

Troubled Minds

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ABSTRACT

Troubled are the minds which suffer from mental/psychological disorders. It is said that 8% of the world's population suffers from some or other mental illness. This paper is about those unfortunate people with troubled minds. We shall explore different facets of mental disorders or mental illness, also called psychological disorders. We shall understand the meanings of these disorders, what are their types, what causes them and ways and means to treat them. Every cloud has a silver lining; so is observed by Aristotle Onassis- It is during our darkest moments that we must focus to see the light. We shall try to see the light in the dark aspects of mental illness. We shall try to have a peep into the positives associated with mental illness.

Keywords: *Troubled Minds, Mental Illness, Psychological Disorders, Mental Disorders, Phobias.*

The mind controls human behavior. A troubled mind will, in most cases, manifest a troubled abnormal weird behavior. I said 'most cases' because many people can hide emotions and their mental state does not reflect in their behaviour. But a troubled mind, if remains persistently troubled, diminishes this capacity and leads to a mental disorder resulting in continuous abnormal behaviour. It is said that nearly 8% of the world's population is unfortunate to have some kind of mental disorder. This paper is about persistently troubled minds-minds with mental disorders.

The mental disorder not only torments the victim but also affects the whole family. In the beginning when the symptoms of the mental disorder surface, family members are not able to understand that this is a mental illness and often they humiliate the victim for behaving in an abnormal way. This is the most difficult period for the victim as a realization creep into the patient's mind that he/she is not normal and in spite of all efforts, his/her weird actions and behaviour does not stop. It appears to the patient that he/she is possessed by some other entity making the behaviour abnormal. At the initial stage, the victim has a sense that the acts done by him/her are abnormal. But over a period of time, this realization fades away or dilutes and the abnormal acts do not appear abnormal to the patient.

The humiliation by others triggered by their weird behaviour aggravates the hardships of the person with the mental disorder and incites first a burst of anger and then self-hatred in the person. The victim slowly starts drifting into depression and slides towards harming himself/

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herself. If the family is supportive and understanding, the victim can still lead a nearly normal life even with an inherent troubled mind. The family understands that the victim is not creating a nuisance but is mentally ill and they adjust to the weird behaviour and do not react in any offending way. It is a greatly comforting help to the victim and makes life easier for the person. But all the victims are not that fortunate and they eventually find themselves in a mental asylum or in extremely aggravated cases find no other way of relief rather than ending their lives and they commit suicide. I have seen some families meeting this unfortunate fate. It is not that this happens in poor or middle-class families, it happens even to affluent people who are in the dazzling limelight. Sushant Singh Rajput's case of bipolar disorder is a glaring example!!

Medline Plus¹ discusses mental disorders - Mental disorders (or mental illnesses) are conditions that affect your thinking, feeling, mood, and behaviour. They may be occasional or long-lasting (chronic). They can affect your ability to relate to others and function each day. Some common disorders are anxiety disorders, including panic disorder, obsessive-compulsive disorder, phobias, depression, bipolar disorder, other mood disorders, eating disorders, personality disorders, post-traumatic stress disorder, and psychotic disorders including schizophrenia.

We have seen people suffering from obsessive-compulsive disorder (OCD) who have the pressing urge to act weirdly due to obsessive-compulsive disorder. There are many types of OCDs, the most common being an urge to clean things when a trigger is observed. The trigger creates a sense of filth coming into the body and the victim has a compulsive urge to clean self and surroundings. The source of the trigger could be observing or hearing about a specific thing- it could be a snake or any other object against which the person has a phobia.

There are other types of OCDs-- I know a woman who had a misconception/ false alarm that some harm may come to her children or husband if they are touched by others. If someone hugged her children, she would perform a ritual of burning a red chilli and rotate it in a circle around the face of the children to remove and expel evil forces coming near them. Many such phobias take people with troubled minds in their clutches and make them perform weird acts.

Another common weird behaviour we notice is from Schizophrenic people. Schizophrenia creates hallucinations and the person feels living in an imaginary world. They live in false beliefs that are not based on reality. For example, they think that they are being harmed or harassed; certain gestures or comments are being directed at them; they feel they have exceptional ability or fame; another person is in love with them; or a major catastrophe is about to occur. Delusions occur in most people with schizophrenia. They usually see or hear things that don't exist. Yet for the person with schizophrenia, they have the full force and impact of a normal experience. Hallucinations can be in any of the senses, but hearing voices is the most common hallucination.

Kleptomania is another weird disorder found in some people. These people are unable to control the impulse to steal. People who have kleptomania will often steal things that they do not really need or that have no real monetary value. Those with this condition experience escalating tension prior to committing a theft and feel relief and gratification afterwards. Another weird behaviour is from mentally distorted bipolar people who live as if they have two personalities, there are mood swings and their behaviour changes very rapidly.

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Mental disorder patients have a tough time leading normal life and their families are continuously under tremendous strain.

I have often wondered how the mind gets badly affected and we have amongst us these unfortunate people. In this paper, we shall examine different facets of persistently troubled minds i.e., mental disorders. We shall try to understand the meaning of mental disorders, their types, impacts of these on victims and families, causes of these disorders, their treatments and positives of these if any. Persistently troubled minds are nothing but mental disorders, psychological disorders or mental illnesses. We shall be using these terms interchangeably as they mean the same thing.

