Mental illness: myth or clinical reality?

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ABSTRACT

Is the construct of "mental Illness" bankrupt? This paper reviews it from different perspectives and disciplines

INTRODUCTION

Someone is considered mentally "ill" if: his conduct rigidly and consistently deviates from the typical, average behavior of all oth--er people in his culture and society that fit his profile (whether this conventional behavior is moral or rational is immaterial), or his judgment and grasp of objective, physical reality is impaired, and his conduct is not a matter of choice but is innate and irresistible, and his behavior causes him or others discomfort, and is dysfunctional, self-defeating, and self-destructive even by his own yardsticks.

Descriptive criteria aside, what is the essence of mental disorders? Are they merely physiological disorders of the brain, or, more precisely of its chemistry? If so, can they be cured by restoring the balance of substances and secretions in that mysterious organ? And, once equilibrium is reinstated is the illness "gone" or is it still lurking there, "under wraps", waiting to erupt? Are psychiatric problems inherited, rooted in faulty genes (though amplified by environmental factors) or brought on by abusive or wrong nurturance? These questions are the domain of the "medical" school of mental health. Others cling to the spiritual view of the human psyche. They believe that mental ailments amount to the metaphysical discomposure of an unknown medium the soul. Theirs is a holistic approach, taking in the patient in his or her entirety, as well as his milieu. The members of the functional school regard mental health disorders as perturbations in the proper, statistically "normal", behaviors and manifestations of "healthy" individuals, or as dysfunctions. The "sick" individual ill at ease with himself (ego-dystonic) or making others unhappy (deviant) is "mended" when rendered functional again by the prevailing standards of his social and cultural frame of reference. In a way, the three schools are akin to the trio of blind men who render disparate descriptions of the very same elephant. Still, they share not only their subject matter – but, to a counter intuitively large degree, a faulty methodology.

As the renowned anti-psychiatrist, Thomas Szasz, of the State University of New York, notes in his article "The Lying Truths of Psychiatry", mental health scholars, regardless of academic predilection, infer the etiology of mental disorders from the success or failure of treatment modalities.

This form of "reverse engineering" of scientific models is not unknown in other fields of science, nor is it unacceptable if the experiments meet the criteria of the scientific method. The theory must be all-inclusive (anamnestic), consistent, falsifiable, logically compatible, monovalent, and parsimonious. Psychological "theories" – even the "medical" ones (the role of serotonin and dopamine in mood disorders, for instance) – are usually none of these things. The outcome is a bewildering array of ever-shifting mental health "diagnoses" expressly centered around Western civilization and its standards (example: the ethical objection to suicide). Neurosis, a historically fundamental "condition" vanished after 1980. Homosexuality, according to the American Psychiatric Association, was a pathology prior to 1973. Seven years later, narcissism was declared a "personality disorder", almost seven decades after it was first described by Freud. Prominent psychiatrists have taken to accusing the committee that is busy writing the next, fifth edition of the DSM (to be published in 2013) of anthologizing large swathes of the population:

"Two eminent retired psychiatrists are warning that the revision process is fatally flawed. They say the new manual, to be known as DSM-V, will extend definitions of mental illnesses so broadly that tens of millions of people will be given unnecessary and risky drugs. Leaders of the American Psychiatric Association (APA), which publishes the manual, have shot back, accusing the pair of being motivated by their own financial interests - a charge they deny." (New Scientist, "Psychiatry's Civil War", December 2009).

Perhaps the two tests of whether a set of cognitions, emotions, and

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behaviors constitutes a clinical entity should be:

Invariance is it considered a mental illness across all cultures, periods in history, and societies? If it is, chances are that we are dealing with an objective, ontological, immutable diagnosis.

Is it the outcome of an ego-syntonic personal philosophy or ideology? If it is, chances are that this is a culture-bound syndrome, not a mental illness.

The biochemistry and genetics of mental health

Certain mental health afflictions are either correlated with a statistically abnormal biochemical activity in the brain or are ameliorated with medication. Yet the two facts are not ineludibly facets of the same underlying phenomenon. In other words, that a given medicine reduces or abolishes certain symptoms does not necessarily mean they were caused by the processes or substances affected by the drug administered. Causation is only one of many possible connections and chains of events.

