

## Chapter 13

# What Is Mental Illness?

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### 13.1 Unhappiness

Mental illness is usually defined as conditions that interfere with the sense of well-being or function of the individual in emotional, behavioral, or cognitive spheres. Some have equated the lack of a sense of well-being, or unhappiness, per se, with mental illness with presumed biological underpinnings (Heller, 1999). Others have emphasized the role of societal power structure as the origins of unhappiness. For example, Smail defines a person as “a point in social space *through* which outside powers and influences flow, rather than an entity *within* which powers and influences originate” (Smail, 2001). He proposes a close relationship between love and power noting that as children, the form our loving takes is exacted by power. “The relatively helpless infant and child can no more choose the characteristics of those he or she is dependent on than can the family dog, and, uncomfortable as it might be to suggest, our learning to love contains a strong element of choiceless dependence.” In memetic terms, then, the power memes possessed by and inflowing from the parental figures and the complementary memes of helplessness set the stage for unhappiness in the young child.

The structure of society itself as the cause of unhappiness has been articulated by others including Marcuse, Foucault, Lacan, and Sartre to whom existence itself is anxiogenic (Foucault, 2001; MacCannell and MacCannell, 1986; Marcuse, 1964, 1991; Stern, 1967). The demands of modern industrial society for conformity are considered to be structural causes of unhappiness, and according to Lacan, this power relationship is established with language itself, and in the pronouns – I,

you, and he/she/it that define a power relationship among them. Of course, the structure of society and the power relationships are all transmitted to the individual in the form of memes and the dominant memes that “pull the strings” in society are the memes automatically accepted by the “culture” and, therefore, the individual brain without undergoing the filtering process of the executive function (see Chapter 11).

Anecdotally, when Freud and Jung were sailing to America to lecture on psychoanalysis, Freud remarked to Jung that they were bringing the “plague” to America. Lacan reportedly gave a new ending to this anecdote: Freud did not know at the time that even though they did bring *la peste* to America from Europe, America would send it right back in the form of a distorted emphasis on the ego and its adaptation to the business-like civilization of American rational democracy (MacCannell and MacCannell, 1986). This is as good a description as any of the infectious quality of memes (of psychoanalysis), and how the dominant societal memes in America attached themselves to the original psychoanalytic memes, mutated them, and returned them to Europe to infect European psychoanalysts.

Unhappiness, therefore, may be seen to be a universal condition arising from the experience of powerlessness as children and of continuing powerlessness of the individual and the masses vis-a-vis the powerful societal forces such as conformity, as well as symptoms of a biologically/genetically determined individual vulnerability.

There is clearly a continuum of emotional, behavioral, and cognitive spheres of function within and among individuals. For example, in terms of low mood, there is the continuum of euthymia – sadness – depressed mood – depressive syndrome. In the other direction is euthymia – pleasant mood – euphoria – hypomania – manic syndrome. So with behavior – from severe inhibition to impulsive explosive behavior; with awareness – from stupor to alertness to hypervigilance.

On the other hand, as we saw in the previous chapter, the neural circuits for pleasure/reward and fear/punishment are separate and discrete – thus certain stimuli could activate both circuits at the same time. As memes are clusters of memory neurons and are closely connected to and reinforced by emotions, a physical stimulus from outside or an incoming meme may activate separate existing memes that are associated with reward and fear circuits respectively. A percept may be both pleasant and unpleasant and in some cases, only one emotion may be conscious while the other circuit is also activated but remains unconscious. If such a state continues, then the continuous activation of the circuit that has not been conscious may result in a kindling phenomenon whereby a sudden and strong emotion becomes conscious.

The sense of well-being may be threatened or lost whenever there is perception. The firing of mirror neurons in a person while seeing a movie of a crying mother who lost a child will stimulate the limbic system resulting in sadness that overtakes previous euthymic mood, empathy ensues and the sense of well-being is for the moment disrupted (Agnew et al., 2007; Dapretto et al., 2006; Gazzola et al., 2006; Ramachandran and Oberman, 2006; Rizzolatti and Craighero, 2004; Shmuelof and Zohary, 2007). Is this mental illness? It could be if the person in question sees sad

movies continuously and does nothing but cry. More likely, however, the person in question will function normally after leaving the theater, thus the temporary sadness would not be an illness. On the other hand, there are persons who habitually get into situations that cause mild to moderate sadness. Such persons might be called mildly ill or *neurotic*.

