

Psychopathology of Society and Mythology

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Abstract--- *In the article, normal and pathological (socio-psychopathological) forms of mass (collective) consciousness are considered from the point of view of the mental health of society. It is noted that the post-informational (supersaturated with information, a significant part of which are “simulacra”) society plays the role of public distress and deforms social norms and values. This circumstance contributes to the “anomie” (the absence of norms) as a variety of social pathology and as a whole is a complex of challenges addressed to the ability of modern people to successful psychological adaptation. The difficulty of the process of rational assimilation of established ideo-behavioral norms and patterns gives an impetus to the development of irrational phenomena in society - mythological mechanisms of perception of reality and the “social paranoia”. The latter is fraught with two dangerous socio-psychological pathologies that have a psychiatric aspect: 1) general increase in the anxiety that promotes the spread of anxiety and depressive disorders; 2) strengthening of religio-obscurantist tendencies in the public consciousness, which hinder the effective treatment of mentally ill patients. In the article, two socio-psychological phenomena that prevent timely and effective treatment of mentally ill patients are examined: 1) strengthening of the religious obscurantism; 2) mythological fear of psychiatry. It is pointed out that the demonic possession being a source of mental disorders and the exorcism being a method of liberation from these ailments are widespread ideas in the society. The author’s classification of the basic psychiatric myths existing in the Russian society is offered. It is noted that the immediate goal of reforming society’s views on psychiatry (their demythologization) should be the establishment of a firm and sustainable desire for a mutual cooperation of society, on one hand, and psychiatrists, and the other.*

Keywords--- *Post-informational Society, Anomie, Social Mythology, Anxiety, Religious Obscurantism, Psychoprophylaxis and Psychohygiene.*

I. INTRODUCTION

Psychopathological trends in the development of modern society, on the one hand, and the quality of interaction between psychiatrists and people in need of their assistance, on the other, is one of the urgent medical and social problems of modern theoretical and practical medicine, and our society as a whole. At the same time, this problem does not seem to be exhaustively and scientifically investigated, which determines the relevance of this article.

The study aims at identifying the ways of reforming the system of public perceptions of psychiatry, capable of increasing public confidence in psychiatrists and improving the quality of the mental health (based on the analysis of current trends in the development of social psychology).

The objectives of the article:

- To describe the causes of development of group psychopathological trends in society;

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- To analyze and characterize the features of group psychopathological trends inherent in society in the post-information phase of its development;
- To make a typology of psychiatric myths that exist in modern society;
- To determine the specific ways to reform the social system of psychiatric attitudes.

II. MATERIALS AND METHODS

In the process of writing, a set of general theoretical, special and empirical methods, as well as a number of research approaches were used.

Axiomatic and phenomenological methods were applied in the formation of the initial terminological and methodological framework of the study, based on the conceptual development of the founders of basic scientific ideas about the nature of human thought and its typology, as well as the essence of the phenomenon of social psychology and its pathological manifestations.

Hypothetico-deductive method was used for the qualitative analysis and understanding of specific group and psychopathological phenomena in modern society.

The inductive method formed foundations of generalizations and recommendations made on the basis of synthetic integration of conceptual reasoning and data of the original research conducted by the authors.

The survey method in the form of a questionnaire gave a unique empirical material for the above generalizations.

Socio-anthropological, interdisciplinary and comparative approaches were widely used, thereby considering the phenomenon of socio-psychopathological reality in its entirety, including static and dynamic (historical) aspects, as well as the consideration of group socio-psychopathological phenomena not in isolation, but in the context of socio-psychological reality in all its diversity.

As the materials of this article theoretical works of leading theorists in the psychiatry, as well as in philosophical, sociological and historical fields of knowledge; data and conclusions obtained through the survey of more than 500 patients with various mental disabilities, as well as their relatives and students of the medical university; data of media monitoring of the current state of socio-psychopathological trends have been used.

III. RESULTS

The analysis of the conducted survey of more than 500 persons with mental disabilities, as well as their relatives, shows that the motives of evasion of people with mental disabilities of applying to the psychiatric service are the private manifestations of more complex mythological systems of public consciousness. These systems, in turn, are generated by a set of negative trends that characterize the post-information society as a whole, as well as, in particular, the modern Russian society, which has a number of specific features, namely: the presence of deep-rooted “psychiatric mythology” in the modern Russian society, inducing a weak willingness of the individual to cooperate with a psychiatrist.