To designate a pattern of behavior as a mental health disorder is a value judgment, or at best a statistical observation. Such designation is effected regardless of the facts of brain science. Moreover, correlation is not causation. Deviant brain or body biochemistry (once called "polluted animal spirits") do exist but are they truly the roots of mental perversion? Nor is it clear which triggers what: do the aberrant neurochemistry or biochemistry cause mental illness or the other way around?

That psychoactive medication alters behavior and mood is indisputable. So do illicit and legal drugs, certain foods, and all interpersonal interactions. That the changes brought about by prescription are desirable is debatable and involves tautological thinking. If a certain pattern of behavior is described as (socially) "dysfunctional" or (psychologically) "sick" - clearly, every change would be welcomed as "healing" and every agent of transformation would be called a "cure".

The same applies to the alleged heredity of mental illness. Single genes or gene complexes are frequently "associated" with mental health diagnoses, personality traits, or behavior patterns. But too little is known to establish irrefutable sequences of causes-and-effects. Even less is proven about the interaction of nature and nurture, genotype and phenotype, the plasticity of the brain and the psychological impact of trauma, abuse, upbringing, role models, peers, and other environmental elements.

Nor is the distinction between psychotropic substances and talk therapy that clear-cut. Words and the interaction with the therapist also affect the brain, its processes and chemistry- albeit more slowly and, perhaps, more profoundly and irreversibly. Medicines as David Kaiser reminds us in "Against Biologic Psychiatry" (Psychiatric Times, Volume XIII, Issue 12, December 1996) – treat symptoms, not the underlying processes that yield them.

The variance of mental disease

If mental illnesses are bodily and empirical, they should be invariant both temporally and spatially, across cultures and societies. This, to some degree, is, indeed, the case. Psychological diseases are not context dependent – but the pathologizing of certain behaviors is. Suicide, substance abuse, narcissism, eating disorders, antisocial ways,

schizotypal symptoms, depression, even psychosis are considered sick by some cultures and utterly normative or advantageous in others.

This was to be expected. The human mind and its dysfunctions are alike around the world. But values differ from time to time and from one place to another. Hence, disagreements about the propriety and desirability of human actions and inaction are bound to arise in a symptom-based diagnostic system.

As long as the pseudo-medical definitions of mental health disorders continue to rely exclusively on signs and symptoms i.e., mostly on observed or reported behaviors they remain vulnerable to such discord and devoid of much-sought universality and rigor.

Mental disorders and the social order

The mentally sick receive the same treatment as carriers of AIDS or SARS or the Ebola virus or smallpox. They are sometimes quarantined against their will and coerced into involuntary treatment by medication, psychosurgery, or electroconvulsive therapy. This is done in the name of the greater good, largely as a preventive policy.

Conspiracy theories notwithstanding, it is impossible to ignore the enormous interests vested in psychiatry and psychopharmacology. The multibillion dollar industries involving drug companies, hospitals, managed healthcare, private clinics, academic departments, and law enforcement agencies rely, for their continued and exponential growth, on the propagation of the concept of "mental illness" and its corollaries: treatment and research.

"The wording used in the DSM has a significance that goes far beyond questions of semantics. The diagnoses it enshrines affect what treatments people receive, and whether health insurers will fund them. They can also exacerbate social stigmas and may even be used to deem an individual such a grave danger to society that they are locked up ... Some of the most acrimonious arguments stem from worries about the pharmaceutical industry's influence over psychiatry. This has led to the spotlight being turned on the financial ties of those in charge of revising the manual, and has made any diagnostic changes that could expand the use of drugs especially controversial."

Mental ailment as a useful metaphor

Abstract concepts form the core of all branches of human knowledge. No one has ever seen a quark, or untangled a chemical bond, or surfed an electromagnetic wave, or visited the unconscious. These are useful metaphors, theoretical entities with explanatory or descriptive power.

"Mental health disorders" are no different. They are shorthand for capturing the unsettling quiddity of "the Other". Useful as taxonomies, they are also tools of social coercion and conformity, as Michel Foucault and Louis Althusser observed. Relegating both the dangerous and the idiosyncratic to the collective fringes is a vital technique of social engineering.