Let us first understand what does troubled mind or mental disorder mean.

Meaning of Mental Disorder / Mental Illness/ Psychological Disorder

Mental disorders (or mental illnesses) are conditions that affect your thinking, feeling, mood, and behavior. They may be occasional or long-lasting (chronic). They can affect your ability to relate to others and function each day. (<https://medlineplus.gov/mentaldisorders.html>)

Wikipedia gives the following meaning-A mental disorder, also referred to as a mental illness or psychiatric disorder, is a behavioral or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders.

(https://en.wikipedia.org/wiki/Mental_disorder)

American Psychiatric Association says that Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities.

Mental illness is nothing to be ashamed of. It is a medical problem, just like heart disease or diabetes. Mental illness is common. In a given year:

- Nearly one in five (19%) U.S. adults experience some form of mental illness.
- One in 24 (4.1%) has a serious mental illness.
- One in 12 (8.5%) has a diagnosable substance use disorder.

Mental illness is treatable. The vast majority of individuals with mental illness continue to function in their daily lives (<https://www.psychiatry.org/patients-families/what-is-mental-illness>)

As per Mayo Clinic Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at school or work or in relationships. In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy).

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<https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>)

Another view is presented by Better Health Channel-Mental illness is a general term for a group of illnesses that may include symptoms that can affect a person's thinking, perceptions, mood or behaviour. Mental illness can make it difficult for someone to cope with work, relationships and other demands. The relationship between stress and mental illness is complex, but it is known that stress can worsen an episode of mental illness. Most people can manage their mental illness with medication, counselling or both.

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/types-of-mental-health-issues-and-illnesses>)

If we summarize these meanings, we can say that a Mental Disorder / Illness or psychological disorder is a mental condition or pattern that affects mood, thinking and behavior which affects one's ability to function normally and relate to others in a normal way. The mental disorder affects one's thinking, feeling, mood, and behavior and causes significant distress or impairment of personal functioning. Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities. ***It is a medical problem, just like heart disease or diabetes.***

Troubled minds are medical problems and a vast number of people become their victims. The varieties of mental disorders are varied, we shall discuss some of them.

Types of mental disorders-

I feel that almost every family tree has someone or the other suffering from mental illness and we are all aware of the term. Someone suffers from an abnormal fear of snakes, others have trouble with height, some feel suffocated in closed rooms, some are continuously washing hands to remove filth from them, some feel insecure about harm to near dear ones and frequently resort to rituals for saving them evil spirits, some hallucinate and talk to non-existent entities and so on... The list can go on stretching.

We shall discuss some prominent mental problems that are common among us.

Kendra Cherry² discusses some mental disorders:

Mental disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life. These disorders create distress for the person experiencing the symptoms.

While not a comprehensive list of every mental disorder, the following list includes some of the major categories of disorders described in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Bipolar disorder- *It is characterized by shifts in mood as well as changes in activity and energy levels. The disorder often involves experiencing shifts between elevated moods and periods of depression. Such elevated moods can be pronounced and are referred to either as mania or hypomania.*

Bipolar I disorder is a form of the psychiatric disorder known as **bipolar disorder** in which the elevated moods are pronounced by Mania which is caused by a cause other than medications or by some other medical illness.

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Whereas **Bipolar II** disorder is a form of this disorder characterized by cycles of depressive episodes followed by hypomanic periods.

<https://ibpf.org/articles/bipolar-i-vs-bipolar-ii-whats-the-difference/>

Kendra Cherry² continues to elaborate on mental disorders including Mania and Hyper Mania

Mania-- Mania is characterized by a distinct period of elevated, expansive, or irritable mood accompanied by increased activity and energy. Periods of mania are sometimes marked by feelings of distraction, irritability, and excessive confidence. People experiencing mania are more prone to engage in activities that might have negative long-term consequences, such as gambling and shopping sprees. When mania progresses, there is also the possibility of psychotic symptoms such as grandiose delusions and hallucinations. While mania occurs with bipolar, I disorder, hypomania is a marker of bipolar II.

Hypermania- Hypomanic episodes are characterized by elevated, expansive, or irritable moods like manic episodes. However, hypomania is less severe and generally shorter in duration than mania.

Anxiety disorders- These are characterized by excessive and persistent fear, worry, anxiety and related behavioral disturbances. Fear involves an emotional response to a threat, whether that threat is real or perceived. Anxiety involves the anticipation that a future threat may arise. There are many types:

Generalized Anxiety Disorder (GAD)-This disorder is marked by excessive worry about everyday events. While some stress and worry are a common part of life, GAD involves worry that is so excessive that it interferes with a person's well-being and functioning.

Social Anxiety Disorder- It is a fairly common psychological disorder that involves an irrational fear of being watched, judged, humiliated, and/or embarrassed. The anxiety caused by this disorder can have a major impact on an individual's life and make it difficult to function at school, work, and other social settings.

Phobias- These involve an extreme fear of a specific object or situation in the environment. Some examples of common specific phobias include fear of spiders, fear of heights, or fear of snakes. The four main types of specific phobias involve natural events (thunder, lightning, tornadoes), medical (medical procedures, dental procedures, medical equipment), animals (dogs, snakes, bugs), and situational (small spaces, leaving home, driving). When confronted by the feared object or situation, people with phobias may experience nausea, trembling, rapid heart rate, and even a fear of dying.