At a certain point in the continuum, an autonomous psychiatric syndrome may be triggered as we will discuss in Chapter 14. Unlike mild mental illness or neurosis, an autonomous psychiatric syndrome represents a frankly pathologic state usually not reversible without definitive and potent treatment usually involving drugs.

### 13.2 Memes and Mental Illness

We likened mental health to a well-functioning memetic democracy in which there is an overall sense of coherence while there is competition and tolerance of different memes within it. In a democracy, there is always debate and tension, at times to an uncomfortable degree. At what point does conflict and tension become unhealthy and thus become an illness?

Reasoned argument, persuasion, and compromise are essential in conflict resolution in a democracy. When the brain lacks sufficiently powerful reasoning ability (the ability to manipulate the memes), or when competing memes are intransigent and are unable to reach an agreed-upon course of action based on compromise, then the conflict becomes irresolvable and severe anxiety ensues.

Of course, there are some brains in which democracy never takes hold. In such brains, there may be a tyranny of an irrational dominant selfplex that represses all incompatible or questioning memes. As new memes always seep into the brain one way or another, e.g., in conversations with others, and particularly through the printed and electronic media, the selfplex must invest an inordinate amount of energy in suppressing the incoming memes lest they take hold and collaborate with existing suppressed memes to start a revolution. Individuals with tyrannical selfplexes are particularly intolerant of others' views that may differ from them and thus are threatening to inject them with different memes. Such individuals, however, are subject to sudden reversals of their fanatical views, which represents a revolution within the memetic brain.

Some individuals have a tyrannical selfplex that is severely repressive because it is very fragile and constantly in a state of threatened overthrow. The subversive selfplex in such a brain may be an even more repressive and depressive one, a repository of all unacceptable and derogatory memes. When such a fragile selfplex is overturned through new meme infusion (e.g., failure memes) under stress, the new selfplex may manifest severe depression. Such a memetic revolution may also result in a paralysis of the executive function, i.e., the ability to manipulate memes, resulting in psychotic disorganization.

In these instances, the memes may trigger off an epigenetic cascade resulting in a major psychiatric syndrome (see Chapter 14).

### 13.3 Culture and Mental Illness

Culture affects the symptoms of mental illness as well as the diagnosis, access to treatment, and quality of treatment of mental illness (Satcher, 2001). According to the Surgeon General's Report of 2001, disproportionate numbers of African Americans are represented in the most vulnerable segments of the population – people who are homeless, incarcerated, in the child welfare system, victims of trauma – all populations with increased risks for mental disorders. As many as 40% of Hispanic Americans report limited English language proficiency. Because few mental health-care providers identify themselves as Spanish speaking, most Hispanic Americans have limited access to ethnically or linguistically similar providers. The suicide rate among American Indians/Alaska natives is 50% higher than the national rate; rates of co-occurring mental illness and substance abuse (especially alcohol) are also higher among native youth and adults. Because few data have been collected, the full nature, extent, and sources of these disparities remain a matter of conjecture. Asian Americans/Pacific Islanders who seek care for a mental illness often present with more severe illnesses than do other racial or ethnic groups. This, in part, suggests that stigma and shame are critical deterrents to service utilization. It is also possible that mental illnesses may be undiagnosed or not treated early in their course because they are expressed in symptoms of a physical nature.

Indeed, in Asian culture, patients with depression are more likely to present to the physician with pain and abdominal discomfort, and there are certain culturally accepted “psychosomatic diseases” such as Hwa-Byung or fire-illness in Korea (Lin, 1983; Park et al., 2001, 2002). Koro and Latah are also culture-specific syndromes (see Chapter 3).

Culture is the meme pool in which the brain resides, and it is not surprising that the prevalent memes in the pool should infect the brains and determine both the symptoms and help-seeking behavior.

In each culture and subculture, there are prevalent memes that represent how a person behaves or feels given a psychiatric condition. Thus, a depressed person may withdraw and isolate self in one culture, in another, she may cry out aloud and act in bizarre ways, and yet in another, have serious headaches. The prevalent meme in one culture may be seeing a shaman when ill, in another, seeing a psychiatrist, yet in another, receiving acupuncture.

