

# Mental Health vs “Mental Illness

## What Is Mental Health?

Mental health is a metaphor, meaning it does not refer to physical, biological, medical conditions. Metaphorically, we might say that the financial health of a business is poor. If a condition is biological or hereditary in nature and involves diseases and disorders of the brain, this is not the proper term to be using.

For Example:

You are most likely hearing just about everyone these days referring to these neurological brain syndromes as Mental Health Conditions:

- Bipolar
- “Schizophrenia” (renamed Jacobi Fleming Nasse Syndromes by NASNIcares)
- Neurogenous “Depression” (which is not caused by life events or conditions)

There are ideological and social-activist reasons why increasingly, over the past decade, people began to call these mental health rather than “mental illnesses”

Unfortunately, as a result of ideologies in the field of psychiatry (which broke away from neurology in part due to false beliefs), strategic word craft by activists, and just the natural tendency people have to assume that poor mental health and mental illness are the same thing, this term is being used improperly worldwide. How can fault be found with non-professionals? Poor health equates to illness, so it seems to make sense that these terms mean the same thing?

Medical doctors, however, should know better. They should know the history of how these terms came into use, but even general medical professions are using these terms with what seems to be indifference to the harm caused.

"Mental Health" is a troublesome metaphor that refers to our psychological and emotional well-being. It refers to our ability to be resilient in the face of life's challenges, how we feel about ourselves and others, how we deal with adversities and challenges in life...such as loss of loved ones, job loss, relationship troubles, abusive conditions in the workplace, bullying, poverty, personal encounters with violence or community violence, and other societal or cultural pressures that can tax us psychologically and emotionally.

Every one of us has experienced good mental "health", poor mental "health", or something in between. Despite what you might read on the web, so called mental illness is not just extreme poor mental 'health" that has become so severe and disabling that it has converted into "mental illness".

## What is so-called Mental Illness?

It can be challenging trying to explain what a "mental illness" is. You can do a web-search and return results that are almost all defective in some way because of about 120 years of misinformation arising out of historical developments in medicine (where something called psychiatry broke away from neurology), the psychoanalytical movement that deeply rooted its misguided ideas into every one of our minds, and the strange ideas of the Mental Hygiene Movement that became today's mental Health Movement.

## How NASNicares describes so-called mental Illness

NASNicares considers conditions such as Bipolar, neurogenous "Depression", and Jacobi Fleming Nasse Syndromes (So-called Schizophrenia) to be neurodevelopmental encephalopathies.

**Definition of Encephalopathy:** A term that refers to brain disease, damage, or malfunction.

Dysmentative Brain Syndromes (meaning that they disorder mentation...which is the neurological processes of thinking) can severely impair the brain's semblance of mind via anomalies of brain structures and the bioelectrical, chemical, metabolic, hormonal factors that regulate brain function, giving rise to disordered states of consciousness, cognition, perceptions, the sense of selfhood, volition and its actualization, the sense of one's habitus, metacognition, the sense of others and their identities and the meanings attached to them, and so many other aspects of this semblance of mind.

Some symptoms of so-called mental illnesses can be indistinguishable from those manifesting in what general medicine defines as encephalopathies and others are more common in what are known as "mental illness" (a term that needs to be abolished):

- Hallucinations (auditory, command, gustatory, tactile, and visual)
- Neurogenous Dysmentia (mentation that is disordered due to neurological separation from reality, a disordered state of consciousness...e.g. delusions, paranoia...so-called "psychosis")
- Disinhibitions
- Delusions
- Autism-spectrum-like symptomatology
- Misidentification syndromes (of the self and others)
- Self-harm, such as autoenucleation (gouging out one's eyes), Scatolia (smearing feces), self-immolation
- Anosognosia (Impaired metacognition -unawareness that one's thinking

All of these neurological symptoms can present in a vast array of neurological conditions, including Parkinson's Disease, Phases of Epilepsy, Dementias, etc.

### **Psychiatry.Org's Definition of "Mental Illness"**

(<https://www.psychiatry.org/patients-families/what-is-mental-illness>)

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.

This definition can be tossed as far as the arm can throw along with the rest of the content on the page. But on what basis should a credentialed professional be disregarded as a credible authority?

...Because “Psychiatry” has a deeply troubled history that carries forward false beliefs, conflations, and discredited ideas to this day.

Many people may not know what the difference is between psychologists and “psychiatrists” and psychiatry is mostly to blame for this. The visual entertainment media (Hollywood and its counterparts) have played a large role in shaping the general public’s concept of what a psychiatrist is.

*Think Dr. seated in a chair with a notepad providing talk therapy to a reclined patient.*

However, Psychiatrists go to medical school, psychologists do not. Unlike other medical specialties, Psychiatry has had an unusual and troubled history. Whereas general medical doctors (including specialists) treated patients in private practice., Psychiatry originated within institutions that housed people with severe and disabling brain syndromes (you will see the term “mental disorders” in historical accounts).

Before they were called psychiatrists, the practitioners in these institutions were known as alienists (those that “treated” people that were believed to have become alienated from their normal selves). Before, during, and until this very day in the present, there are people in the field of psychiatry that subscribe to some strange beliefs about the cause of so-called mental disorders.