The aim is progress through social cohesion and the regulation of innovation and creative destruction. Psychiatry, therefore, is reifies society's preference of evolution to revolution, or, worse still, to mayhem. As is often the case with human endeavor, it is a noble cause, unscrupulously and dogmatically pursued.

Another useful metaphor is to consider mental illness as a kind of self-perpetuating viral organism, which injects negative statements

into the mind of the patient (nod to Cognitive-Behavioral Therapy, or CBT). Like every organism, it strives to perpetuate its existence, transfer its genes (its life-negating, dysfunctional, and self-defeating theorems), and fend off its enemies. Often, the patient reports feeling "invaded" or "body-snatched" by his disorders, which he experiences as "alien" to his core or essence.

Note on the medicalization of sin and wrongdoing

With Freud and his disciples started the medicalization of what was hitherto known as "sin", or wrongdoing. As the vocabulary of public discourse shifted from religious terms to scientific ones, offensive behaviors that constituted transgressions against the divine or social orders have been relabelled. Self-centeredness and dysempathic egocentricity have now come to be known as "pathological narcissism"; criminals have been transformed into psychopaths, their behavior, though still described as anti-social, the almost deterministic outcome of a deprived childhood or a genetic predisposition to a brain biochemistry gone awry - casting in doubt the very existence of free will and free choice between good and evil. The contemporary "science" of psychopathology now amounts to a godless variant of Calvinism, a kind of predestation by nature or by nurture.

The conspiracy of symptoms: mental illness as a network-metaphor or reality?

Network methodology and concepts are recently being applied to mental health disorders (psychopathology): symptoms are treated as nodes, causally interconnected via biological, psychological, and societal mechanisms.

Symptoms can become self-sustaining and self-reinforcing as they get integrated in robust feedback loops. The entire network than becomes chaotic (disordered). Stable states of networked symptoms amount to discreet mental health diagnoses.

This reconception of mental illness as a network of directly and dynamically interacting symptoms is a reversal of the medicalized, static common cause and latent variable model where symptoms are brought on by a single mental health syndrome or disorder

In these nascent models, the emphasis is on internal psychodynamic etiology. They neglect social and interpersonal interactions as major drivers of mental dysfunction. Indeed, incorporating other people in such diagrammatic will serve the flesh out the network, materialize it, put on a human face on it, and connect the internal to the external, as is the case in real life. Interactions with significant others or strangers, intimate partners, or colleagues, family, and friends are as symptom-inducing as any neurotransmitter. Indeed, they are often the direct cause for such secretions and for most crucial and relevant network effects and cascades in the first place.

Networks are not a new concept. As Douglas Hofstadter noted in "Godel, Escher, Bach", Indra's bejeweled Net is 3000 years old. The most modern incarnations of this organizational principle have to do with computing and business.

National economies and the global arena are set up as networks of producers, suppliers, and consumers or users. Indeed, the network is one of two organizing principles in business, the other being hierarchy. Business units' process flows of information, power, and economic benefits and distribute them among the various stakeholders (management, shareholders, workers, consumers, government, communities, etc.)

Similarly, neural networks are used to process information (both endogenous and exogenous), convey instructions and programming, allocate energy, and monitor and distribute outcomes among its corporeal clients. They bring together producers of signaling and catalyzing molecules and their consumers and end-users: various tissues and body systems.

In mental health networks, it is possible that symptoms act like thermodynamic sinks, draining data generated from within and from without and filtered via psychological constructs, defense mechanisms, memories, core identity, socialized roles, inhibitions, and internal and external objects.

Within networks, timing determines priority and privileged access. First movers (pioneers, early adopters, or processes which immediately follow stimuli such as triggers) benefit the most from network effects. In hierarchies, positioning is spatial, not temporal: one's slot in the pyramid determines one's outcomes.

But this picture is completely reversed when we consider interactions with the environment: The spatial scope and structure of the network (e.g., the number of nodes, the geographic coverage) determine its success while the storied history of the hierarchy (its longevity, in other words: its temporal aspect) is the best predictor of its reputational capital and its capacity for wealth or signal generation.