It is known that in modern society the system of myths about psychiatry, organically integrated into the general system of social myths, has spread and taken root.

Psychiatric mythology is one of the “professional” mythological systems, along with the police and spy (largely reflected in the detective fiction and films), scientific, pedagogical, medical, etc. In this case, as in other systematic professional systems of myths, psychiatric mythology reflects the reality, but it is reflected in a special way appropriate to myth.

The conducted representative anonymous survey (in which the interviewee was asked to answer questions concerning his ideas about the causes of mental disabilities; their manifestations; his attitude to “strange” and “eccentric” people; the nature of his relationship with relatives, which became known to the fact of their stay in a psychiatric hospital, etc.) allows distinguishing the types of psychiatric myths, which are summarized in the following table.

Table 1: Typology of Psychiatric Myths that Exist in the Public Consciousness

Aspects of mythological representations	Specific content of mythological representations
The image of the patient	Intimidating type: dangerous to others, “crazy”, various kinds of trouble can be expected from him.
	Ridiculous type: he does not understand anything, “fool!”, no reason is available to him.
	Unstable type: “psycho!”, easily losing balance and therefore unpredictable.
	The type of person, emotionally neurotic (“spiritually sublime”), consequently, he is not able to endure the roughness of life
	Mystical type: completely detached from reality, “not of this world”.
Etiology and pathogenesis	General confidence in the exogenous nature of mental disabilities. As a reason of the disease, we discuss the idea that a person “has been influenced” by something (outside psychogenic) – this universal etiopathogenetic category of action; it is used both in the impersonal form and subject (“the impact of stress”, “the impact of event”).
	Direct genetic transmission – the type of inheritance of property, that is, directly from hand to hand from a parent to a child (rarely from other relatives).
	Somatogenic statements are categorical allegation of overwork, physical trauma, severe somatic diseases, binge drinking, etc.
	Psychogeny is a categorical statement about the strong fear in childhood, excitement, “stress” (a concept that has nothing to do with the fact that introduced into scientific circulation H. Selye), the loss of loved ones, unhappy love, increased mental load, “read books” of a certain (probably harmful) content: fantastic, mystical, philosophical, religious, etc.
	The use of psychotropic drugs. “They are abnormal, and he became crazy because of them”, or hospitalization in a psychiatric institution (“he saw this there!”, “the pills turned him into a “vegetable!”).
	Sexual conflicts – especially religious-minded families, professing totally restrictive (in fact hypocritical) sexual morality, a sermon in which religious and uneducated mass of the population becomes in recent years more and more active and even aggressive.
	“Primitive” explanations – “evil eye”, “spells”, “witchcraft” and similar magic.
The mythology of diagnosis	Definitive (classification, nominative) aspect. In the definitive plan, first of all, it is noteworthy that only a few of the psychiatric diagnostic names are widely known (“schizophrenia”, “epilepsy”, “psychopathy”, “oligophrenia” and some others), which are sometimes interpreted very arbitrarily and inaccurately.
	Operational aspect. The operational aspect of diagnosis does not coincide with the nominative. There is a strong belief in the society that the diagnosis can be made only with the help of analyses and instrumental studies (x-rays, “biocurrents of the brain”, recently – computed tomography, positron emission, nuclear magnetic resonance, etc.). The psychiatric diagnosis, according to the psychiatric myth, can be established also by means

	of “tests” – “they show”. The classical and basic method of psychiatric diagnosis – unstructured clinical conversation and observation – is not considered a study at all: “he was not examined, he was only talked to”.
	Social aspect. In the social aspect, a psychiatric diagnosis is, first of all, a label. Most often it has a socially negative value, but in some cases it can play a protective role or be used for rental purposes.
The mythology of the disease	The idea of a clear separation and fundamental difference between functional and organic disorders, the principle of absolute healing of the first and the futility of treatment of the second, etc.
Treatment mythology	A distorted image of the shock methods of therapy (the myth of turning into “plants”).
	The idea of banal and domestic methods as “the most effective” in treatment.
	The faith in expediency of using exotic methods of therapy
	The myth of the “new miracle cure”.
	The myth of the old means, “undeservedly forgotten”.
The mythology of the doctor’s image	Doctors know everything.
	“Men in white coats” are selfless fanatics that serve only sick and entirely absorbed in his life and only his professional pursuits.
	“Doctors-killers”, “sadistic psychiatrists” and “villains”
	A doctor is not just a doctor, but also a “magician”
	A doctor is a funny weirdo.