Panic Disorder-This psychiatric disorder is characterized by panic attacks that may seem to strike out of the blue and for no reason at all. Because of this, people with panic disorder often experience anxiety and preoccupation over the possibility of having another panic attack. People may begin to avoid situations and settings where attacks have occurred in the past or where they might occur in the future. This can create significant impairments in many areas of everyday life and make it difficult to carry out everyday routines.

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Separation Anxiety Disorder—This condition is a type of anxiety disorder involving an excessive amount of fear or anxiety related to being separated from attachment figures. People are often familiar with the idea of separation anxiety as it relates to young children's fear of being apart from their parents, but older children and adults can experience it as well. The person experiencing these symptoms may avoid moving away from home, going to school, or getting married to remain close to the attachment figure.

Dissociative Disorders—Dissociative disorders are psychological disorders that involve a dissociation or interruption in aspects of consciousness, including identity and memory. Dissociative disorders include:

Dissociative Amnesia—This disorder involves a temporary loss of memory as a result of dissociation. In many cases, this memory loss, which may last for just a brief period or for many years, is a result of some type of psychological trauma. Dissociative amnesia is much more than simple forgetfulness. Those who experience this disorder may remember some details about events but may have no recall of other details around a circumscribed period of time.

Dissociative Identity Disorder—Formerly known as multiple personality disorder, dissociative identity disorder involves the presence of two or more different identities or personalities in one person. Each of these personalities has its own way of perceiving and interacting with the environment. People with this disorder experience changes in behavior, memory, perception, emotional response, and consciousness.

Depersonalization/Derealization Disorder—It is characterized by experiencing a sense of being outside of one's own body (depersonalization) and being disconnected from reality (derealization). People who have this disorder often feel a sense of unreality and an involuntary disconnect from their own memories, feelings, and consciousness.

The list can go on stretching and we have covered only some prominent mental disorders. I would only add a few more mental disorders to the list –

Paranoia—It is the irrational and persistent feeling that people are ‘*out to get you*’. The person continuously lives under fear of attack by other people.

Another mental disorder is a nagging and cumbersome psychological abnormal state that mostly arises from some phobia and compels the victim to do some abnormal acts as an escape from the torments of phobia. It is obsessive-compulsive disorder (OCD).

Obsessive Compulsive disorder—I take excerpts from my paper³ to bring out different facets of this psychological disorder which is very common among people:

What if you see a person washing paper currency with water and for him /her it is a normal thought and action!! The person is a slave of cleaning ‘**OCD**’ (obsessive-compulsive disorder). The action is triggered by some phobia, it could be due to fear of the snake—someone talks about a snake or shows a picture of a snake and the phobia triggers and the victim feels dread and a sense that the whole body and surrounding area is polluted and the only way to come out is to do ‘cleaning’. This is an obsessive-compulsive action which gives

relief to the victim. An appearance-wise person is absolutely normal but is possessed by a weird thought process making him /her a bizarre human persona with a troubled mind.

OCD impacts the thoughts and behaviour of victims and makes them abnormal persons to the extent of putting them in the category of bizarre personalities.

What is OCD?

As per Hector Colon Rivera and Howland Molly⁴ ***obsessive-compulsive disorder (OCD)*** is a disorder in which people have recurring, unwanted uncontrolled thoughts, ideas, or sensations (obsessions) that make them feel driven to do something repetitively (compulsions). Repetitive behaviours, such as hand washing, checking on things, or cleaning, can significantly interfere with a person's daily activities and social interactions.

Many people without OCD have distressing thoughts or repetitive behaviors. However, these thoughts and behaviors do not typically disrupt daily life. For people with OCD, thoughts are persistent, and behaviors are rigid. Not performing the behaviors commonly causes great distress. Many people with OCD know or suspect their obsessions are not realistic but still, they perform the compulsive action because it gives relief to their minds. Even if they know their obsessions are not realistic, people with OCD have difficulty disengaging from obsessive thoughts or stopping the compulsive actions i.e., their thoughts are not in their control but the thoughts control them.

A diagnosis of OCD requires the presence of obsessions and/or compulsions that are time-consuming (more than one hour a day), cause significant distress, and impair work or social functioning.

What is meant by Obsessions and Compulsions?

Obsessions

Obsessions are recurrent and persistent thoughts, impulses, or images that cause distressing emotions such as anxiety or disgust. Many people with OCD recognize that the thoughts, impulses, or images are a product of their minds and are excessive or unreasonable. However, the distress caused by these intrusive thoughts cannot be resolved by logic or reasoning. Most people with OCD try to ease the distress of the obsessions with compulsions, ignore or suppress the obsessions, or distract themselves with other activities.

Typical obsessions:

- Fear of getting contaminated by people or the environment
- Disturbing sexual thoughts or images
- Fear of blurting out obscenities or insults
- Extreme concern with order, symmetry or precision
- Recurring intrusive thoughts of sounds, images, words, or numbers
- Fear of losing or discarding something important

Compulsions

Compulsions are repetitive behaviors or mental acts that a person feels driven to perform in response to an obsession. The behaviors typically prevent or reduce a person's distress related to an obsession. Compulsions may be excessive responses that are directly related to an obsession (such as excessive hand washing due to the fear of contamination) or actions that

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are completely unrelated to the obsession. In the most severe cases, a constant repetition of rituals may fill the day, making a normal routine impossible.

