

Theory of psychological adaptive modes

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ARTICLE INFO

Article history:

Received 3 November 2015

Accepted 7 March 2016

ABSTRACT

When an individual is facing a stressor and normal stress-response mechanism cannot guarantee sufficient adaptation, special emotional states, *adaptive modes*, are activated (for example a depressive reaction). Adaptive modes are involuntary states of mind, they are of comprehensive nature, they interfere with normal functioning, and they cannot be repressed or controlled the same way as many emotions. Their transformational nature differentiates them from other emotional states. The object of the adaptive mode is to optimize the problem-solving abilities according to the situation that has provoked the mode. Cognitions and emotions during the adaptive mode are different than in a normal mental state. These altered cognitions and emotional reactions guide the individual to use the correct coping skills in order to deal with the stressor. Successful adaptation will cause the adaptive mode to fade off since the adaptive mode is no longer necessary, and the process as a whole will lead to raised well-being. However, if the adaptation process is inadequate, then the transformation period is prolonged, and the adaptive mode will turn into a dysfunctional state. Many psychiatric disorders are such maladaptive processes. The maladaptive processes can be turned into functional ones by using adaptive skills that are used in functional adaptive processes.

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Introduction

People are forced to adjust their behavior and their thinking patterns to adapt to continuously changing circumstances [1]. Emotional states facilitate and direct these adjustments [2]. Randolph Nesse describes emotions as “special states, shaped by natural selection to adjust various aspects of the organism in ways that have tended to give a selective advantage in the face of the adaptive challenges characteristic of a particular kind of situation” [3]. It is easier to confront a bully when you feel angry, it is easier to help someone if you feel compassion for that person, and a panic attack may assist a lot when you are fighting your way out from a dangerous situation.

Emotional states are traditionally divided into emotions and moods. Emotions are considered as phasic and centered around an object or event, whereas moods can be seen as activation states, preparedness, or inhibitory states that are tonic and not clearly attached to an object or an event [4]. In cognitive theory, there is also a concept of mode [5]. Modes are defined as special states, consisting of integrated sectors or suborganizations of

personality, that are designed to deal with specific demands or problems [5].

In cognitive theory, adaptive and maladaptive emotional responses are considered having same origins. Dysfunctional adaptive processes are thought to develop from functional ones due to faulty information processes leading to adaptive systems that are disproportionate to the situation. An individual is considered adapting well when he is able to think clearly enough without significant impairment of functioning, he keeps negative responses proportional to the situation, and acts in a goal-oriented way during the adaptation process [6].

However, sometimes adaptation requires changes that are so comprehensive or extreme that everyday emotions, moods, and modes are not effective enough to direct the process [7]. Organisms have limited resources to deal with everyday tasks and adaptive challenges, which means that in some cases resources must be pulled off from the ordinary tasks to perform something extraordinary [8,9]. When coping mechanisms, that ensure the well-being under normal circumstances, become obstacles in extreme conditions, they must be temporarily inhibited while other coping mechanisms are applied. An exceptional state, an *adaptive mode*, is needed. The double action of the adaptive modes (inhibition of ordinary coping mechanisms while activating alternative methods) helps to conceptualize normal adaptation processes and various psychiatric disorders.

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Theory

There are special adaptive states of mind which allow humans to put aside the everyday routines and concentrate on essential problems as well as capitalizing opening possibilities [7–10]. A group of mental states that affect largely the human behavior and physiology can be seen as *adaptive modes*. Adaptive modes are involuntary states of mind, they are of comprehensive nature, they interfere with normal functioning, and they cannot be repressed or controlled the same way as many emotions. Anxiety and depression are very common adaptive modes, especially in their subclinical forms. Examples of other adaptive modes are falling in love, postpartum depression and its subclinical form called “baby blues”, psychosis, and hypomania/mania. There are probably numerous other adaptive modes, and some of them remain inactive for most people in the modern world, for example, survival modes having to do with warfare and starvation (see Fig. 1 and Table 1).

Adaptive mode is activated when ordinary stress response mechanisms are insufficient to guarantee successful adaptation (ordinary stress response mechanisms mean everyday emotional, social, and cognitive reactions to deal with everyday problems). The pervasive presence of the stressor, repeated problems, and cumulative stress cause cognitions of lack of control and helplessness [11]. These *alarm cognitions* may be conscious or unconscious, and their function is to warn the individual of the threats and controversies concerning his long-term well-being. The alarm cognitions and corresponding emotions activate the adaptive mode [12–15].

