the minds of others and they were converted. He was not an evil man – only an ill man.

3. Ideas of reference-- This is the belief that ordinary events are directed at or have special meaning to the person. For example, the belief that secret messages are embedded in the newspaper or a person sees a #6 and believes it is a message from Satan because his number is 666.

Disturbances in speech and language are also common positive symptoms of schizophrenia. Speech may be confused and the person may use words in unusual ways. They

may make up new words that have no meaning to others. These are called positive symptoms because they add to the personality things that are not normally there.

Negative symptoms, however, describe the loss of normal personality. These include loss of normal emotional responses. The person cannot experience emotions and may show a flat expression. They may have difficulty generating speech or show apathy and lack of motivation. It is often very difficult to organize and initiate activities. They may withdraw from others and just sit and do nothing. They often cannot feel pleasure or enjoyment.

These negative symptoms are often related to frontal lobe functioning. Recent developments in neuroimaging show abnormalities in how frontal lobes function in people with schizophrenia. Individuals with schizophrenia often show brain abnormalities such as larger ventricles (fluid filled spaces), differences in nerve cells and other subtle differences in structure and functioning of the brain.

I know a man I have watched for 30 years. He developed schizophrenia while serving as a missionary and could not complete his mission. His family understands that he has an illness. They have continued to love him and support his treatment. Although it has been a difficult journey for both him and his family, he has responded fairly well to treatment. He is now 50 and although he still has schizophrenia, he is able to hold a job working at a fast food restaurant, lives independently and was able to save up for a small house trailer. His LDS bishop understands his illness and cares about him. He has given this man a small calling in the ward that he can handle and performs with honor. People, who love him, understand his illness and watch over him surround him. He regularly attends the temple with family and friends from his ward or other single adults. He looks forward to the resurrection when his body will be healed of this affliction and the atonement will make him whole. I wish that all with this illness could have such a hopeful outcome.

Dual Diagnosis

A serious problem for many people who develop these mental disorders is that they may not have any understanding of what is happening to them. They just know that they do not feel well or that the world is confusing and unpredictable to them. This may lead to self-medication with drugs or alcohol. They may also try to comfort themselves with other addictive problems such as sexual addiction or eating disorders. This is what we call "dual diagnosis." The person not only has the original disorder but also has another addictive problem that creates difficulty for them. Dual diagnosis is one of the most difficult mental problems to treat.

Many teenagers and young adults who develop substance abuse problems do so in an attempt to feel better, but do not understand that they have another mental disorder that is a large part of their unhappiness. Many teenagers who commit suicide have untreated mental illnesses and do not know it.

It is important that mental illness is recognized and treated. Much suffering could be alleviated, to both the individual and their loved ones if these illnesses were recognized and help was available. I would also add that I believe it is important for LDS people to be treated by

those who understand and are respectful of LDS values. Although I have shared some information about these disorders, it is important that a well-trained professional make the correct diagnosis.

How common is mental illness? Estimates are that about 50% of the population will experience some form of a diagnosable disorder at some time in their life. Some are treatable and tend to be very time limited. Other disorders are lifetime illnesses that cannot be cured, only managed. In a typical LDS ward, if you look at probability statistics, there will be about 20-30% of the members who will experience an anxiety disorder during their lifetime. About 25% will experience clinical depression. About 1% will have schizophrenia and 1% will have bipolar mood disorder.

Joseph Smith, in speaking of the last days, explained that the righteous do not escape tribulation. He said, "Yet many of the righteous shall fall prey to disease, to pestilence, etc., by reason of the weakness of the flesh, and yet be saved in the Kingdom of God. So that it is an unhallowed principle to say that such and such have transgressed because they have been preyed upon by disease or death, for all flesh is subject to death; and the Savior has said, 'Judge not, lest ye be judged'."

What is our responsibility to the mentally ill? It is what it is to all of God's children: to "lift up the hands that hang down and strengthen the feeble knees," insofar as it is within our ability to do so. For those who suffer from a mental illness or love a person who suffers from one, I bear my personal testimony that God is aware of your suffering. He loves you. Although mortality is a time of testing, trial, growth and development, God can sustain you in your hour of need. He can bless you with the strength to endure whatever you are required to pass through in mortality. Through the power of the Atonement, He has promised that we and our loved ones can be healed and come forth in the resurrection. We will be free from the infirmities of the flesh. There is hope in Christ. Of this, I bear my testimony.

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