It follows from the above that the immediate goal of reforming society’s ideas about psychiatry (their demythologization) should be establishing a strong and sustainable desire for cooperation between society, on the one hand, and psychiatrists, on the other. To this end, it seems appropriate to implement a number of urgent measures:

1. Reorganization of psychiatric care on the basis of voluntariness, ensuring maximum accessibility and psychological comfort for people in need of treatment to a psychiatrist (with the legal justification of cases where involuntary hospitalization should be carried out in the interests of the patient).
2. Organization of systematic educational work both at all levels of government and in educational institutions, including secondary schools; active educational work of psychiatrists with society – including through the media and public events.
3. Inclusion the existence of psychiatric myths in the set of professional knowledge, with the development of psychiatrists’ understanding of a significant discrepancy, on the one hand, expectations when applying for qualified help, dictated by the existing mythology in society, and on the one hand, and psychiatric realities. In this regard, psychiatrists (especially young ones) also need to be sensitized to the need for greater tolerance and patience with both patients and their families. In working with patients, especially in the first contact with them, psychiatrists should not directly counteract the expectations of patients, to enter into confrontation or conflict with them; they should gradually replace the mythological representations of patients and their relatives – more realistic, without which successful treatment will be difficult.

IV. DISCUSSION

The phenomenon of collective (general) consciousness was first described by one of the founders of sociology Emile Durkheim [17], who pointed to the decisive role of this phenomenon in the integration of society and the formation of its “mental type”. He also introduced the concept of anomie (lack of norms) as a kind of social pathology that occurs in transition periods characterized by social instability.

The era of post-information (information-saturated) society, which emerged at the end of the XX century and reached its peak during the period of total distribution of multimedia mass communications, creates a particularly favorable environment for the development of psychopathological trends in the mass consciousness.

The effect of global information chaos and permanent profanation of traditional ideas and values for this society is aggravated by such objective factors as the uncertainty of cultural and civilizational boundaries in the modern world, in which millions of people are born from the so-called mixed (interethnic, interracial, interfaith) marriages, live not where they were born, or they are born and live not in the ethno-cultural environment in which their parents lived and formed. The characteristic mobility of the modern society (both vertically and horizontally) of individual social statuses should be added to this fact. Finally, all this is layered with inconsistency, and sometimes nationalist and conservative (“local”, regional-localist), on the one hand, and radical cosmopolitan, on the other, social patterns, polarizing and, at the same time, permeating our society.

All this in general is a complex of challenges addressed to the ability of modern men to successful psychological adaptation.

Unprecedented in density, structurlessness and “mirage” post-information whirlpool did not exist in previous historical epochs and the human brain is often unable not only to fully analytically structure and digest, but even at least approximately cover the “contours”. As a result, the image of the present as “eternally transitional period” is formed in the mass consciousness; moreover, it is transitional in an unknown direction.

In turn, the difficulty of the process of rational assimilation of well-established ideological and behavioral norms and patterns gives impetus to the development of society irrational and mythological mechanisms of perception of reality and understanding of the individual’s place in it. Roland Barthes wrote about the attraction of modern society to the mythologization of reality [15]. He stressed that the main function of myths, on which the public consciousness is largely based is “to remove reality”, replacing the unattainable clarity of understanding of what is happening around (the craving for which is inherent in any society) by mythological pseudo-clarity: “the function of the myth is to remove reality, things in it are literally removed, constantly bleeding out, it is felt as its absence”; “In addition to the Freudian principle of pleasure, operating in the human psyche, it is possible to talk about the principle of clarity, acting as a reality in a mythological society. That is the duality of the myth, that its clarity is euphoric”.

It should be noted that psychology considers several types of thinking.

The most common and adequate era, which came with the arrival of Modern age (XVI-XVII centuries.) is the so-called discursive thinking. Its foundations are formulated in the “Logic” of Aristotle, who laid the principles of valid formal and logical reasoning.

