

Does Mental Illness Exist?

by Lawrence Stevens, J.D.

All diagnosis and treatment in psychiatry, especially biological psychiatry, presupposes the existence of something called mental illness, also known as mental disease or mental disorder. What is meant by *disease*, *illness*, or *disorder*? In a semantic sense *disease* means simply *dis-ease*, the opposite of ease. But by disease we don't mean *anything* that causes a lack of ease, since this definition would mean losing one's job or a war or economic recession or an argument with one's spouse qualifies as "disease". In his book *Is Alcoholism Hereditary?* psychiatrist Donald W. Goodwin, M.D., discusses the definition of disease and concludes "Diseases are something people see doctors for. ... Physicians are consulted about the problem of alcoholism and therefore alcoholism becomes, by this definition, a disease" (Ballantine Books, 1988, p. 61). Accepting this definition, if for some reason people consulted physicians about how to get the economy out of recession or how to solve a disagreement with one's mate or a bordering nation, these problems would also qualify as disease. But clearly this is not what is meant by "disease". In his discussion of the definition of disease, Dr. Goodwin acknowledges there is "a narrow definition of disease that requires the presence of a biological abnormality" (ibid).

In this pamphlet I will show that there are no biological abnormalities responsible for so-called mental illness, mental disease, or mental disorder, and that therefore *mental illness has no biological existence*. Perhaps more importantly, however, I will show that mental illness also has no non-biological existence - except in the sense that the term is used to indicate *disapproval* of some aspect of a person's mentality.

The idea of mental illness as a biological entity is easy to refute. In 1988, Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Matthysse, Ph.D., Associate Professor of Psychobiology, both of Harvard Medical School, said "an impartial reading of the recent literature does not provide the hoped-

for clarification of the catecholamine hypotheses, nor does compelling evidence emerge for other biological differences that may characterize the brains of patients with mental disease" (*The New Harvard Guide to Psychiatry*, Harvard Univ. Press, p. 148). In 1992 a panel of experts assembled by the U.S. Congress Office of Technology Assessment concluded: "Many questions remain about the biology of mental disorders. In fact, research has yet to identify specific biological causes for any of these disorders. ... Mental disorders are classified on the basis of symptoms because there are as yet no biological markers or laboratory tests for them" (*The Biology of Mental Disorders*, U.S. Gov't Printing Office, 1992, pp. 13-14, 46-47).

In his book *The Essential Guide to Psychiatric Drugs*, Columbia University psychiatry professor Jack M. Gorman, M.D., said "We really do not know what causes any psychiatric illness" (St. Martin's Press, 1990, p. 316). In his book *The New Psychiatry* another Columbia University psychiatry professor, Jerrold S. Maxmen, M.D., said "It is generally unrecognized that psychiatrists are the *only* medical specialists who treat disorders that, by definition, have no definitively known causes or cures. ... A diagnosis should indicate the cause of a mental disorder, but as discussed later, since the etiologies of most mental disorders are unknown, current diagnostic systems can't reflect them" (Mentor, 1985, pp. 19 & 36 - emphasis in original). In his book *Toxic Psychiatry*, psychiatrist Peter Breggin, M.D., said "there is no evidence that any of the common psychological or psychiatric disorders have a genetic or biological component" (St. Martin's Press, 1991, p. 291).

It is sometimes argued that psychiatric drugs "curing" (stopping) the thinking, emotions, or behavior that is called mental illness proves the existence of biological causes of mental illness. This argument is easily refuted: Suppose someone was playing the piano and you didn't like him doing that. Suppose you forced or persuaded him to take a drug that disabled him so severely that he couldn't play the piano anymore. Would this prove his piano playing was caused by a biological abnormality that was cured by the drug? As senseless as this argument is, it is often made. Most if not all psychiatric drugs are neurotoxic, producing a greater or lesser degree of generalized neurological disability. So they *do* stop disliked behavior and may mentally disable a person enough he can no longer feel angry or unhappy or "depressed". But calling this a "cure" is absurd.

Extrapolating from this that the drug must have cured an underlying biological abnormality that was causing the disliked emotions or behavior is equally absurd.

When confronted with the lack of evidence for their belief in mental illness as a biological entity, some defenders of the concept of mental illness will assert that mental illness can exist and can be defined as a "disease" *without* there being a biological abnormality causing it. The idea of mental illness as a nonbiological entity requires a more lengthy refutation than the biological argument.