The prevalent meme in one culture for the cause of depression may be retribution for a past sin, in another, an angry ancestor's spirit, and yet in another, an imbalance in neurotransmitters.

Culture also determines what is normal and deviant within the meme pool, i.e., what is acceptable and what is considered to be unacceptable. For example, in certain indigenous cultures, hearing ancestors' spirits may be a normal and, therefore, an acceptable phenomenon while such auditory hallucinations would be considered pathologic in other cultures. When a dominant memplex in a culture pathologizes any competing memes, as in the case of the abuse of psychiatry in the Soviet Union when political dissidents were diagnosed with “sluggish schizophrenia,” then the culture itself, like a tyrannical reign in a brain, may be called pathologic.

While the contribution of culture, or prevalent memes in the regional meme pool, must be recognized, we must also recognize that there is a global meme pool in the modern world. Very few brains in the twenty-first century have pure cultures of regional memes – most brains contain memes from other cultures and the global memes of rationality and science.

By reinforcing the rational memes in the brain through education and publicity, we may be able to attenuate the provincial cultural memes that tend to distort or minimize the suffering from mental illness, and facilitate appropriate help-seeking behavior.

### 13.4 Mental Illness and Psychiatric Syndromes

Mental illness ranges from universal unhappiness arising from the human condition to serious distortions of reality in the form of delusions and hallucinations. Somewhere in between the two extremes is *neurosis*, a term no longer recognized by the Diagnostic and Statistical Manual of the American Psychiatric Association, but is nevertheless descriptive of mild to moderate degree of suffering by afflicted individuals.

Neurosis, often manifest by moderate anxiety and/or depression, is generally considered to be a result of developmental hang-ups and faulty learning. Any number of developmental theories, Freudian, Jungian, Eriksonian, etc., can provide clues to the repeated traumas and failure or inadequacy in mastering the demands of the developmental stage resulting in residual unconscious conflicts and faulty patterns of expectations and behavior.

Developmental task can be conceptualized as the integration of newly introduced and newly arising memes with the needs of unfolding genes. Neurosis denotes a state of the brain where the mutually incompatible and conflicting memes and memes representing genetic needs have not found a workable *modus vivendi*, where workable democracy has not developed in the brain. There may be an authoritarian brain state where a large number of memes that are potentially salutary are in a state of severe suppression; or a state of near anarchy where competing memes and selfplexes achieve ephemeral dominance.

Repeated exposure to fear and violence memes in childhood, when the meme-processing faculties of the brain are not fully developed, may render the brain susceptible to replication of these traumatic memes and further stunt the growth of the executive function, which is best nurtured with safety and safe-exploration memes. When any attempt at exploration and initiative is met with violence and trauma, fear memes and violence memes will replicate.

When a revolution overthrows an authoritarian memetic regime, anarchy often results as the dominant selfplexes did not condone the coexistence of viable alternative selfplexes to take over in an orderly fashion as in a democracy. The anarchy of conflicting memes may generate overwhelming anxiety, which in turn may trigger a gene-driven cascade into a final common pathway psychiatric syndrome.

The *final common pathway psychiatric syndromes* are serious conditions reflecting a pathologic brain state that, without treatment, results in an autonomous course and often chronic outcome. Major depression, manic-depressive bipolar syndromes, panic anxiety, and psychoses are the major examples of final common pathway syndromes. In all these syndromes, the meme-processing executive function of the brain is severely impaired, and thus general reduction in meme proliferation as well as directly gene-oriented therapy is necessary.

Psychiatric symptoms and syndromes may be classified in several functional clusters of continuum as follows, which will be discussed in more detail in Part IV:

- A. Attention-cognition spectrum syndromes (delirium, dementia, impulse control syndromes, ADHD, antisocial personality, obsessive-compulsive personality traits, obsessive-compulsive syndrome)
- B. Fear–anxiety–depression spectrum syndromes (anxiety, panic, ASD, PTSD, depression – neurotic and syndromic, borderline syndrome, mania, adjustment disorders, avoidant traits and personality, phobias)
- C. Reality perception spectrum syndromes (psychosis, dissociation, conversion, somatoform, misattribution somatization)
- D. Pleasure-motivation spectrum syndromes (substance use/abuse, addictions to substances and beliefs, fanaticism)
- E. Primary memetic syndromes (eating disorders, factitious syndromes, malingering, meme-directed irrational Acts)

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