However, there are other types of thinking that exist within the mental norm, at the same time they are untenable from the point of view of Aristotelian logic. According to the structure and content, these types of thinking are qualitatively different from discourse.

First of all, it is necessary to name the type of thinking that was initially characteristic of all archaic societies. Various authors define this type of thinking differently: pralogical or primitive [7], archaic and primitive [18], magic [10], mythic-creative thinking [17].

In addition, there are other types of irrational thinking that do not go beyond the psychiatric norm: unconscious thinking [9], as well as partly autistic thinking [3], schizophrenia thinking [16], etc.

All these options of “external Aristotle” thinking share a common basis: the absence of discursiveness; that is reasoning in the Aristotelian sense of the word. Thinking of these types is not reflecting, not controlling itself and, therefore, uncritical both to the process and to the product of its activity. In a broad sense, the thinking of these types can be described as “mythological”, since the basic characteristics of this type of thinking we encounter in any mythological material.

However, although the evolution of human thinking was associated with the movement from “pre-logical” forms to the operationally developed “logical”, the complete displacement of non-reasoning thinking – discursive; it did not happen and, for the reasons mentioned above, is unlikely to happen. Social myths as were, so, most likely, and will remain the archetypal formations about which C.G. Jung wrote that they rest with the foundation of public psychology [13]. And the fact that in the conditions of social disasters the public demand for myths increases sharply, it does not negate the fact that the mythological perception of the world is inherent in any society immanently and permanently in one form or another.

As it has been noted above, since the second half of the XX century there has been a steady increase in the desire of society, unable to cope with the wave of information challenges and problems to mythologize their consciousness. In this regard, the modern world is to a certain extent doomed to “live by myths”, like any archaic society, with the only difference that the people of antiquity, being immersed in the information space of the myth, did not declare their commitment to the principles of rationalism and pragmatism. Modern civilization, on the contrary, declares a fundamental attitude to the developed forms of rational discursive thinking.

Due to the above-mentioned inconsistency between the desires of society, on the one hand, to remain within the framework of discursive, logically justified thinking, and on the other – to compensate for the lack of integrity of world views by strengthening the mythological nature of their consciousness, there is a massive increase in disturbing moods and experiences. In turn, this vector directs the process of continuous mutation of social myths towards irrational alarmism, aggressiveness and attraction to the dominance of militant anti-scientific, obscurantist doctrines in numerous public discourses, as well as to simplified power solutions to complex social and international problems. Under these conditions, political myths are growing rapidly, creating favorable conditions for the manipulation of public consciousness and the “creeping” dehumanization of political ideologies and practices observed all over the world.

The ideals of legal and rationally reasoned progress are increasingly being replaced by doctrinaire conservatism and archaic superstitions, or by no less doctrinaire and “prohibitive” radical social activism, which in fact escalate into “mass paranoia” based primarily on the fear of freedom, which is increasingly interpreted as alarming “uncertainty” and “instability”.

Psychiatrists are well aware of the so-called induced psychosis, which, as a rule, concerns two persons, although sometimes they are exposed to a larger number of people – folie à trois, à quatre, à cinq, etc. There is a case concerning the whole family (folie à douze), when 12 people were involved in the psychotic orbit at once. As for the “mass psychosis”, it was described in the work of V.M. Bekhterev “Suggestion and its role in public life” [1] in the most complete form. It is the suggestion that “acts decisively wherever it comes to uniting a group of persons with the same feelings and thoughts, and represents nothing more than the involuntary instilling of certain moods, ideas or actions” [1]. Over the past hundred years, especially in the post-information era, this socio-psychopathological trend rather than disappearing, it has acquired a constant character, becoming a kind of “pathological alternatives of the norm”.

The stressful social and information factors affecting the society not only do not give the society the opportunity to form a comfortable social and psychological environment for people, but directly provoke the development of severe and chronic anxiety and depressive mental disorders.

Depression and anxiety-depressive disorders are now recognized as the most common in the general somatic network. According to a multicenter study conducted in 12 countries, about 10% of visits to general practitioners are associated with depression [21]. At the same time, only 10-30% of cases of depressive disorders are recognized by general practitioners. Studies conducted in Russia, in general, correspond to these data [5, 6, 8].

