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Mental Disorders from Another Perspective

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Illness has always been part of the human experience, an experience that may involve pain, fear, limitation, uncertainty, and questions about the meaning of life. Advances in medicine have made it possible to diagnose and treat many diseases. However, when confronted with illness, people continue to raise questions that extend beyond clinical diagnosis.

Why are some individuals more vulnerable to difficult circumstances? Why do two people living in similar environments not necessarily respond in the same way? Why do some experiences lead to growth and a reassessment of life, whereas others are associated with prolonged suffering? Can illness have personal meaning for an individual, or, in a broader sense, can it also have collective meaning? Can examining an individual's experiences, family history, and social circumstances contribute to a more comprehensive understanding of their condition?

Human societies resemble trees whose branches may wither or become diseased. Discovering the cause of a disease requires more than examining its outward appearance, and investigating the roots and the soil in which the tree has grown is of vital importance. This essay does not replace medical diagnosis or treatment. It addresses the questions that remain once diagnosis has been made.

This essay proposes that consciousness is the most fundamental level of reality and that everything that exists proceeds from it. This is a metaphysical position, offered for philosophical discussion, and it stands in the long tradition of thought that places mind or spirit at the ground of being. Within this order, reality is conceived as having two opposing poles, which are identified with light and darkness. These terms designate two poles within the structure of reality and need not refer to physical light and darkness. Each thing reflects the relative strength of the two poles and the manner of their interaction. The greater the interaction between light and darkness, the greater the diversity and complexity of what comes into being, and illness belongs to this order along with everything else. All these processes occur in time, and the time in question is perceived time, which is discussed below.

Human life involves continuous change in the environment, in circumstances, in needs, and in available resources. Individuals differ in their capacity to respond and adapt to these changes. The pressure upon a person grows as change becomes faster or more intense relative to the capacity to adapt, and it diminishes as that capacity grows. A given change may therefore be endured by one person and may overwhelm another.

Need, hardship, and attention are the factors that drive change and adaptation, which may be called evolution in a broad sense that includes change, adaptation, and improvement. The greater the need, the more severe the hardship, and the more focused the attention, the more strongly a person is moved to alter behavior, reconsider decisions, or seek solutions. Attention here refers to the mental and behavioral resources of the person.

Physical time is time measured by clocks. Perceived time is the passage of time as experienced by an individual. When a person waits anxiously, time passes slowly, and when someone is absorbed in an interesting activity, time passes quickly. Close attention to the passage of time makes it seem slower still. Suffering, need, and attention shape this experience of duration. The one who suffers lives in a time different from that of the clock, and suffering is therefore a matter of lived duration as well as of measured duration. This is the sense in which time enters the account of illness given here, since a person's relation to illness is lived through perceived time.

Disorders such as obsessive-compulsive disorder, bipolar disorder, and schizophrenia are recognized throughout the modern world, and symptoms resembling some of them were described in earlier centuries. It may be proposed that the predispositions behind these disorders also existed in previous generations. Living conditions, environmental pressure, social support, and the manner in which behavior was recognized may have shaped whether and how symptoms appeared. Where more support and security are available, illness may become more visible, since a person who feels secure can show what was previously concealed or endured in silence. Differences between generations may therefore reflect differences in conditions as well as differences in vulnerability.

The experiences of family and society pass from one generation to the next. Mental illness cannot generally be attributed to the mistakes of ancestors. These mistakes can be viewed as experiences handed down, and from them a person may seek new paths toward a healthier life.

Understanding mental disorders requires looking back through history, since what previous generations experienced bears on what is experienced today. One hypothesis is that the pace of change in life may exceed an individual's capacity to adapt. Another is that conditions in the past contribute

to feelings and behaviors that are present now. With increasing awareness, these experiences may be understood more clearly, and new paths toward healthier lives may open for ourselves and others.

Ultimately, the question of the meaning of illness remains worthy of investigation. The experience of illness may carry personal meaning, and perhaps collective meaning, and examining that meaning contributes to understanding the lived experience of human beings. The study of mental disorders should accordingly preserve the philosophical questions about consciousness, suffering, time, and the relationship between individuals and the world in which they live.