Typical compulsions:

- Excessive or ritualized handwashing, showering, brushing teeth, or toileting.
- Repeated cleaning of household objects.
- Ordering or arranging things in a particular way.
- Constantly seeking approval or reassurance.
- Repeated counting to a certain number.

Whatever persuasive tactics you use, you cannot force them to deviate from their obsessions and compulsive behaviors even if they know that these are not the correct ways of thinking and acting but they will still be compelled to do it. You can do nothing but pity them for their miserable and bizarre obsessions.

People get obsessions and compulsive behaviours to get rid of obsessions due to a trigger which is hidden in some phobia. I know of a person whose OCD got triggered by anything connected with the snake (snake phobia). Anyone making a mention of the snake will induce an obsession with getting contaminated through contact with that person—be it physical contact or communication via mobile. The compulsive behaviour was cleaning of self and also the mobile instrument. The person sees a rope and the thoughts come to mind that it is a snake, and the trigger starts. Any amount of convincing that the person saw a rope will not remove the obsession and the only remedy is the compulsive act of cleaning self and things near the person. Thus, even the thought of a snake triggers the obsession. OCD victims find themselves helpless because they know what they are doing is not correct and logical but their minds do not get peace unless they perform the needed compulsive act. Such people if not treated with proper understanding and handled with care could drift toward suicidal tendencies. For example, if they are ridiculed and not allowed to do cleaning, their minds will remain in turmoil. The continuously disturbed mind will lead to thoughts that their minds will get rest only if they end their lives and would be tempted to commit suicide. Such people are to be treated with care and understanding by family members and must be encouraged to take cognitive behaviour therapy to gradually come out of their trauma.

If you are a critical observer, you will find many people have troubled minds and are undergoing some or other psychological disorder. I found many and have often wondered why such mental disorders happen. What causes psychological disorders? I researched and my finding is given in the next paragraphs:

The Causes of Mental Disorders

Mental Health America⁵ throws some light on possible causes leading to mental disorders:

“Most mental illnesses don’t have a single cause. Instead, they have a variety of causes, called risk factors. The more risk factors you have, the more likely you are to develop a mental health condition. Sometimes, mental illness develops gradually. Other times, it doesn’t appear until a stressful event triggers it.

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There are many risk factors and triggers, but here are a few examples:

- **Genetics.** *Mental illness often runs in the family.*
- **Environment.** *Living in a stressful environment can strain your mental health. Things like living in poverty or having an abusive family put a lot of stress on your brain and often trigger mental health concerns.*
- **Stressful events:** *like losing a loved one, or being in a car accident.*
- **Childhood trauma.** *Even if you're no longer in a stressful environment, things that happened to you as a child can have an impact later in life. Complex Post Trauma Stress Disorder is one particularly common mental health condition among people who grew up in abusive or neglectful environments.*
- **Negative thoughts.** *Constantly putting yourself down or expecting the worst can get you stuck in a cycle of depression or anxiety.*
- **Unhealthy habits:** *like not getting enough sleep, or not eating.*
- **Drugs and alcohol:** *Abusing drugs and alcohol can be bad for your mental health. It can also make it harder to recover from mental illness.*
- **Brain chemistry.** *Mental illness often involves an imbalance of natural chemicals in your brain and your body."*

The mind gets imbalanced by several factors, some of which are listed above. The mental workout is in the brain and hence mental disorders must have their roots in the brain. Kirsten Weir⁶ elaborates on this fact:

Brain and mental disorders

Eric Kandel, MD, a Nobel Prize laureate and professor of brain science at Columbia University, believes it's all about biology. "All mental processes are brain processes, and therefore all disorders of mental functioning are biological diseases," he says. "The brain is the organ of the mind. Where else could [mental illness] be if not in the brain?" Mental illnesses are no different from heart disease, diabetes or any other chronic illness. All chronic diseases have behavioral components as well as biological components, he says. "The only difference here is that the organ of interest is the brain instead of the heart or pancreas. But the same basic principles apply."

Scientists have identified genes linked to schizophrenia and discovered that certain brain abnormalities increase a person's risk of developing post-traumatic stress disorder after a distressing event. Others have zeroed in on anomalies associated with autism, including abnormal brain growth and underconnectivity among brain regions.

Researchers have also begun to flesh out a physiological explanation for depression. Helen Mayberg, MD, a professor of psychiatry and neurology at Emory University, has been actively involved in research that singled out a region of the brain — Brodmann area 25 — that is overactive in people with depression.