People are thought of as mentally ill only when their thinking, emotions, or behavior is contrary to what is considered acceptable, that is, when others (or the so-called patients themselves) dislike something about them. One way to show the absurdity of calling something an illness not because it is caused by a biological abnormality but only because we dislike it or disapprove of it is to look at how values differ from one culture to another and how values change over time.

In his book *The Psychology of Self-Esteem*, Nathaniel Branden, Ph.D., a psychologist, wrote: "One of the prime tasks of the science of psychology is to provide definitions of mental health and mental illness. ...But there is no general agreement among psychologists and psychiatrists about the nature of mental health or mental illness - no generally accepted definitions, no basic standard by which to gauge one psychological state or other. Many writers declare that no objective definitions and standards can be established - that a basic, universally applicable concept of mental health is impossible. They assert that, since behavior which is regarded as healthy or normal in one culture may be regarded as neurotic or aberrated in another, all criteria are a matter of 'cultural bias.' The theorists who maintain this position usually insist that the closest one can come to a definition of mental health is: conformity to cultural norms. Thus, they declare that a man is psychologically healthy to the extent that he is 'well-adjusted' to his culture. ... The obvious questions that such a definition raises, are: What if the values and norms of a given society are *irrational*? Can mental health consist of being well-adjusted to the irrational? What about Nazi Germany, for instance? Is a cheerful servant of the Nazi state - who feels serenely and happily at home in his social environment - an exponent of mental health?" (Bantam

Books, 1969, pp. 95-96, emphasis in original). Dr. Branden is doing several things here: First, he is confusing morality and rationality, saying that respect for human rights is rational when in fact it is not a question of rationality but rather of morality. So psychologically and emotionally locked into and blinded by his values is he that Dr. Branden is evidently incapable of seeing the difference.

Additionally, Dr. Branden is stating some of his values. Among these values are: Respect for human rights is good; violation of human rights (like Naziism) is bad. And he is saying: Violating these values is "irrationality" or mental illness. Although their practitioners won't admit it and often are not even aware of it, psychiatry and "clinical" psychology in their very essence are about values - values concealed under a veneer of language that makes it sound like they are not furthering values but promoting "health". The answer to the question Dr. Branden poses is: A person living in Nazi Germany and well-adjusted to it was "mentally healthy" judged by the values of his own society. Judged by the values of a society which respects human rights he was as sick (metaphorically speaking) as the rest of his culture. A person like myself however says that such a person is morally "sick" and recognizes that the word *sick* has not its literal but a metaphorical meaning. To a person like Dr. Branden who believes in the myth of mental illness, such a person is *literally* sick and needs a *doctor*. The difference is that a person like myself is recognizing my values for what they are: morality. Typically, the believer in mental illness, such as Dr. Branden in this quoted passage, has the same values as I do but is confusing them with health.

One of the most telling examples is homosexuality, which was officially defined as a mental disease by the American Psychiatric Association until 1973 but hasn't been since then. Homosexuality was defined as a mental disorder on page 44 of the American Psychiatric Association's standard reference book, *DSM-II: Diagnostic and Statistical Manual of Mental Disorders* (the 2nd Edition), published in 1968. In that book, "Homosexuality" is categorized as one of the "Sexual deviations" on page 44. In 1973 the American Psychiatric Association voted to remove homosexuality from its official diagnostic categories of mental illness. (See "An Instant Cure", *Time* magazine, April 1, 1974, p. 45). So when the third edition of this book was published in 1980 it said "homosexuality itself is not considered a mental disorder" (p. 282). The 1987 edition of *The Merck Manual of Diagnosis and Therapy* states: "The American Psychiatric Association no longer considers homosexuality a psychiatric disease" (p. 1495). If

mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease. But mental illness *isn't* "an illness like any other illness." Unlike physical disease where there are physical facts to deal with, mental "illness" is entirely a question of values, of right and wrong, of appropriate versus inappropriate.

At one time homosexuality seemed so weird and hard to understand it was necessary to invoke the concept of mental disease or mental illness to explain it. After homosexuals made a big enough spectacle of themselves and showed their "strength in numbers" and successfully demanded at least a small measure of social acceptance, it was no longer necessary and no longer seemed appropriate to explain homosexuality as a disease.

