



WHY HAVE MENTAL
DISORDERS PERSISTED
AND WHY HASN'T
NATURAL SELECTION
ERADICATED THEM?



So what are mental disorders?

Mental health disorders refer to a range of mental health conditions, which can affect your behaviour, mood and rationale.

Each year in England 1 in 4 people will experience a mental health problem of some kind and in any given week 1 in 6 people report experiencing a common health problem¹.



Ghosts are scary.

**People with
mental health
problems aren't.**



In many areas of the world mental health disorders generally have negative connotations, as many people suffering from these diseases often feel stigmatised and discriminated against in society which may worsen their condition.

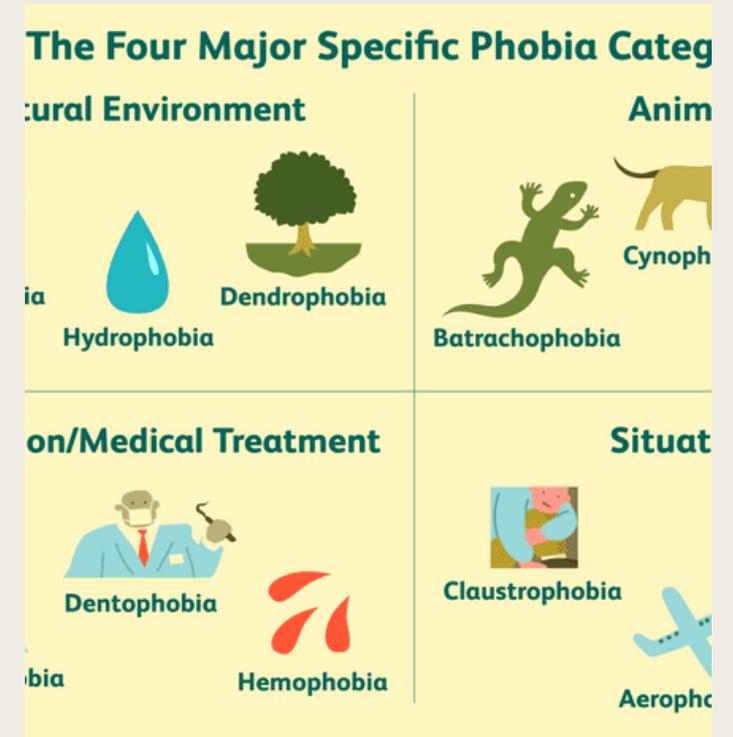
Many people view sufferers of mental health disorders as being violent, aggressive or a threat to their own and other people's lives.



Phobias

What are Phobias ?

- phobias are extreme and persistent fears of certain objects, situations, activities, or people. Additionally, people who suffer from specific phobias work hard to avoid their phobia stimuli even though they know there is no threat or danger, but they feel powerless to stop their fear. Some examples of phobias can include Dogs, heights, tunnels, darkness, water, flying, and injuries involving blood are a few of the more common . While PTSD is always caused by a traumatic event, specific phobia can result from either a traumatic event (experiential-specific phobia) or not (nonexperiential-specific phobia).
- Pleasant and unpleasant emotions have evolved in humans for the purpose of motivating adaptive behaviour.
- Such as Fear and phobias , they are important for avoiding physical injuries, environmental threats, or even undesirable feelings in social situations such as embarrassment, guilt, or shame.



Treating Phobias

A GP is often the first medical professional who treats phobias. They will assess the severity of the phobia and then create a treatment plan on how to tackle it.



Desensitisation / self – exposure therapy : Used for simple phobias and treated through gradual exposure to what causes the phobia.

More complex phobias can take longer and often involves therapy.

Counselling : Talking therapy where a trained therapist listens to the patient and helps with any emotional struggles. Counsellors have a wide spectrum of issues that they can help patients outside of phobias such as an upsetting health condition.

Cognitive behavioural therapy (CBT) : Talking therapy that helps you manage your problems by changing the way you think and behave. This type of therapy is used mostly for depression and anxiety.



WHAT IS DID?

- DID is a dissociative disorder which is a type of mental illness.
- Dissociation enables the person with DID to disconnect from a stressful or traumatic situation.
- People with DID develop one or more alternate personalities that function with or without the awareness of the person's usual personality.