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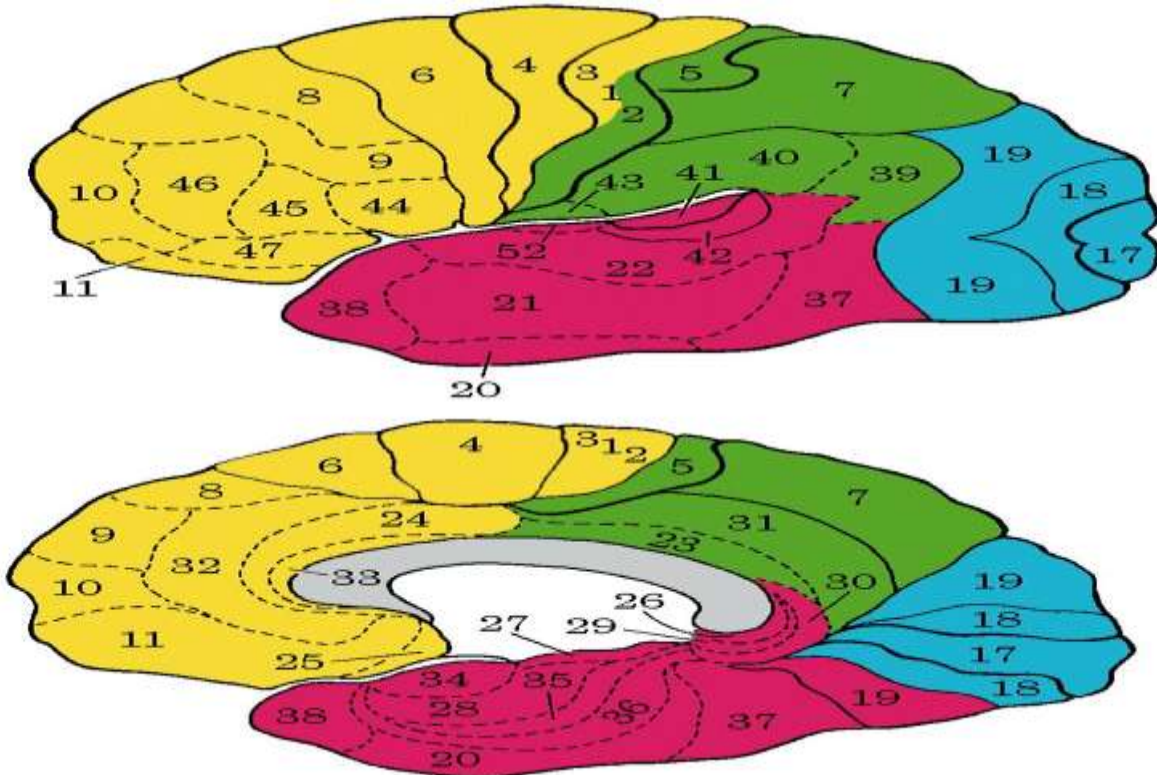


Figure 1-Brodmann area 25 (BA25) is the subgenual area, area subgenualis or subgenual cingulatea area in the cerebral cortex of the brain
(<https://www.bing.com/search?q=brain%20image%20for%20brodman%2025>)

Mayberg describes area 25 as a "junction box" that interacts with other areas of the brain involved in mood, emotion and thinking. She has demonstrated that deep-brain stimulation of the area can alleviate symptoms in people with treatment-resistant depression. Maps of depression's neural circuits, Mayberg says, may eventually serve as a tool both for diagnosis and treatment.

Yet despite the progress and promise of her research, Mayberg isn't ready to concede that all mental illnesses will one day be described in purely biological terms. When it comes to mental illness, a one-size-fits-all approach does not apply. Some diseases may be more purely physiological in nature. "Certain disorders such as schizophrenia, bipolar disorder and autism fit the biological model in a very clear-cut sense," says Richard McNally, PhD. In these diseases, he says, structural and functional abnormalities are evident in imaging scans or during postmortem dissection. Yet for other conditions, such as depression or anxiety, the biological foundation is not very clear.

While it is a fact that mental orders must have a direct correlation with the brain but we still do not know this correlation for many psychological disorders. The reason is that still, a large part of the brain is still unknown and unexplored. Research is still going on to understand this vital organ and its correlation to mental ailments. One way to understand this is to find out the differences in brain activities of people with mental disorders and normal people. Some aspects of the research are brought out in an article in Psychology Today⁷

"Psychiatric disorders are disorders of the brain in the sense that the dysfunctional thoughts and behaviors they involve are enabled by the brain—

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as all thoughts and behaviors are. And neuroscientists examining the structure and function of particular parts of the brain have found various differences, on average, between people who have psychiatric diagnoses and those who do not.

Depression--Studies of individuals with major depressive disorder have identified lower gray matter volume in a number of brain areas relative to those without depression. These include parts of the prefrontal cortex (important for decision-making and cognitive control), the hippocampus, the anterior cingulate cortex, and others. There is also evidence of a higher degree of folding in the cortex in certain areas and lower white matter integrity in others.

People with depression have also shown functional brain differences in studies, such as reduced activation in a brain area called the striatum when anticipating or receiving a reward. Other research has reported atypical connectivity between some brain structures and levels of activity in brain networks called the front-limbic network and the default mode network (active when the brain is disengaged from activities or stimulation).

Anxiety disorders-- The amygdala, which is centrally involved in the brain's response to threats, is thought to play an important role in anxiety. So are other major components of the limbic system, the hippocampus (critical for memory and fear learning) and the hypothalamus (which controls the release of hormones). Increased activation of the amygdala, an area that receives input from the insular cortex, has been found in a number of anxiety disorders.

Post-traumatic stress disorder (PTSD)--Research suggests that areas of the brain that inhibit the activity of the amygdala (such as the ventral medial prefrontal cortex) are themselves less active. Neuroimaging studies vary, however, in terms of whether structures considered abnormal in anxiety disorders, such as the amygdala and the prefrontal cortex, show increased or decreased activity—which may be due to the use of different experimental tasks and other variables.

