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Mental Illness and Family Uproar

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(A workshop presentation given at the AMCAP Convention, September 29, 1978.)

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In the early days of medicine, the physician’s motto was, “I treat what you have.” The modern physician’s motto is, “You have what I treat.”

Enchantment with a certain systems theory of family disharmony may create a Procrustean Bed of treating every marital and family stress with a single technique, and the more specialized a counselor becomes the more the tendency to, “You have what I treat.”

While new insights into the dynamics of family interaction have been revealing and gratifyingly helpful in family counseling, sometimes the “patient” or “client” is really a patient or client, and not merely the “identified patient” or whose head the disturbed family places all their pathology”. Sometimes we add insight to injury.

Three cases of family uproar are presented. One is an example of a problem best handled by traditional family counseling; one is an indication we may be on the verge of exciting discoveries; one illustrates the hopeful application of psychiatric medicine.

In Greek mythology, a handsome youth spent his days admiring his image in a pool. One day he fell in and drowned. From the spot grew a beautiful flower, the Narcissus.

A case history of a narcissistic character disorder is presented as an example of family uproar. She nobly sacrificed all her time, effort and talent for the family, but woe be unto them if anyone tried to break away from the play the mother writes, produces, directs, and if anyone should even hint that her motives were too noble, the problem was just the despicable, ungrateful family. The husband was encouraged to start by reading Kiss Me, Kate and graduating to The Taming of the Shrew.

Life in the family of the hysteric is seldom boring. Intolerance of boredom is a characteristic of the hysteric, with dramatic self-presentation, exhibitionism, seductiveness, and hyperemotionalism being some of the diagnostic characteristics. She (there are few male hysteric) may be charming, gracious, warm, ingratiating, coquettish, as long as she is the center of the stage, but there is crying, temper tantrums, guilt induction, inability to assume mundane responsibility or chores. The courtship is often ecstatic, but running a household and calling the plumber for a clogged toilet is just too much to ask of anyone so sensitive and artistic. Emotions take precedence over rationality. She cherishes her emotionality, as a source of pleasure and pride, regardless of how painful or deplorable to others.

Through a facade of sweet innocence and virtue, she collects scalps, her conquests filling an endless need to demonstrate her desirability. She is often a destructive person, going through the ward and stake creating divorce, disfellowshipping, excommunication. Bishops, physicians, therapists are natural targets. “Let’s not talk about me, let’s talk about you. What is it you like about me?”

It behooves the spiritual advisor or the therapist to be aware of the fragility of the hysteric’s domestic tranquility. The hysteric’s biggest threat is to the counselor’s own domestic tranquility, and he should beware of getting drawn into an emotional vortex which spins him to disaster.

While the hysteric has been considered a “moral” problem, or a “willpower” problem, recent studies indicate that hysterical females marry men like their fathers and brothers, who are apt to be sociopaths, and sociopathic males are apt to marry women like their mothers and their sisters, who are apt to be hysteric. So whatever the kids get they get in spades.

And the incidence of the hyperactive child syndrome is roughly four times as common in families with hysterical and/or sociopathic parents.

This suggests a genetic factor, and a molecular approach might be anticipated. Some of the endless and frustrating professional hours spent in patient counseling in these conditions may be less necessary sometime in the future. It is already clear that some adult sociopaths are simply grown-up MBD (Minimal Brain Dysfunction) or hyperactive children, and small amounts of selective neurotransmitter substances may make profound changes in their family and social adjustment.

If mental illness is a myth, as Tom Szasz claims, the Bipolar Affective disorder (Manic-Depressive Disease before the Age of Euphemism) is a myth with a high genetic component, with almost the same inheritance pattern as red-green color blindness. It starts relatively early in life, and rarely does the patient go two years without an episode of depression or mania. It can be extremely disrupting to the patient and family. If the episodes of hypomania are in the Horatio Alger, Junior Chamber of Commerce mode, they

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may seem highly desirable, but too often they become too bizarre, with grandiosity, flight of ideas, euphoria, hyperactivity, push of speech and plans, insomnia, and irritability if crossed. Insensitivity, limited empathy, overfamiliarity, arrogancy, narcissism, publicity-seeking may all contribute to the abrasiveness. Satyriasis is common, and the hypomanic is attracted to the hysterics, whose emotional excesses are tiresome to most other men.

The depressed episodes are often so disruptive that the patient is unable to function, and the family may become a rudderless ship at sea in a raging storm.

In the genetic history, there are both uni- and bipolar ancestors. Often, suicides are common, and alcoholism is a genetic marker.

Psychological approaches to the manic or the depressed episodes may be harmful because they foster the belief that adequate interpretation might ward off psychotic breaks, when it may actually precipitate breaks. The genetic component is so well established that the psychological defenses and the infantile traumas are best left unexplored as diversionary distractions.

Some persons with wide mood swings are being linked to the biological problem of the bipolar disease, rather than being dismissed as character disorders. The Emotionally Unstable Character Disorder has been an enormous challenge to the family and to counselors.

Some persons whose diurnal metabolic cycles do not correspond to the clock or the calendar are running out of phase with themselves and with the rest of the world, and they, too, can be extremely disruptive in the family and community. The counselor often finds himself running after the patient through the dark, back staircases of the mind.

The above three conditions usually respond very well to Lithium, which is just a mineral and not a drug in the usual sense, and may save enormous amounts of counseling time and avert untold family misery and uproar.