The situation described above (the strengthening of the mythologization of public consciousness against the background of the widespread growth of anxiety and depression experiences and disorders), it is possible to assume, that it is fraught with the threat of usurpation of control over society and international life in general, a narrow group of actors capable of disrupting the balance – social, political, military, economic, environmental, etc. – and push humanity to make decisions that threaten its life and well-being (due to their lack of competence or destructive motivation).

In particular, if we look at the recent situation in Russia, we will have to note the progressive development in its public consciousness of “collective paranoia” trends, which is especially noticeable on the example of the strengthening of the factor of religiosity of mass consciousness, on the one hand, and church activity, based on the support of the state, on the other.

It should be emphasized that this problem (religious irrationality of mass consciousness), of course, is not reduced to a purely political and political-technological, mass-communicative factors of our time, because it appeals to the ancient, and it would be better to say, the eternal foundations of the human psyche.

Philosophers of antiquity noted that a human is pushed to the idea of God by at least two psychological factors.

First, the individual’s feeling of his insignificance and infirmity before the forces of nature. From misunderstanding of the phenomena of nature and the fear generated by it, according to Democritus, the whole Pantheon was born: people began to deify the natural elements, the air or the sun was called Zeus, and “evaporation, which feeds the sun”, – Ambrose [4, p. 131].

Secondly, fear of death. As M.M. Shakhnovich notes [11], that there are the foundations of “the psychological theory of religious genesis (Democritus – Epicurus – Lucretia) in ancient philosophy, according to which “the fear of death and embarrassment caused by ignorance of things” <...>, gave rise to ideas about the gods”. Later, through the epicurean tradition, this interpretation of the causes of religion “passed into the philosophy of religion of Modern age and turned into a very common theory” [11, p. 120].

Many philosophers of modern times (Thomas Hobbes, Baruch Spinoza, David Hume, Claude Helvetius, Paul Holbach, etc.) wrote about fear as a fundamental principle of religion until the philosophers of modern times.

The function of religion as a psychological defense against existential fears is psychologically understandable. On the one hand, religion creates the illusion of immortality, on the other – the illusion of help “from above”. Thus, a person is to a certain extent relieved of responsibility not only for his fate, but also for the well-being of people close to him. The specific content of religious beliefs in this case can be very diverse: from ancient primitive myths about gods and heroes – to the myths about angels and devils in the context of a complex monotheistic hierarchy.

At the same time, psychological protection, formed by immersing human consciousness in the religious and mythological context, leaves a person defenseless against a number of very specific “daily” threats. As a result, religious dogmas, treating the life of human souls in the context of faith, rather than knowledge (including medical), are often serious obstacles to the successful treatment of persons with mental disabilities.

Firstly, the religiously oriented (irrational) attitude of the patient to his disease prevents the prompt start of treatment or, creating a wrong idea of the nature of the disorder, leads to the fact that the patient does not take the necessary drugs, replacing them with prayers or exorcisms.

Secondly, the “undirected” understanding of the nature of mental disorders completely removes from the patient the responsibility for the state of his health and significantly complicates the productive participation of the patient in the process of therapy – makes the so-called therapeutic compliance impossible.

All these negative aspects of religious consciousness, from the point of view of preservation and strengthening of mental health of society, are distinctly manifested in modern Russia where the global tendencies to mythologization and neurotization of public consciousness connected with tendencies inherent in the Russian state tradition to manipulation of society by means of non-critical introduction in its consciousness of “the only sure dogmas”.

Thus, at the suggestion of the Russian Orthodox Church (ROC), the issue of “exorcism” has recently become widely discussed in Russia. According to popular “school” ideas, the theory and practice of exorcism is more typical for the Catholic Church. However, in reality, the ROC (Moscow Church) throughout its history, on the one hand, ideologically opposing Catholicism and invariably accusing the “Latins” of heresy, on the other hand, sought to “keep up” with the most obscure Catholic practices. For example, at the turn of the XV-XVI centuries the Moscow clergymen “borrowed” the persecution of the “Jews” and the auto-da-fé (burning of heretics) from the Spanish Inquisition. Today, at the beginning of the XXI century, the ROC adopts the practice of exorcism “certified” by the Vatican.