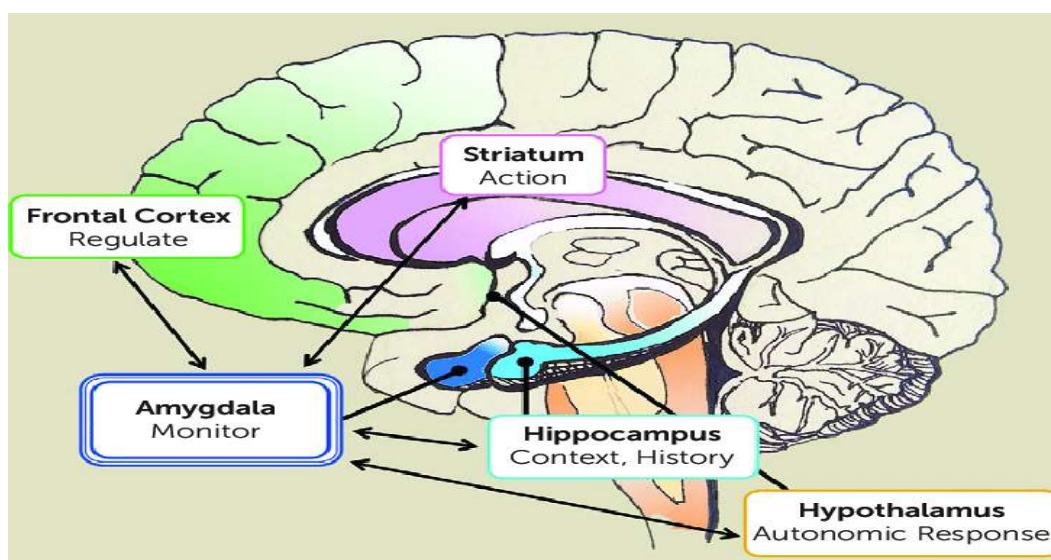


Figure 2—Picture of brain showing some areas of brain having activity in some mental illnesses

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Multiple neurotransmitters, including norepinephrine, serotonin, glutamate, and GABA, appear to have a part in anxiety disorders, but not necessarily in straightforward ways. For example, increased activation of the serotonin system may promote or dampen anxiety, depending on the part of the brain where it happens. Meanwhile, a high level of activity in the norepinephrine system has been linked to some anxiety disorders.

Schizophrenia ---In individuals diagnosed with schizophrenia, researchers have observed reduced volume in certain parts of the brain—including gray matter overall—as well as increased size of the fluid-filled spaces called ventricles.

Studies of brain activity have found relatively low activation of the frontal lobes as participants with schizophrenia engage in cognitive tasks, as well as abnormalities in the function of the amygdala, the temporoparietal junction, and other parts of the brain. More broadly, studies suggest that schizophrenia is related to atypical levels of functional connectivity between multiple brain regions.

Dopamine has long been linked to schizophrenia: drugs that reduce the transmission of the molecule in the brain also reduce psychotic symptoms, and researchers have found evidence of heightened dopamine function in people with schizophrenia. But abnormalities in the function of other neurotransmitters, including GABA and glutamate, have also been suggested by research.

While scientists commonly link brain characteristics to specific disorders, some aspects of brain structure and function appear related to a variety of conditions. This may reflect overlap in the characteristics and symptoms of different psychiatric disorder categories.

For example, elevated activity in parts of the brain key to emotional processing and diminished activity in parts of the frontal lobe have been linked to multiple conditions, including anxiety disorders and schizophrenia. And a recent analysis found evidence of neural commonalities among those with mood disorders and anxiety disorders: similarly, lower activity in a brain circuit related to cognitive control and higher activity in some emotion-related areas such as the amygdala. Mood and anxiety disorders are diagnosed separately but frequently co-occur and have shared features.

Characteristics of the brain's wiring also appears to be related to risk for mental illness across diagnostic categories. An analysis of white-matter pathways (which connect different areas of the brain) found that a specific pattern involving two such pathways was associated with measures of psychopathology in adolescents—suggesting that structural connectivity is related to multiple conditions.

Some more insights into working of brain during mental illness is provided by Kentucky Counseling Centre⁸

When someone has a mental illness, it affects the brain's chemistry and function. It disrupts the communication between the neurons. These changes also affect the flow of neurotransmission. Mental disorders are linked to changes in levels of the chemicals in the brain.

Suffering mental stress causes our adrenal glands to produce an excessive amount of cortisol. This chemical is our body's main hormonal response to

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stress. It helps our brain control our moods and emotions. Too much of it can change the brain's chemistry and trigger symptoms of depression.

Our brains have chemicals called neurotransmitters. They help the brain communicate with other neurons. Having a mental illness affects the levels of these chemicals in the brain. Researchers from the National Institutes of Health believe that a patient with depression has a lower level of serotonin, a type of neurotransmitter known for its mood-boosting benefits.

A video on Youtube summarizes the details about brain correlates with a mental disorder. Just double-click on the link below to get access to the video.



Mental Health_
How the Brain Work

The video explains the brain areas where the action happens during mental disorders.

So much so for brain and the mental disorders. Let us now explore how mental disorders can be treated.