A cross-cultural example is suicide. In many countries, such as the United States and Great Britain, a person who commits suicide or attempts to do so or even thinks about it seriously is considered mentally ill. However, this has not always been true throughout human history, nor is it true today in all cultures around the world. In his book *Why Suicide?*, psychologist Eustace Chesser points out that "Neither Hinduism nor Buddhism have any intrinsic objections to suicide and in some forms of Buddhism self-incineration is believed to confer special merit." He also points out that "The Celts scorned to wait for old age and enfeeblement.

They believed that those who committed suicide before their powers waned went to heaven, and those who died of sickness or became senile went to hell - an interesting reversal of Christian doctrine" (Arrow Books Ltd., London, England, 1968, p. 121-122). In his book *Fighting Depression*, psychiatrist Harvey M. Ross, M.D., points out that "Some cultures expect the wife to throw herself on her husband's funeral pyre" (Larchmont Books, 1975, p. 20). Probably the best known example of a society where suicide is socially acceptable is Japan. Rather than thinking of suicide or "hara-kiri" as the Japanese call it as almost always caused by a mental disease or illness, the Japanese in some circumstances consider suicide the normal, socially acceptable thing to do, such as when one "loses face" or is humiliated by some sort of failure. Another example showing suicide is considered normal, not crazy, in Japanese eyes is the kamikaze pilots Japan used against the U.S. Navy in World War II. They were given

enough fuel for a one-way trip, a suicide mission, to where the attacking U.S. Navy forces were located and deliberately crashed their airplanes into the enemy ships. There has never been an American kamikaze pilot, at least, none officially sponsored by the United States government. The reason for this is different attitudes about suicide in Japan and America.

Could suicide be committed only by people with psychiatric illnesses in America and yet be performed by normal persons in Japan? Or is acceptance of suicide in Japan a failure or refusal to recognize the presence of psychological abnormalities which necessarily must be present for a person to voluntarily end his or her own life? Were the kamikaze pilots mentally ill, or did they and the society they come from simply have different values than we do? Even in America, aren't virtually suicidal acts done for the sake of one's fellow soldiers or for one's country during wartime thought of not as insanity but as bravery? Why do we think of such persons as heroes rather than lunatics? It seems we condemn (or "diagnose") suicidal people as crazy or mentally ill only when they end their own lives for selfish reasons (the "I can't take it any more" kind of reasons) rather than for the benefit of other people. The real issue seems to be selfishness rather than suicide.

What these examples show is that "mental illness" is simply deviance from what people want or expect in any particular society. *"Mental illness" is anything in human mentality greatly disliked by the person describing it.*

The situation was aptly summed up in an article in the November 1986 *Omni* magazine: "Disorders come and go. Even Sigmund Freud's concept of neurosis was dropped in the original DSM-III (1980). And in 1973 APA [American Psychiatric Association] trustees voted to wipe out almost all references to homosexuality as a disorder. Before the vote, being gay was considered a psychiatric problem. After the vote the disorder was relegated to psychiatry's attic. 'It's a matter of fashion,' says Dr. John Spiegel of Brandeis University, who was president of the APA in 1973, when the debate over homosexuality flared. 'And fashions keep changing'" (p. 30).

What is wrong with this approach is describing people as having a psychiatric "disease" or "illness" only because he or she

doesn't match up with a supposed diagnostician's or with other people's idea of how a person "should" be in standards of dress, behavior, thinking, or opinion. When it involves violating the rights of others, nonconformity with social norms or values must be curbed or stopped with various measures, criminal law being one example. But calling nonconformity or disliked behavior a "disease" or assuming it must be caused by a disease only because it is unacceptable according to currently prevailing values makes no sense. What causes us to do this is not knowing the *real* reasons for the thinking, emotions, or behavior we dislike. When we don't understand the real reasons, we create myths to provide an explanation. In prior centuries people used myths of evil spirit or demon possession to explain unacceptable thinking or behavior. Today most of us instead believe in the myth of mental illness. Believing in mythological entities such as evil spirits or mental illnesses gives an illusion of understanding, and believing a myth is more comfortable than acknowledging ignorance.

Calling disapproved thinking, emotions, or behavior a mental illness might be excusable if mental illness was a useful myth, but it isn't. Rather than helping us deal with troubled or troublesome persons, the myth of mental illness distracts us from the real problems that need to be faced. Rather than being caused by a "chemical imbalance" or other biological problem, the nonconformity, misbehavior, and emotional reactions we call mental illness are the result of difficulties people have getting their needs met and the behavior some people have *learned* during their lifetimes. The solutions are teaching people how to get their needs met, how to behave, and using whatever powers of enforcement are needed to force people to respect the rights of others. These are the tasks of education and law enforcement, not medicine or therapy.