From the point of view of psychiatry, the practice of “exorcism” should be treated on the basis of two key provisions. First of all, it is necessary to conclude that in the case when “the lack of content” occurs in psychotic patients (whose psychopathology is represented by delusions, hallucinations, etc.), no exorcists can help under any circumstances. But it should also be recognized that when it comes to neurotic (hysterical) states, “the rank of exorcism” can (although, of course, not always) help these patients. To some extent, this therapeutic effect can be called “placebo effect”.

It should be emphasized that the ability of the exorcism rite to give in some cases a positive effect cannot be the basis for the recognition of the legitimacy of the invasion of the church in the treatment of the mentally ill. The fact is that, as already noted, acute psychotic conditions require immediate drug therapy, but to distinguish a delusional patient from a person suffering from a neurotic or neurotic disorder, can only be a professional psychiatrist, not a church specialist in “exorcism”.

As a result of the formation of the religious-obscurantist trend in the Russian society in recent decades, a situation arose when the anti-scientific view of the nature of mental disorders and their treatment methods began to cause significant harm to mentally ill people. The fact is that as a result of such a mythological “twist” in the public consciousness as the beginning of treatment of a particular patient, and the nature of therapy are often dependent not on the professional judgments of experts, but on the quasi-medical views of laymen-clerics, which, as practice shows, in some cases are surprisingly ignorant or simply obscure. Effective psychiatric and psychotherapeutic help is often replaced by visits to “parapsychologists”, “clairvoyants”, “sorcerers and witches”, and finally, to the same priests. V.M. Bekhterev wrote about this phenomenon: “<...> the people themselves instinctively seek healing from their illness <...> not so much in the medicine as in prayer and in reporting in monasteries and other religious rites and ceremonies, or go to healers and so-called sorcerers, where they are also treated with slander” [2, p. 70].

The result of the development of these negative psychological trends in society is the development of a system of psychiatric myths that prevents the strengthening of mental health of society. These myths initially arise on a deep psychological basis, in the structure of which the following components appear, generating the need for mythological quasi-protection.

1. The need for “protection from madness”.

The content of psychiatric myths is a reflection of a deep fear of mental disorder and represents an elementary protective reaction.

This fear is inherent in the broadest strata of society. It exists even among psychologists (who initially did not receive medical specialization or had not previously communicated with mentally ill), who sometimes express fears that mentally ill people can negatively affect them and provoke a reactive state or somatic trouble.

The consequence of the deep fear of mental illness is that society deals with the mentally ill in the simplest way: it mythologizes them (“demonizes”) and expels them. The method of this exile ranges from a certain alertness in communication – to the desire for almost lifelong isolation of mentally ill people in the hospital for “chronicles”. A mentally ill person, according to a psychiatric myth, can live only in a special kind of reservations. These

“reservations”, like the patient himself, appear in the mass consciousness to be excluded from the framework of the world subordinated to the physical and social laws and in their isolation and inaccessibility are similar to hell, paradise and other sacred mythological spaces. It is this idea that underlies the myth of a psychiatric hospital (“psychiatric hospital”, “madhouse”).

The reason for this exclusive status of the “crazy” must be exceptional, outside of the limits of understanding. The same exceptional and comprehension are, according to mythological consciousness, methods of struggle with madness.

2. Insufficient and unreliable information on mental illness and mental health care.

Most often, the attitude of most people to psychiatry is determined by questionable information obtained from third hands: someone’s stories, rumors, gossip, jokes, works of art (literature, theater, cinema – not always intellectually first-class). As a result, the number of information gaps filled with speculation is much more than reliable knowledge and ideas. Misperceptions about psychiatry and the nature of mental illness are eventually developed in a single, fairly complete and large-scale mosaic, consisting of a complex of legends, beliefs, prejudices and prejudices about mental illness and psychiatry.

The real facts concerning the problem of mental health and the provision of mental health care, refracted in the mass consciousness, are most often transformed beyond recognition, brought to the grotesque, combined in the most unexpected way. Such philistine ideas are sometimes inherent in persons with academic degrees and titles, and even general practitioners (whose views on psychiatry often go far from the views of the layman). However, it is these perceptions that most fundamentally define the relationship between psychiatry and society.

1. The lack of knowledge about the forms of mental illness in the field of ethics.

Violation of ethical norms, which is often a manifestation of mental illness, is not always, however, regarded by society as a sign of mental disorder. It is often presented as such only if it seems to be unmotivated from the outside.

