

VIEWS AND REVIEWS



PERSONAL VIEW

Mental illness is not a state of mind

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“You will know very few happy moments in life, so make the most of them.” Those are words I often heard from my late mother, leading me to believe that life was going to be a painful affair. In retrospect I wonder whether she was dealing with chronic depression or whether she was “merely” dogged by unhappiness. But is unhappiness so different from depression? The World Health Organization defines health as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease,” which implies that if you are unhappy, then you are ill.

I am annoyed to see the umpteenth book published on how to cure your depression through mindfulness, sports, or improved diet. Someone with major depressive disorder or psychosis is not going to get better simply by meditating or going for a brisk walk. The problem may be semantics. Speaking of mental illness rather than disease is part of the reason for confusing sadness (a normal reaction to negative stressors) with depression (a pathological state). The development of scales for mental symptoms has enabled us to measure degrees of distress, but these do not make clear to most people (including non-specialised healthcare professionals) that mental illness is not a state of mind.

Let me use a metaphor. You may have high levels of blood sugar that require you to watch your diet but later develop diabetes for which you must still watch your diet but also take insulin. The same is true of mental illness in all its forms—a transition from exposure (worries, for example) to disease (major anxiety disorder, for example). So how do we know when to draw the line between existential hardship and overt mental illness? I will risk stating that even a person in distress is mentally healthy if they can adapt correspondingly to their surroundings and circumstances and if their objective reality is

not distorted by their perceptions. Reality is, of course, nearly impossible to define, but, for example, someone suffering from acute anxiety who feels that the walls of their flat are going to cave in has a skewed perception of their surroundings. The same is true of anorexic people who perceive themselves in the mirror as overweight.

So how do we know when to draw the line between existential hardship and overt mental illness?

Most people must deal occasionally with psychological distress, and many seek counselling. But few of these people are likely to be mentally ill—rather, they are dealing with existential hardship. Here it may be useful to understand the limits of psychotherapy: I do not think that bipolar depression or psychosis can be substantially alleviated by words or behavioural advice, however wise and true these may be. Obviously, grief can lead to depression, unrelenting stress to anxiety, and rape to a range of post-traumatic disorders, but these transitions are part of a pathological process in which there is clearly a “before” and an “after,” even if we cannot pinpoint the moment at which it occurs.

Why am I so adamant? Because I feel that many people who are truly mentally ill endure not only their symptoms and associated stigma but also the patronising attitudes of those who believe they should just “get on with their lives.”

Competing interests: I have read and understood BMJ policy on declaration of interests and declare that I have no competing interests.

Provenance and peer review: Not commissioned; not externally peer reviewed.

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