Counterintuitively, access to information and the power it affords are not strongly correlated with accrued benefits. In networks, information and power flow horizontally: everyone (or everything, every node) is equipotent and isomorphic. Like a fractal or a crystal, every segment of the network is identical to the other both structurally and functionally (isomorphism). But benefits accrue vertically to the initiators of the network and are heavily dependent on tenure and mass: the number of nodes "under" the actor. Thus, the earlier participants or members enjoy an exponentially larger share of the benefits than latecomers (MLM commissions, ad revenues in business or access to mental resources and processing power in psychology).

In hierarchies, benefit accrual is also closely correlated with one's position in the organization and, less often, with one's tenure. Power, information, and benefits are skewed and flow vertically and asymmetrically: the hierarchical organization is based on diminishing potency and heteromorphic (no functional cross-section of the structure resembles another). Members of the hierarchy experience an external locus of control and often develop alloplastic defenses (they blame the world for their failures and errors) and passive-aggressive reactive patterns.

As usual, evolution borrowed the best of all possible worlds, models, structural engineering approaches, and action principles. In living

organisms and even more so in human psychology, hierarchies combine with networks seamlessly to yield optimal favorable outcomes.

Consider this apex and culmination of creation: the brain.

Neural activity in the brain is subject to thresholds of activation and excitation which accrue in multiple populations or units. This structure is midway between a network and a hierarchy and resembles the stock exchange with its trading curbs or circuit breakers (where every equidistant participant is equipotent, at least ideally).

Networks evolve from informal, diffuse structures to increasingly formal ones. Hierarchies go the other way: from formal to informal. The formal hierarchy ends up playing host to numerous informal networks (e.g. in the boardroom or in the neoplastic brain as it re-wires its pathways).

In business, over time and as size increases, informal networks tend to introduce terms of service, regulations, and etiquette that render them less nimble and more focused. In the brain, they generate proteins that code for memories and are stable structures within otherwise plastic neural pathways.

Finally, hierarchies tend to concentrate their concerted efforts on problem-solving and on fending off challenges. They seek equilibrium and homeostasis and avoid creative destruction, disruptive technologies, and paradigm-altering innovation.

In the business world, networks thrive on challenges and novelty. They benefit from disequilibrium and disruption. They foster technological instability as well as other forms of chaotic interaction such as creative disruption and creative destruction. Consequently, they tend to attract mavericks and entrepreneurs, not managers and academics, for instance.

Again, the brain is a delicate balancing act between these two models with interspersed and interacting stable and stochastic structures. Exactly like in the twin cases of cancer and viruses-lethal mutative pathologies which serve also as evolutionary agents-mental illness may be a way to experiment with variations on the themes of mental health in order to yield or discover higher, more efficient organizational structures, principles, and processes.

Both hierarchies and networks are homophilic (attract same-minded people, and similar stimuli, information, constituents, or elements) and, therefore, acts as "sinks". Both are threatened by confirmation bias and by the emergence of in-house monocultures which are susceptible to external shocks ("silos").

But networks are far better suited to leverage synergies: they are less rigid than hierarchies and, as a result, have the upper hand as far as coordinated emergent response times and dissemination of new information go. Networks are also far better suited to optimize their social or peer capital (same tissue biological cells or neurons are such

"peers") because they emphasize social, peer-to-peer interactions over top-down flows.

Networks go through a life cycle which can be divided to three phases: 1. Memetic Phase
2. Network Effects Phase
3. Collapse Phase

The Memetic Phase is autonomous and based on the distributed replication of memes. It is characterized by fecundity (replication) but not by fidelity (authenticity of replicated memes), or longevity.

We use emotions and cognitions to fixate memories and contextualize them precisely for this reason. In many mental health conditions, this process is interrupted by various forms of dissociation, by infantile and regressive defense mechanisms, by cognitive deficits and biases, or *via* emotional dysregulation.