But even when the social environment is aware of the fact that a person has a mental disorder, the attitude to certain deviations of his behavior from the ethical norm is rarely adequate to the real state of the patient. As a rule, the “typical” attitude of the social environment to the violation of ethical norms by mentally ill people is twofold. Either these violations are put to the individual to blame, and his mental illness is regarded as “payback for what he did”, or, on the contrary, any responsibility for violation of ethical norms is removed from the person, since it is recognized that in this case through the person acted this or that “evil supernatural force”.

In other words, if a person behaves “unethically”, then, from the point of view of the traditional “philistine logic”, this person did something wrong and for this reason God was angry with him (“When God wants to punish, he takes away the mind!”) either that person was possessed by the dark force (“The Devil made me do it!”). However, modern religious ideas, as a rule, do not allow the thought of “evil divine indulgence”. Therefore, unethically behaving mentally ill person, from the “philistine” point of view, is often “to blame” in his “abnormality” and therefore deserves punishment. Such ideas exclude the “misbehaving” individual from the category of patients in need of medical care, and lead to the substitution of treatment – one or another form of

repression. Thus and the patient, subconsciously sharing similar prejudices, is afraid to carry the illness to area of mental illnesses and obediently accepts the “repressive” model of reaction to the facts of violation of these or those ethical norms offered to it. It seems hardly necessary to explain that this situation does not leave the patient a chance to improve his mental state.

The details of psychiatric myths existing in the public consciousness is necessary for the subsequent complete (as far as possible) demythologization of public ideas about psychiatry, demythologization of patients, as well as overcoming the most harmful and dangerous phobias associated with distorted views of society on psychiatric problems.

The set of negative social and psychological trends existing in the Russian society exacerbates another problem that is in the way of protecting the mental health of people in Russia. It is about the avoidance of people suffering from a particular mental illness, from access to mental health services, which in turn leads to an increase in disability among patients with existing mental illness, they have not received timely effective therapy.

This problem is a key point of modern social psychiatry, to some extent similar to the problem of compliance (consent, compliance) of Anglo-American authors [14, 20]. And in this case it is not only about the willingness and consent of the mentally ill to accept the proposed assistance, but also about the willingness of people to actively seek psychiatric care in a situation where it is vital.

The importance of compliance is directly related to the quality and effectiveness of treatment. In the diagnostic and therapeutic process, psychiatrists are constantly faced with the problem of acceptability or unacceptability of certain methods for the patient. In turn, the use of acceptable or unacceptable, from the point of view of the patient, types of treatment is accompanied by a powerful positive or, accordingly, negative placebo effect (the importance of which was discussed in detail above).

V. CONCLUSION

The state of modern society (Russian, because of the above factors, in particular) is stressful and, potentially dangerous for the mental health of both society as a whole and individuals.

In a situation of permanent distress increases the number of anxiety disorders and provokes the development of other forms of mental and psychosomatic ailments.

In this situation, society is spreading an increased craving for pseudo-irrational ideologies and practices (conventional myths), designed to compensate for the lack of mental balance (in the broad sense – mental health).

One of these myths is the psychiatric myth, the dominance of which, in turn, prevents the possibility for psychiatry to provide society as a whole and individuals with the necessary assistance in this situation.

Overcoming psychiatric myths, if not complete, then at least partial – concerning the most archaic and harmful aspects of them – is required, of course, first of all, not in order to increase the strength of the social status and quality of life of psychiatrists (although this point is certainly significant). First of all, the maximum demythologization of mass ideas about psychiatry is necessary for society itself, both mentally healthy part of it, and

mentally ill. Only in this case, the society has a chance to get out of the stress and fraught with an increasing number of anxiety and depressive disorders of the state in which the society is in the last decades, and which only gets worse over the years.

Overall, however, modern development trends in the world of psychiatry to expand the circle of specialists, mental health services and to deepen mutual understanding between them, the shift of treatment in community-acquired companies, the creation of integrative personological approaches to therapy, flexibly adapted to the individual needs of the patient at all stages of the disease, increasing knowledge of the population about the issues of psychological prevention and mental health – reasonably hope for a decent opposition, and overcoming the tendency of growth of group psychopathology among the population.

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