

# Top 10 Myths of Mental Illness

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We've probably all seen the top 10 myths of health (like that we need 8 glasses of water per day or that we only use 10% of our brain). So that got me to thinking... What are the top 10 myths of mental illness and mental health? I compiled some of my favorites below.

## **1. Mental illness is just like a medical disease.**

While many advocacy organizations and pharmaceutical companies try to imply that mental illness is just a "brain disease," the truth is that scientists still don't know what causes mental illness. Furthermore, of the hundreds of research studies done on the brain and the brain's neurochemistry, not a single one has implicated a single source or cause of any mental disorder. In other words, it's far more complicated than you know.

Many mental health experts believe in the "bio-psycho-social" model of mental disorders. That is, there are multiple, connected components of most people's mental illness that include three distinct, yet connected, spheres: (1) the biological and our genetics; (2) the psychological and our personalities; and (3) the social and our environment. All three seem to play an important role in most people's development of a mental disorder.

## **2. Medications are the only treatment you need to treat a mental illness.**

Psychiatric medications have been prescribed for decades and are generally proven safe and effective in the treatment of most common mental disorders. However, medications are rarely the treatment option that most people should stop at. While taking a pill a day is the easiest treatment option, a pill can only do so much. That's because mental illness is not like any ordinal medical disease (see Myth #1).

Other treatments — like support groups, psychotherapy, self-help books, etc. — should always be considered by virtually everyone diagnosed with a mental illness. Medications are often the first thing offered, but are best seen as a way to help get a person jump-started in their treatment efforts.

## **3. If a medication or psychotherapy doesn't work, that means your situation is hopeless.**

Psychiatric medications are a hit-or-miss proposition. For instance, there are over a dozen different antidepressant medications a doctor can prescribe, and the doctor has no idea which one is going to work best for you. So virtually all psychiatric medications are prescribed on a trial-and-error basis — "We'll see how you do on this, and if need be either increase the dose or switch to a different medication." Reasons for switching or changing the dose usually include intolerable side effects for the patient, or the medication simply isn't offering any therapeutic relief.

Just as one may need to try a number of different medications before finding the one that fits "just right," one may also need to try a number of different therapists before finding one that they feel comfortable and productive with for psychotherapy. There is no "best" way to do this, other than to take therapists through a trial-and-error process too, trying them out one at a time for a few sessions until you find one that you seem to have a positive relationship with.

#### **4. Therapists don't care about you – they only pretend to care because you pay them.**

This is a thought that goes through many people's head, whether they're just starting therapy for the first time or they've been in therapy for years. The psychotherapy relationship is an odd one, not quite replicated anywhere else in society. It is a professional relationship that will be emotionally intimate, a characteristic most people don't have much experience with.

The vast majority of therapists, however, don't go into the psychotherapy profession for the money (because it is one of the poorest paying professions one can be in). Most therapists get into the profession much for the same reason as most doctors or teachers do – they see it as a calling: “People are in need of help and I can help them.” Although it may not seem like that when you're on the other side of the couch, most psychotherapists do therapy because they genuinely enjoy helping others work through life's tough problems.

#### **5. If it isn't serious, it can't hurt you.**

Some people believe that mental illness is really just about “crazy people” — you know, people with schizophrenia who hear voices all the time. But it's not; mental disorders encompass a wide range of problems in life, including being depressed for no reason for weeks at a time (depression) or being unable to concentrate on any single task for more than a few minutes at a time (ADHD).

A mental disorder doesn't have to be life-threatening or make you unemployed and homeless in order to have a serious impact on your life. Even mild depression, left untreated for years, can turn into a chronic condition that significantly could impact your quality of life and your relationships.

#### **6. Psychology and psychiatry aren't “real sciences.” They're supported only by fuzzy research and contradictory findings.**

Research into mental illness tries to understand where it comes from and what treatments are most effective in helping people cope. Psychological research dates back more than a century, starting around the same time that modern research began in medicine and our better understanding the human body. Its rich history and scientific methods are far more complex than the simple, popular image of Sigmund Freud sitting in his office listening to patients as they lie on a couch.

Some who argue this point come from different scientific backgrounds and use different yardsticks from those fields to try and “measure” psychology, psychiatry and the neurosciences by. Unfortunately, that's like comparing apples to oranges and then coming away upset that because they taste so different from one another, these two couldn't possibly both be fruits. Psychology and its related sciences are indeed “real science,” using well-accepted scientific methods and methodologies that have been time-tested and that produce real, verifiable, and actionable results.

#### **7. Mental illness is a myth, based upon arbitrary societal definitions designed only to sell you drugs or psychotherapy.**

This is one of the most difficult myths to challenge because there is some truth to it. Much of how we define mental illness today is based upon definitions we humans created while observing sets of symptoms that seemed to cluster together when people presented with certain concerns. People's suffering is no myth, but arriving at how we understand that suffering and then helping the person through it is open to a wide range of interpretations and options.

The most common method in science is to identify similar groupings of symptoms, give them a label, and then discover what kinds of interventions work best in helping a person feel relieved of those symptoms. Some of this is steeped in rigorous scientific method, but some of it feels (and perhaps is) more arbitrary and political. Mental illness is no myth, but some of our definitions could be a lot better and more discrete. And, for the record, defining mental illness came long before the practical, modern profession of psychotherapy and pharmaceutical companies.

### **8. Children can't have serious mental disorders.**

There is a whole category in the official diagnostic manual of mental disorders for children's mental disorders, some of which are well-known, diagnosed, and treated, such as attention deficit disorder (ADHD) and autism. But in the past decade or so, some researchers and professionals are suggesting that many adult mental disorders are also possibly found (and perhaps even widespread) in children.

The jury is still out whether it's legitimate to diagnose a 3- or 4-year old child with adult bipolar disorder (how one discriminates mood swings typical of normal childhood at this age versus a disorder is beyond me), but it's a possibility. The debate centers around scientifically distinguishing expected, normal childhood behaviors (even when they span a wide continuum) from serious adult-like mental disorders that need their own specific treatment plan. More research is needed before a conclusion can be made.

### **9. Doctor/patient confidentiality is absolute and always protected.**

Just as in a lawyer/client relationship, confidentiality between a doctor and his or her patient, or a therapist and his or her client, is not absolute. While it is a legally protected relationship much like a lawyer/client relationship, there are times when in most states a therapist can be compelled by a court to testify about something said in session or about a client's background. These exceptions are extremely limited, however, to specific circumstances, usually involving the health or safety of a child.

There are other times when a therapist may need to violate the confidentiality of a relationship as well. Most therapists go through these circumstances with their clients at the start of the therapy relationship. Instances of such disclosures might include if the client is in imminent harm to themselves or others, or if the therapist becomes aware of child or elder abuse. Outside of these exceptions, however, confidentiality is always maintained by a professional.

### **10. Mental illness is no longer stigmatized in society.**

I wish this were a myth, but sadly, it is not yet. Mental illness in most societies throughout the world is still badly stigmatized and looked down upon. In some societies, even admitting to a possible mental health concern can make you ostracized from your family, coworkers, and the rest of society.

In the U.S., we've come a long way in the past two decades with significantly more research, and increased understanding and acceptance of mental illness. While still not as accepted as having a common medical condition like diabetes, most people view common mental illnesses such as depression or ADHD as just another one of those concerns of modern life. Someday, I hope this is true in the rest of the world as well.

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