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients". He has published a series of pamphlets about various aspects of psychiatry, including psychiatric drugs, electroshock, and psychotherapy. His pamphlets are not copyrighted. You are invited to make copies for distribution to those you think will benefit.

1996 UPDATE:

"... modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness." David Kaiser,

M.D., [Commentary: Against Biologic Psychiatry](#), December 1996
Psychiatric Times.

1997 UPDATE:

"We really do not know what causes any psychiatric illness." Jack M. Gorman, M.D., Professor of Psychiatry at Columbia University, in his book *The Essential Guide to Psychiatric Drugs - Third Edition* (St. Martin's Press, New York, [1997](#)), p. 314. The same statement in the 1990 edition was quoted above in Mr. Stevens' article, "Does Mental Illness Exist?"

1998 UPDATES:

"Contrary to what is often claimed, no biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients." Elliot S. Valenstien, Ph.D., Professor Emeritus of Psychology and Neuroscience at the University of Michigan, in his book *Blaming the Brain: The Truth About Drugs and Mental Health* (The Free Press, New York, 1998), p. 125.

"...there are no external validating criteria for psychiatric diagnoses. There is neither a blood test nor specific anatomic lesions for any major psychiatric disorder." *From a [letter](#) dated December 4, 1998 by Loren R. Mosher, M.D., a psychiatrist, resigning from the American Psychiatric Association.*

1999 UPDATES:

"... all 5 million to 6 million children on these drugs [for hyperactivity] are normal. The country's been led to believe that all painful emotions are a mental illness and the leadership of the APA [American Psychiatric Association] knows very well that they are representing it as a disease when there is no scientific data to confirm any mental illness." Neurologist [Fred Baughman](#), quoted in *Insight* magazine, June 28, 1999, p. 13 (underline added).

"...there is no evidence that these mental illnesses, such as ADHD, exist." Psychiatrist Peter Breggin, quoted in *Insight* magazine, June 28, 1999, p. 13. ADHD is attention deficit hyperactivity disorder.

2000 UPDATES:

"In medicine, strict criteria exist for calling a condition a disease. In

addition to a predictable cluster of symptoms, the cause of the symptoms or some understanding of their physiology must be established. ... Psychiatry is unique among medical specialties in that... We do not yet have proof either of the cause or the physiology for any psychiatric diagnosis. ... In recent decades, we have had no shortage of alleged biochemical imbalances for psychiatric conditions. Diligent though these attempts have been, not one has been proven. Quite the contrary. In every instance where such an imbalance was thought to have been found, it was later proven false. ... No claim of a gene for a psychiatric condition has stood the test of time, in spite of popular misinformation." [Joseph Glenmullen, M.D.](#), clinical instructor in psychiatry at Harvard Medical School, in his book *Prozac Backlash* (Simon & Schuster, New York, 2000), pages 192-193, page 196, and page 198.

"A disease is a condition that has a known cause and can be identified by one or another set of laboratory tests." Miryam Ehrlich Williamson, *Fibromyalgia: A Comprehensive Approach*, 2000, [Chapter 1](#).

"There is no evidence that any psychiatric or psychological disorder is caused by a biochemical imbalance." Peter R. Breggin, M.D., in his book [Reclaiming Our Children](#) (Persues Books, Cambridge, Mass., 2000), page 139.

"First, no biological etiology has been proven for any psychiatric disorder (except Alzheimer's disease, which has a genetic component) in spite of decades of research. ... So don't accept the myth that we can make an 'accurate diagnosis.' ... Neither should you believe that your problems are due solely to a 'chemical imbalance.'" Edward Drummond, M.D., Associate Medical Director at Seacoast Mental Health Center in Portsmouth, New Hampshire, in his book *The Complete Guide to Psychiatric Drugs* (John Wiley & Sons, Inc., New York, 2000), pages 15-16. Dr. Drummond graduated from Tufts University School of Medicine and was trained in psychiatry at Harvard University.

2001 UPDATE:

"Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder." Bruce Levine, Ph.D. (psychologist),

Commonsense Rebellion: Debunking Psychiatry, Confronting Society
(Continuum, New York 2001), p. 277.