Mental disorders are mainly connected to the mind which directs human behaviour so treatment is to correct the distorted mind. Counselling seems to be one natural way of treating the mind and there may be many more ways of treating the psychological orders. The following paragraphs are devoted to the treatment available for different aberrations of the mind. We shall discuss these and then conclude the paper by looking at the positives if any of the troubled minds. First, let us examine what treatments can be done to cure/dilute mental illnesses:

Treatment of mental disorders

As per WHO⁹, health systems have not yet adequately responded to the needs of people with mental disorders and are significantly under-resourced. The gap between the need for treatment and its provision is wide all over the world and is often poor in quality when delivered. For example, only 29% of people with psychosis (Mental health atlas¹⁰) and only one-third of people with depression receive formal mental health care (Moitra M, Santomauro D, Collins PY¹¹).

Wikipedia¹² gives some details about treatments for psychological disorders:

*Treatment and support for mental disorders are provided in psychiatric hospitals, clinics or a range of community mental health services. There is a range of different types of treatment and what is most suitable depends on the disorder and the individual. Many things have been found to help at least some people, and a placebo effect may play a role in any intervention or medication. In a minority of cases, individuals may be treated against their will, which can cause particular difficulties depending on how it is carried out and perceived. Lifestyle strategies, including dietary changes, exercise and quitting smoking may be of benefit. **Therapy**-There is also a wide range of psychotherapists (including family therapy), counsellors, and public health professionals. In addition, there are peer support roles where personal experience of similar issues is the primary source of expertise. A major option for many mental disorders is psychotherapy. There are several main types.*

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Cognitive behavioral therapy (CBT) is widely used and is based on modifying the patterns of thought and behavior associated with a particular disorder. Other psychotherapies include dialectic behavioral therapy (DBT) and interpersonal psychotherapy (IPT). Psychoanalysis, addressing underlying psychic conflicts and defences, has been a dominant school of psychotherapy and is still in use. Systemic therapy or family therapy is sometimes used, addressing a network of significant others as well as an individual. Some psychotherapies are based on a humanistic approach. There are many specific therapies used for particular disorders, which may be offshoots or hybrids of the above types. Mental health professionals often employ an eclectic or integrative approach. Much may depend on the therapeutic relationship, and there may be problems with trust, confidentiality and engagement.

*A **medication**-A major option for many mental disorders is psychiatric medication and there are several main groups. Antidepressants are used for the treatment of clinical depression, as well as often for anxiety and a range of other disorders. Anxiolytics (including sedatives) are used for anxiety disorders and related problems such as insomnia. Mood stabilizers are used primarily in bipolar disorder. Antipsychotics are used for psychotic disorders, notably for positive symptoms in schizophrenia, and also increasingly for a range of other disorders. Stimulants are commonly used.*

These medications in combination with non-pharmacological methods, such as cognitive-behavioral therapy (CBT) are seen to be most effective in treating mental disorders.

Electroconvulsive therapy (ECT) is sometimes used in severe cases when other interventions for severe intractable depression have failed. ECT is usually indicated for treatment-resistant depression, severe vegetative symptoms, psychotic depression, intense suicidal ideation, and depression during pregnancy.

Apart from these, I have seen patients being treated with Hypnotism where the victim is transgressed to the past in order to locate the cause that ushered in the mental illness and then cognitive behavioural therapy (CBT) along with medication is used for treatment. In most cases, CBT is the most effective and can cure mental illness effectively and permanently. Cognitive Behaviour therapists help clients address unhealthy thoughts and behaviour by replacing them with realistic self-talk and constructive behaviour. Family support is a must while CBT is going on.

Application of Gamma rays to the particular portion of the brain which is the epicentre of the mental disease is sometimes done to burn out the root of the disease without affecting other parts of the brain. However, this is a rare treatment and has to be carried out by a specialist in a controlled condition.

The above is a brain-stimulation treatment. Similar Brain-stimulation treatments are sometimes used for depression and other mental health disorders. They're generally reserved for situations in which medications and psychotherapy haven't worked. They include electroconvulsive therapy, repetitive transcranial magnetic stimulation, deep brain stimulation and vagus nerve stimulation.

<https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974>

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While most of the mentally ill patients respond to the above treatments and regain their normal mental faculties yet there are some unfortunate victims who do not get well by any of the above treatments. Such people have to live with the mental ailment for the rest of their lives. Most important for them is how understanding their spouses and families are! If family and spouse understand them well, they can still lead happy lives even with their mental illness. Contrarily, they meet their unfortunate end by committing suicide when the mental agony exceeds their capacity of tolerance. Not that all mental illnesses meet this unfortunate fate but the extreme cases coupled with maltreatment by family may lead the patient towards this unfortunate calamity.

By now, we have captured all aspects of mental disorders and we shall conclude the paper by exploring positive aspects of mental illness if at all there are some!