Adaptive mode is a comprehensive neurobiological state that affects cognitive functions, emotional regulation and many physiological functions including energy consumption, immune system and reproductive system [16]. The neurobiological changes shape the adaptive mode into a stressor-specific mental state. The object

Table 1

Examples of normal emotional stress response mechanism and the stages of the corresponding adaptive modes.

Normal stress response mechanism	Functional adaptive mode	Prolonged adaptive mode	Chronic dysfunctional state
Sad mood	Short subclinical depressive episode	Major depressive disorder	Dysthymia
Irritation	Short-term anxiety	Generalized anxiety	Long term anxiety and social dysfunction
Energetic mood	Subclinical hypomania	Mania	Bipolar mood disorder
Brainstorming	Momentarily profound creative state	Reactive psychosis	Schizophrenia
Healthy criticism	Strong momentarily suspicions	Paranoia	Crystallized delusions of conspiracy
Interpersonal interest, attraction	Romantic love	Falling in love but not committing	Donjuanism, inability to form a stable relationship

of the adaptive mode is to optimize the problem-solving abilities according to the situation that has provoked the mode. For example, anxiety helps to detect and avoid threats in hostile environments [17,18], whereas depression activates analytical thinking in situations that may require solving complex social dilemmas [8].

The transformational nature of adaptive modes differentiates them from other psychological modes and emotional states. For example, the object of other modes – including schema modes and dissociative disorders – is to activate learned thinking and behavioral patterns, schemas [19], in order to resolve rapidly the adaptive challenges and secure the daily functioning. Adaptive

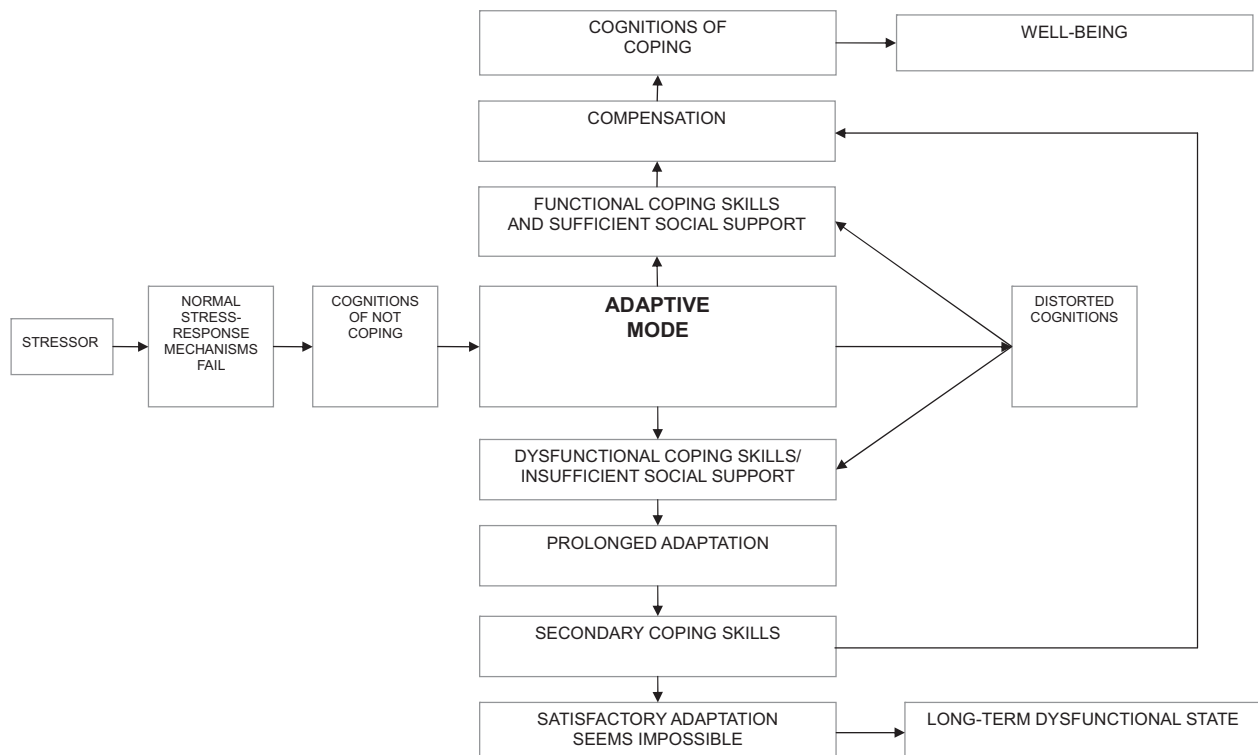


Fig. 1. The adaptive struggle. Arrows pointing up indicate the direction of the functional adaptive struggle, and arrows pointing down refer to the dysfunctional adaptive struggle.

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