The transition to the phase of network effects (network externality) is based on a bandwagon effect: a positive feedback loop enhances the value of the network for its members and users the greater their number is.
The more insulated the network is, the more of a self-sufficient and self-sustaining ecosystem it is, the greater its value to its members. But a degree of openness to the environment is critical to ensure proper regulation, validation, calibration, and verification within a regime of non-impaired, functional testing of reality.

Various psychotherapies emphasize the former self-reinforcing aspects of networks (CBT) or the latter, homeostatic functions (mindfulness).

The orthodox prevailing wisdom is that as some critical mass or threshold are transcended, the network goes viral. But this is not necessarily good news. In nature, viral pandemics self-limit and peter out. Ageing-related mental health disorders can be thought of the unfortunate by-products of the inexorable process of winding down of an organism once "herd immunity" had been established in its natural, now immune, hosts.

Similarly, all networks decline, decay and collapse if they fail to activate their members: monopolize or consume their time, monetize their eyeballs, reward them for time spent within the network, or otherwise create value added intrinsically or extrinsically. Similarly, incipient networks decay in the brain if they fail to excite or activate a neural pathway or if they lack feedback from the body.

Various reinforcement techniques leverage this principle to inculcate in the target some pathology or to eradicate it (healing) by flooding the mind (brain) with the relevant, behavior-triggering, signals and messages or by starving the unhealthy mind of the cues that provoke the illness. Social media make abundant use of these psychological insights and revelations to foster operant conditioning and long-term addiction in their unfortunate users.

Also, if the network is totally sealed off and homophilic is biased as

far as information and membership flows are concerned, is subject to solipsistic confirmation bias it is doomed to collapse.

Following the collapse, the network can survive as a remnant, as a residual network ("neutron star network"), or as an archive ("memory" or "identity" which is a set of memories organized into reframed narratives).

Certain mental health conditions, such as psychotic disorders, mimic such solipsism by confusing and conflating internal objects with external ones. Consequently, no information is granted a privileged position, no data are deemed "objective". This hyperflexive confusion makes it impossible for the patient to generate self-efficacious feedback loops based on proper reality testing.

All told, networks thrive when two conditions are met rigorously:

(1) When they generate meaning intrinsically, no matter how outlandish it is (consider religions, scientology, and inane or eccentric cults such as flat Earthers, birthers, or believers in reptilian aliens as the true rulers of humanity).

Such self-generated meaning bonds the members and affords them a feeling of "home", of affiliated exclusivity, of belonging to a brotherhood. It also provides them with a narcissistic boost due to their access to arcane or occult knowledge.

Networks decay when meaning is exclusively imported (extrinsic) or even when it arises only as a result of the network's interactions with other exegetic, nomological, or hermeneutic systems.
Mental illness may be exactly this: an exclusively internal generation of meaning which is not subjected to unimpaired or rigorous friction with reality.

(2) Networks thrive when they generate value endogenously, by empowering and gratifying their members as they leverage the total resources of the network. Political parties, social media, institutional religions, and the Freemasons are examples of such networks.

Networks decay when they depend on the outside for value creation (exogenous value proposition). Even hybrid networks – such as MLMs (Multi-Level Marketing) - are doomed to fail ultimately owing to this dependence.

Again, mental illness is largely solipsistic (for example, in the cases of delusions or hallucinations). It serves to restore both ego-syntony and self-efficacy. It is therefore of critical value to the mentally ill patient. This might explain why curing mental illness and healing are so difficult to accomplish: mental disorders, in most cases, are positive adaptations which allow for the optimization of scarce resources under the constraints of the individual's idiosyncratic personality and chaotic life circumstances.

Thus, the more insulated, self-contained, and self-sufficient the network and its memeplex are as far as generating meaning (goals)

and value (benefits, both emotional and economic) the longer it survives and the more it prospers. Facebook and Apple are prime examples of such insular, closed, exclusive ecosystems. Mental illness is another such instance.

"My aim with this book was to document the fundamental problems I see with research practices in psychology and how we can fix them. The seven sins, in turn, are bias, hidden flexibility, unreliability, data hoarding, corruptibility, internment and bean counting. They cover the full spectrum of academic practice, from the way we design and report experiments, to the way we handle fraud cases, to the bizarre ways we attempt to measure the quality of science and scientists.