CAUSES OF DID

- Originates in early childhood when the child experiences severe trauma.
- About 90% of cases involve some history of abuse: severe emotional, physical, and/or sexual abuse.
- Not as rare as some research may state, most commonly diagnosed in females.

TRIGGERS

- Real or symbolic traumas
- Stress
- Adult illness
- Reliving childhood abuse

MULTIPLE PERSONALITY DISORDER (MPD) or DISSOCIATIVE IDENTITY DISORDER (DID)



SYMPTOMS OF DID

Psychological symptoms may include:

- Depersonalization (feeling disconnected from one's thoughts)
- Derealization (confusion of their surroundings)
- Depression
- Amnesia
- Anxiety



Adaptation and DID

The purpose of an adaptation is to increase the organisms chances of survival, and it does this by removing specific traits that are not useful ,introducing new traits which can be passed on or keeping certain traits which are also passed on ,that makes it better suited to its environment/ surroundings. Mental traits are also included in this mix, for example fear enables animals to run from other animals that could kill them.

DID has a bad stigma, and it has been made worse by over-dramatisation from the media.

- Studies have shown that DID is in fact not rare and is even as common as bipolar disorder and schizophrenia, which is shocking to most as the media makes it out to be a super rare condition. We must ask ourselves why such mental health problems have persisted even though they are supposedly "bad" and why a perfectly fine man or women, can suddenly be struck with a mental health problem, considering they may have felt that life before the illness was great/ fine.



Adaptation and DID



- The mental health illness can be seen as a coping mechanism, considering the fact that patients with DID have commonly been through a traumatic experience at a young age, for example abuse, which would have affected their mental state greatly. DID causes the person to have different states which contributes to the memory loss, and although it may seem like a bad thing because avoiding a horrible memory does not get rid of the fact that it happened and it also doesn't help the patient, when trying to truly overcome it, confrontation does, but confrontation may be too much to handle so isn't always an option especially for a patient with DID, with 70 percent of those affected haven't attempted to commit suicide already. This condition provides another way for the patient to live through memory loss- which, allows the person to maintain a relatively healthy way of functioning, this doesn't mean that it's what another human views as a good and happy life, but it increases the chance of survival, by potentially making suicide less likely.

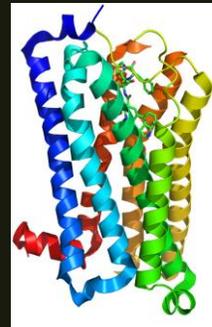
Depression and DID

- Dissociative disorders can be associated with many other mental health conditions, one of which can be depression.
- Depression is different for everyone; however many describe it as persistent sadness.
- There are physical and mental symptoms which all vary in severity with the most severe typically leading to suicidal thoughts.
- People with depression are more at risk of substance and alcohol abuse, as they tend to try and self medicate; however, this typically worsens the issue, as it's a temporary fix and doesn't solve the core problem.
- Effective treatment for depression can involve lifestyle changes, medication and also therapy, although it's not only limited to this and you are advised to see your local gp if you believe you are suffering.



Why Hasn't depression been selected against?

- Depression seems to pose an “evolutionary paradox”².
- At first glance depression appears to be a disorder where the brain is malfunctioning.
- Studies of rat 5HT1A, a receptor in the brain that binds to serotonin, has shown that fewer 5HT1A means fewer depressive symptoms³.
- Humans were found to have 99% similar 5HT1A receptors to rats showing that these receptors have been preserved on purpose.
- Depression is often thought not to be a disorder but rather an adaptation that allows us to think critically with minimal distraction, which is why many depressed people desire isolation and don't derive joy from most things.
- Depression may be a way for your body to tell you that you have complex social issues that the mind is intent on solving with minimal distraction. This is why people often go into depressive episodes known as depressive rumination.



The Comparison between CBT and Psychotherapy



The spectrum of Depression is broad, so much so that specific therapies cannot be generalised for all and the intensity of each can be quite hard to distinguish.

So more specifically, research into the more severe cases of Depression classified using MARDS (Montgomery-Åsberg Depression Rating Scale) with a score above 30, has found a comparison between the two of the main therapy types, Cognitive Behavioural Therapy and Psychotherapy.