The positive side of psychological disorders

Joe Herbert Jamison¹³ has some surprises up his sleeve when he discovers that mental disorders may **enhance creativity**. He gives an account of Kay Redfield, a literary figure who was bipolar. She was at her best in creativity when she wrote *Unquiet Mind*, a classic which is an account of her own bipolar disorder. She combines her own experience with her professional knowledge (she is a clinical psychologist) and considerable literary talent to give us a compelling account of what it's like to be bipolar and the consequences it had on her life. Dr Jamison is known for her proposition that bipolar illness is more common than expected by chance in those with creative talent, by which she really means writers, artists and poets (scientists seem different: a topic for another occasion). She has collected biographical evidence to support her claim. In her book¹³ she charts his psychiatric history and relates it to the composition of his poems. It's a compelling, learned, insightful and eye-opening account. One of the striking questions she raises is how his recurrent episodes of mania interacted with his enormous literary talent.

The creativity of the late Sushant Singh Rajput, a famous Indian actor is well known and is reflected in the movies where he gave splendid performances. He was bipolar.

Thus, there is strong evidence that mental illness (bipolar disorder) manifests creativity which is certainly a positive aspect of mental illness.

Anna Lente¹⁴ describes some more benefits of mental illnesses in her paper. She writes- Having a mental illness is incredibly hard, so what could be good about them? Well, I have written and thought a lot about all the burdens I carry due to my mental illnesses and how they make daily tasks harder. But if it wasn't for my mental illnesses, I wouldn't have known these blessings:

- ***I am able to encourage others-*** *I write and people listen as if I had something to say. I can help people from my safe place. If I didn't have mental illnesses, maybe I wouldn't have a platform to write and help others.*
- ***I appreciate small acts of kindness-*** *So many daily things are hard for me. Often my illness wraps around me, making it hard for me to breathe and live. When people are kind to me, when people lower a rope for me to help me climb out of the pit, it is the most amazing and wonderful thing. If I didn't have a mental illness, I might not think much of kind words and gestures. I might just smile and think, "that was nice," and go on with my regular day. But as a person with mental illnesses, often little things are hard and the world seems unfriendly. I go grocery shopping while in a dark cloud of depression. The cashier notices my reddened eyes and asks quietly, "Are you OK?"*

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I glance up and see she really cares. I am amazed. I'm not ready to talk, but I smile and leave the store feeling a little brighter. Or I leave somewhere quickly due to a panic attack, and someone follows me to ask if he can help. I am moved by his kindness. If I didn't have mental illnesses, I might not think twice about these small things. But as someone with mental illness, I appreciate each kind word and gesture, each friend who is ready to listen or asks me questions because they care.

- ***It teaches me to think creatively to solve problems-*** *We've all known people who are good at fitting in and saying the right things. We've all been in meetings or worked on projects where everyone seemed to share the same opinion, or employees all agreed with the boss. As someone with mental illnesses, I tend to think differently. I have different perspectives and invent different ways to beat an obstacle. If you have me on your team, I'm going to bring in all these new ideas you haven't seen before. Maybe I won't give all the right answers, but I'll find you new ones.*
- ***The emotional strength and courage I have gained by managing my mental illness-*** *It's not easy to be mentally ill. My illnesses make many daily tasks difficult. Sometimes dealing with my mental illness feels like climbing a mountain ... in a blizzard. It can be incredibly hard. But I can see myself getting stronger as I learn coping skills and ways to manage life. I can see myself becoming more courageous over time. As I am able to manage the complexities of my mental illnesses, I come to realize my own emotional strength and resilience. I see how I am fighting. I see I am a fighter and I am strong. If I didn't have this daily battle to fight, I wouldn't be the strong, convicted woman I am today.*

Some more positives are brought out in Like Minds,¹⁵: for many people, learning to live with mental distress means finding that silver lining. Looking on the bright side is one way of acknowledging the strength it takes to recover from experiences of bipolar, depression, anxiety, schizophrenia and other forms of mental distress. It means using those strengths to rebuild your life, move past the challenge of discrimination and change the attitudes of those around you.

As one Tangata Whaiora says: Even on my worst days, there are still positives. There are still reasons I don't wish I was a different person. Here are some of the benefits Tangata Whaiora have mentioned:

- ***Focussing on what matters most:*** *you understand how fragile life is. Rather than lapsing into habits/ruts, you focus on what is essential to your happiness – you can't afford to.*
- ***Stronger relationships:*** *having the support of your family, friends and colleagues and recognizing the time you have with them is invaluable.*
- ***Empathizing with others who experience mental distress:*** *because you are more self-aware and in touch with your own thoughts and feelings, you are more intuitive and understanding when it comes to other people and what they might be going through in life.*
- ***Being less judgmental:*** *being at the receiving end of stigma and discrimination, and knowing what some people still think about those experiencing mental distress, means you are less likely to be a judgmental person yourself. It becomes a lot easier both to forgive and to anticipate mistakes from others.*

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- **Having more willpower and self-control:** the strength of character it takes to recover from an experience of mental distress can be reapplied in all sorts of other personal and professional situations.
- **Productivity:** having experienced how hard it can be to take time out to relax and do next to nothing while you are recovering – it is a blessing to get back into life. To participate and give your all to your work or studies.

Thus, we see there are many latent positives behind mental illnesses—the most important is being more creative and productive. As a blind man has more developed powers of hearing, the same way, the disadvantage of mental illness manifests some positives in the patient. True, every cloud has a silver lining!!

With this, we come to the end of this paper.

Very aptly said by Paul Coelho “All stress, anxiety, depression, is caused when we ignore who we are, and start living to please others.”

So even if we have a mental disorder, let us seek its cure but be what we are and not bother about what others say!!

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