Let's take the first sin as an example. One major form of bias is publication bias: a well-known form of malpractice in which journals selectively publish results that are clear and novel, rejecting studies of equivalent quality that happened to produce negative or less conclusive findings. Because researchers must publish or perish, publication bias in turn drives researchers to engage in biased research practices to produce publishable results, regardless of whether those results are credible. One such routine practice is a form of hindsight bias in which an unexpected result (usually cherry picked out of a dataset) is written up as though the author predicted it from the beginning. Reinventing history helps authors create more compelling narratives, but such inferences are no different to randomly spraying a wall with a machine gun and then drawing a bullseye around wherever the bullets happened to land.

One of the best ways to guard against bias is study pre-registration: writing down in advance our study predictions, how we plan to acquire data, and how we plan to analyse it once we get it. In science it makes sense to treat our future self as a different person to our past self, and indeed to treat that person as a hostile entity. Past me may be genuinely interested in the answer to a question, but future me knows that I need to play the academic game to advance my career, and so will tempt me toward bias. Past me can help keep future me honest by pre-registering his intentions.

In turn, journals have the power to eliminate bias by deciding what gets published based on detailed study protocols, before results even exist. This new format of publication, called a Registered Report, breaks the cycle of bias and holds great promise for improving the reliability of published research. Even though Registered Reports began in psychology, they have now been adopted by journals in psychiatry, nutrition, computer science, political science, and many other fields. The 50th journal to launch them was BMC Biology, showing the potential for psychology to help formulate solutions in neighboring disciplines.

So much has been said now about the reproducibility crisis, both in psychology and science in general, that none can honestly profess ignorance. And yet so many remain silent. I see these people much as I see my former self: experts at winning, lawyering their way through their academic careers; otherwise intelligent people cranking the handle in a broken machine. They don't care if the system is broken because it seems to work for them. They don't see how psychology is failing its public mission because their careers succeeded.

On the other hand, I have a deep and abiding respect for senior psychologists who are facing up to the reality that we need to change the way we work, and I admire even more the growing ranks of younger scientists who are championing reform. They are chafing against an academic establishment that, far from rewarding their efforts, at times labels them as trouble-makers and terrorists. If reform succeeds it will, in large part, be a victory owed to those scientists who refused to be silenced and forced the powerful to pay attention. The overarching message of my book to them, as to all psychologists, is: stay inspired and keep shouting. Some of us, at least, are listening.

The seven deadly sins of psychology: a manifesto for reforming the culture of scientific practice

Whenever a mental health diagnosis gets a profoundly, awfully bad rep and is stigmatizes and demonized, unscrupulous, third rate "scholars", bordering on con artists, rush to enrich themselves by catering to the grievances of the diagnosed clients. They conjure up, out of whole cloth, flattering "diagnoses" and offer them as aggrandizing consolations to the aggrieved patients.

Three recent examples: shy or quiet borderline (as distinct from the pernicious and destructive disorder), empath (read: glorified, angelic covert narcissist), and high-functioning, "recovered", or productive narcissist and psychopath (not the devastating actual dysfunctions). Let it be crystal clear: there are no such things as shy borderline, empath, or high-functioning narcissist. These are not clinical entities, you cannot find them in any college or university textbook, and they do not form a part of any academic curriculum or syllabus. There are no studies which support any of these much hyped, exclusively YouTube constructs.

These faux "diagnoses" are proffered to the gullible and to the grandiose by callous, self-styled, avaricious "experts" and "coaches": snake oil salesmen and women with zero real world credentials or track records.

People with debilitating mental illnesses lap these fig leaves up - and pay hand over foot for the privilege - in order to convert themselves from perpetrators to victims and from antisocial to prosocial. It makes them feel good and the purveyors of these shoddy counterfeit wares are laughing all the way to the bank.

Just try to contest or even question these "diagnoses" where they congregate in cyberspace and witness the vicious sniping and backlash by "empaths", the shrill and violent defiance by "shy" and "quiet" borderlines, and the destructive orgies of decompensation and acting out by "productive" and "high-functioning" narcissists.