CBT is mainly a situation between a therapist and the patient where various strategies in a conversational format are used to breakdown thoughts and emotions of the patient, where they stem from and analyse different methods of approach to resolve them.

Although most studies suggest a combination of CBT and medication for example imipramine hydrochloride, it can be argued that even with CBT, people are still 50% likely to experience recurrent episodes according to Kupfer, Frank, & Wamhoff, 1996.

That is why some have a preference to support Interpersonal Psychotherapy as form of treating people with severe depression, which focuses on addressing problems with current relationships with other people to improve interpersonal skills.

Both methods are interestingly similar, however the difference that is pinpointed is that Interpersonal Psychotherapy looks at the way an individual that is experiencing depression deals with the relationships they are surrounded with, the quality of them and how they are affected by this as a study published by Springer et al (2003) suggested that Childhood abuse has been associated with a plethora of psychological and somatic symptoms, as well as psychiatric and medical diagnoses which includes depression.

Is one better than the other?



Various studies such as Luty et al (2018) and Shinohara et al (2013) argued that there was little evidence to suggest there was a difference in effectiveness between the two methods

Experimental forms of Therapy

There have been other studies of Therapy such as ECT – Electro-convulsive therapy as a way to ‘relieve’ depression-relating symptoms, although it’s effects being unknown it was a study used by Crohnholm and Ottosson in 1960 to establish the Depression Rating Scale.

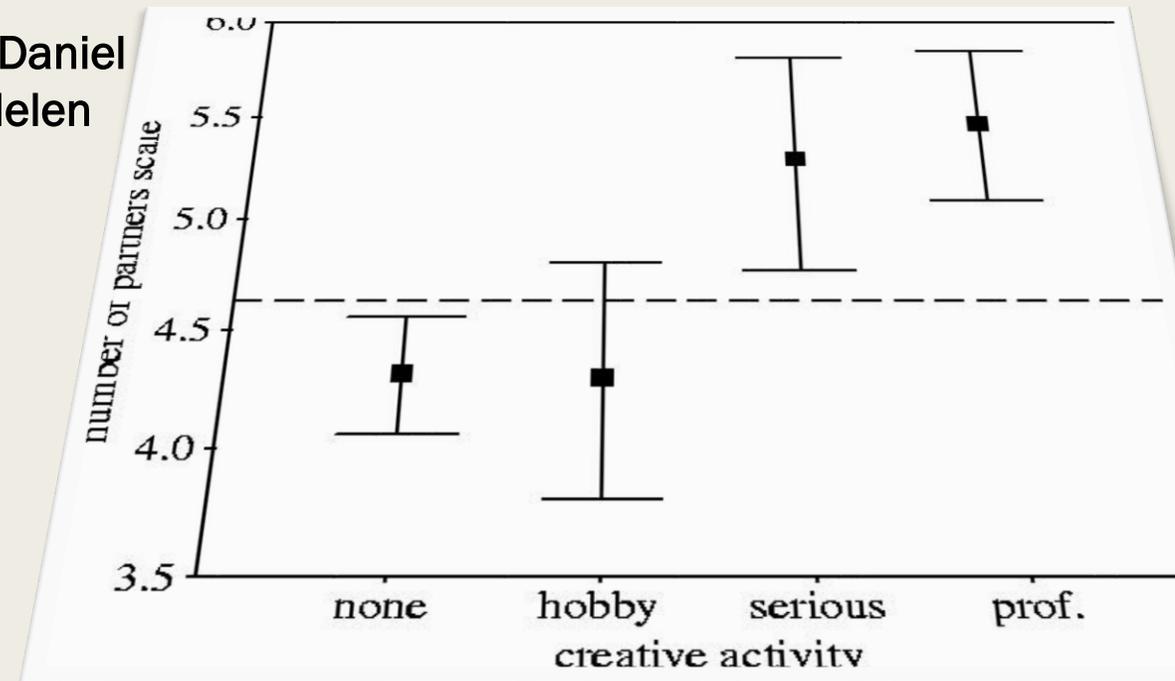
SCHIZOPHRENIA

- Causes a change in perception, mood and behavior.
- Common in about 1% of the population