*Nature doesn't care what people believe, no matter what their credentials are or how fervently they believe in their beliefs. Transgress science and nature, however, and harm is sure to come!*

*When we use the term “mental illness”, not brain illness, do we put our patients in harm's way?*

*.....Drs Mary Baker and Matthew Menken, 2001*

Freud and his psychoanalytic movement, and philosophers influenced odd beliefs that still hold sway to this day and something really took hold of the “Psychiatry” community during World War 1. Doctors were seeing “shell shock” patients. From this observation, they began to theorize that psychological, social or environmental factors were the source of “mental disorders”.

If these beliefs were valid, perhaps most of the human beings in the world, for thousands of years up to the present would have been institutionalized at some point in their lives. (the intellectually curious reader might want to do a web search on what are known as “ACE Scores”)

Ideas began to take hold because neurologists or neuroanatomists could not find brain lesions or other definitive physical markers in conditions such as “schizophrenia”, concluding that this clearly pointed to environmental causes such as trauma, family dynamics, stress-vulnerability, and maladaptation to life's difficulties. It was pure dogma and arrogance that took hold and these beliefs still hold sway with a sect of psychiatrists – the anti-reductionists.

The history of psychiatry and its odd theories are much too complex and involved to give an account in this commentary. A small library could be built with books and journals tracing the long, problematic history of "Psychiatry".

Medical science understands very little in a sense about the human body and the brain's semblance of mind and consciousness. This is why, in part, that so many afflictions of the human body are treated with brute force medications with many side-effects (which is the case with so-called antipsychotic pharmaceuticals). The cause of so many diseases is not understood even when lab and other diagnostic tests find indicators of them. Also, consider that before the development of CT scans, MRIs, EEGs, modern laboratory tests, there were many physical markers of diseases that were unknown.

Science may not have the technologies to gain an understanding of the mechanisms of what psychiatry classifies as "mental illness". The regressive, religious-like beliefs that are prevalent in certain sects in "Psychiatry" could be holding back research. Oftentimes, insight leads the way to the development of technologies. Believing that childhood adversities cause so-called mental illnesses will only lead to a misuse and misapplication of existing technologies and scientific methods or models or concepts – such as epigenetics. Traumatologists or anti-reductionists will never fail to prove what they already believe, through endless iterations of the same research studies – for decades to come. Without a doubt, adversities in childhood and adulthood can lead to psychological and emotional problems are what the term "mental health" refers to, not heritable encephalopathic syndromes.

*note: general medicine is very particular about what it classifies as an encephalopathy, and for reasons of what is known as differential diagnosis, they are right to be particular. But to deny the application of the term to what meets the most generic definition of the terms, and which involve manifestly indistinguishable signs and symptoms, renders the strictly guarded application of this term unjustifiable.*

Back in the day, there were patients in “insane asylums” that had conditions that would later be classified as neurological disorders (such as epilepsy). These disorders escaped the clutches of psychiatry with its odd beliefs and “treatments”...leaving behind those with conditions that remain misclassified and misunderstood to this day...sideline in the so-called mental health system where they do not belong. However, there were competent doctors back in the mid-1800s and now that discredit those odd beliefs.

## Prior to the 21<sup>st</sup> Century

**(the following passages contain excerpts from journals or online content)**

**The Somatic school** refers to nineteenth and early twentieth century physicians, notably Carl Jacobi, Christian Friedrich Nasse and Carl Friedrich Flemming, who argued against these ideas:

The Physiological School - The Belief that a lesion of the brain was always the cause of “insanity”

The Psychological School - The belief that all insanity is the product of moral or psychological weakness, not physical pathologies

NASNIcares renamed “Schizophrenia” after the Somatic School Doctors, ie. **Jacobi Fleming Nasse Syndromes.**

**Dr. Amariah Brigham 1837**

Wrote that insanity "is now considered a physical disorder, a disease of the brain."

It would be 150 years before brain imaging techniques and other developments in neuroscience would reveal overwhelming evidence that schizophrenia and bipolar disorder are brain syndromes.

Today:

Former NIMH Director Thomas Insel

Today, thanks to better early detection, there are 63% fewer deaths from heart disease than there were just a few decades ago. Thomas Insel, the director of the National Institute of Mental Health, wonders: Could we do the same for depression and schizophrenia? **The first step in this new avenue of research, he says, is a crucial reframing: for us to stop thinking about "mental disorders" and start understanding them as "brain disorders."**

Doctor Henry Nasrallah

**"Overwhelming Evidence That Schizophrenia is a Heterogeneous Neurological Syndrome"**

Dr Nasrallah urges psychiatrists to think of 1<sup>st</sup> episode "psychosis" as a "brain attack" which, like heart attacks, must be prevented from recurring.

In Conclusion:

Mental Health vs "Mental Illness", Psychology vs "Psychiatry" – The Position of NASNIcares

Psychologists, therapists, counselors, or life coaches should (arguably) tend to problems of the psychosocial mind (i.e. psychological or mental health issues).



They should not be involved in the care and case management of people diagnosed with or exhibiting signs and symptoms of brain syndromes.

Medical doctors (known as psychiatrists.) should tend to diseases and disorders of the brain's semblance of mind and consciousness such as Bipolar, Jacobi Fleming Nasse Syndromes (so-called Schizophrenia), and Neurogenous "Depression"