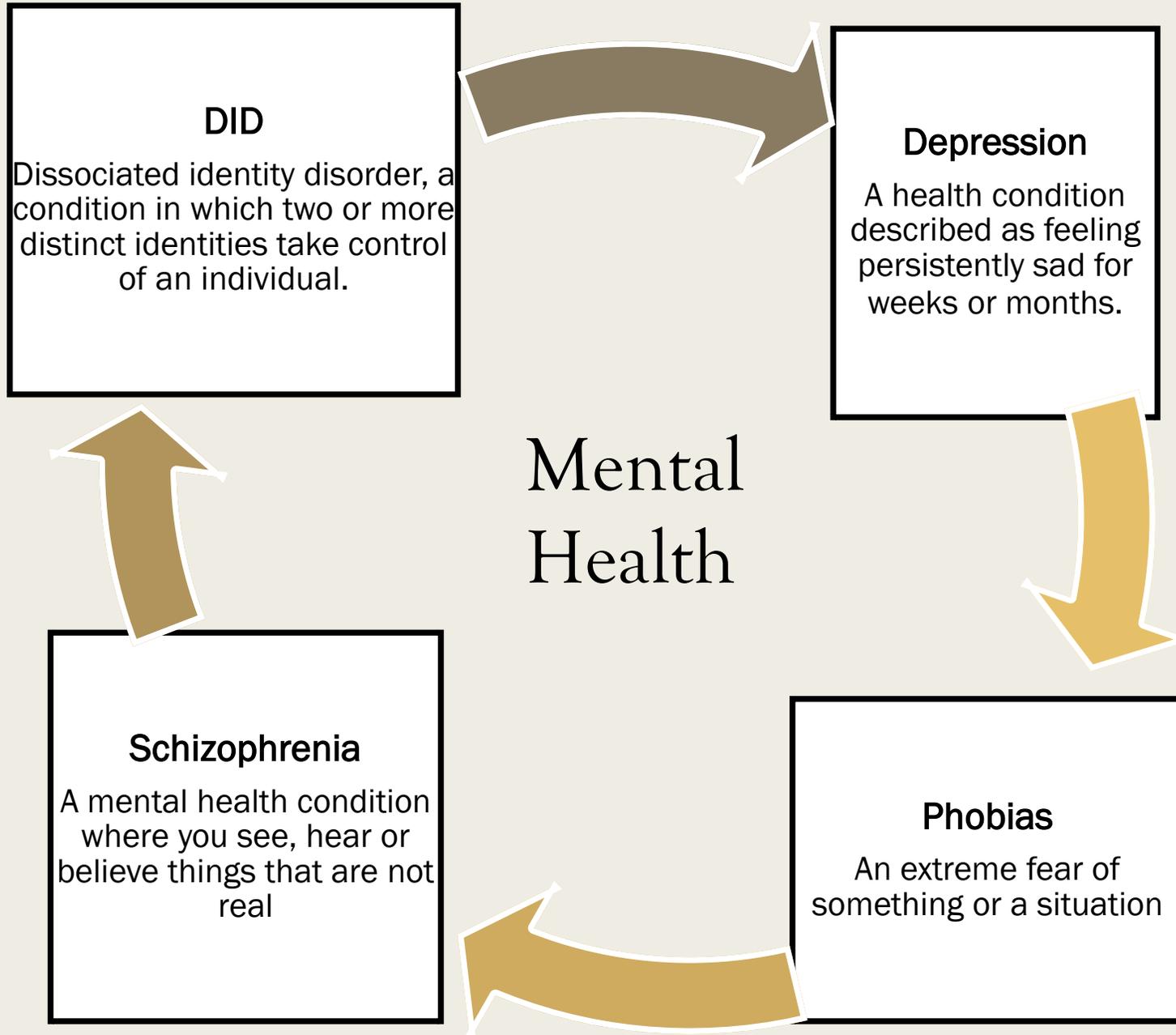
BENEFICIAL TRAITS :

- Creativity
- Success in finding mating partners

Results of a research by Daniel Nettle and Helen Clegg



Conclusion



References

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