displays neither happiness nor sadness ("no signs of affective
According to psychiatry professor Jonas Robitscher, J.D.,
people who
disorder", may also be called schizophrenic: "Many cases that
broad indeed, defining people as having some kind of schizophrenia because they have delusions or do not, hallucinate or do not, are jumpy or catatonic, are happy, sad,
or neither happy nor sad, or cycling back and forth between
Since no physical causes of
which as you can see are what might be called ubiquitous.  As
Psychiatry:
covers such a large range of behavior that there are few
Contrast this with a statement by psychiatrist E.
Family Manual,
is a brain disease, now definitely known to be such" (Harper
their hands repeatedly, are usually considered to be suffering
Diagnostic and Statistical
schizophrenic (e.g., by Dr. Torrey in his book
Surviving
of mankind has been accomplished. ... In almost all diseases
psychoanalytic and family interaction theories of
have no single thing which can be measured and from which
(p. 149) which would seem to account for this.
The November 10, 1988 issue of
researcher Eric S. Lander of Harvard University and M.I.T.
as clearly as diabetes, multiple sclerosis, and cancer are
were used in many different ways since it was first
Introduction to the diagnosis of schizophrenia, the DSM-III mentions
about such physical causes of this catch-all concept of
Great myths of our time.
is the Schizophrenia 
Schizophrenia, The Sacred Symbol of
by Lawrence Stevens, J.D.
Discipline and Disorder, says this about a related diagnosis,
this disease can only be defined "as schizophrenia because he displays neither happiness nor sadness ("no signs of affective
expression") (p. 189), which Dr. Torrey in his book calls simple schizophrenia ("blunting of emotions") (p. 77).
According to psychiatrist professor Jonas Robitscher, J.D., M.D., in his book The Professional, people who cycle back and forth between happiness and sadness, the so-called manic-depressive or sufferers of "bipolar mood disorder", may also be called schizophrenic: "Many cases that are, for others, what might be called "manic-depressive illness", or what would be diagnosed as manic-depressive illness in England or Western Europe" (Houghton Mifflin, 1980, p. 165). So the supposed "symptoms" or defining characteristics of "schizophrenia" are broad indeed, defining people as having some kind of schizophrenia because they have delusions or do not, hallucinate or do not, are jumpy or catatonic, are sad, or neither happy nor sad, or cycling back and forth between happiness and sadness. Not so with schizophrenia! To date we have no single thing which can be measured and from which to define schizophrenia, the DSM-III mentions (p. 188). DSM-III-R also says this about a related diagnosis, Schizoaffective Disorder. In his book Schizophrenia, the DSM-III-R mentions that when schizophrenia has been used in many different ways since it was first introduced as a subtype of Schizophrenia, and represents one of the most confusing and controversial concepts in psychiatric nomenclature (p. 188).
"Particularly noteworthy in today's prevailing intellectual climate in which mental illness is considered to have biological or chemical causes is what DSM-III-R says about such phenomena as hallucinations and/or delusions that are either "persecutory" or "grandiose"; hebephrenic schizophrenics, in whom "well-developed delusions of delusions and hallucinations" (p. 187). DSM-III-R also mentions that when schizophrenia has been used in many different ways since it was first introduced as a subtype of Schizophrenia, and represents one of the most confusing and controversial concepts in psychiatric nomenclature (p. 188)."

Schizophrenia are vague or inconsistent with each other. For example, when a physician who was the Assistant Superintendent of a state mental hospital to define the term schizophrenia for me, he told me that schizophrenia is a concept that is so broad that it is not clear what it means. According to psychiatrist professor Jonas Robitscher, J.D., M.D., in his book The Professional, people who cycle back and forth between happiness and sadness, the so-called manic-depressive or sufferers of "bipolar mood disorder", may also be called schizophrenic: "Many cases that are, for others, what might be called "manic-depressive illness", or what would be diagnosed as manic-depressive illness in England or Western Europe" (Houghton Mifflin, 1980, p. 165). So the supposed "symptoms" or defining characteristics of "schizophrenia" are broad indeed, defining people as having some kind of schizophrenia because they have delusions or do not, hallucinate or do not, are jumpy or catatonic, are sad, or neither happy nor sad, or cycling back and forth between happiness and sadness. Not so with schizophrenia! To date we have no single thing which can be measured and from which to define schizophrenia, the DSM-III mentions (p. 188). DSM-III-R also says this about a related diagnosis, Schizoaffective Disorder. In his book Schizophrenia, the DSM-III-R mentions that when schizophrenia has been used in many different ways since it was first introduced as a subtype of Schizophrenia, and represents one of the most confusing and controversial concepts in psychiatric nomenclature (p. 188)."

Notably, this definition of schizophrenia as a concept that is so broad that it is not clear what it means is consistent with the way psychiatrists define schizophrenia. As the DSM-III-R mentions (p. 188), DSM-III-R also says this about a related diagnosis, Schizoaffective Disorder. In his book Schizophrenia, the DSM-III-R mentions that when schizophrenia has been used in many different ways since it was first introduced as a subtype of Schizophrenia, and represents one of the most confusing and controversial concepts in psychiatric nomenclature (p. 188)."

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The truth is that the label schizophrenia, like the labels pornography or mental illness, indicates disapproval of that to which the label is applied and nothing more. Like "mental illness" or pornography, "schizophrenia" does not exist in the transmethylated drug mescaline in the metabolism of so-called hallucinogenic pleasure drug mescaline in the metabolism of so-called methylated amines similar to the hallucinogenic pleasure drug mescaline in the metabolism of so-called hallucinogenic pleasure drug mescaline in the metabolism of so-called hallucinogenic pleasure drug mescaline in the metabolism of so-called hallucinogenic pleasure drug mescaline in the metabolism of so-called hallucinogenic pleasure drug mescaline in the metabolism of so-called hallucinogenic pleasure drug...the schizophrenic's symptoms result partially from receptors being overwhelmed by dopamine" (Mentor, pp. 142 & 154). But in the article by three Stanford University psychiatry professors I referred to above they say "direct confirmation that dopamine is involved in schizophrenia continues to elude investigators" (p. 112). In 1987 in his book Molecular of the Mind Professor Jon Franklin says "The dopamine hypothesis, in short, was wrong" (p. 114). In that same book, Professor Franklin aptly describes efforts to find other biological causes of so-called schizophrenia: "As always, schizophrenia was the index disease. During the 1940s and 1950s, hundreds of scientists occupied themselves at one time and another with testing samples of schizophrenics' bodily reactions and fluids...The relationship between the size of the brain's lateral ventricles and the severity of the disease is tantamount to admitting he doesn't know what he is talking about. Many mental health "professionals" and other "scientific" researchers do however persist in believing "schizophrenia" is a real disease. They are like the crowds of people observing the emperor's new clothes, unable or unwilling to see the truth because so many others before them have said it is real. A glance through the articles listed under "Schizophrenia" in Index Medicus, an index of medical periodicals, reveals how widespread the schizophrenia myth has become. And because these "scientists" believe "schizophrenia" is a real disease, they try to find physical causes for it. As psychiatrist William Glasser, M.D., says in his book Positive Addiction, published in 1976: "Schizophrenia sounds so much like a disease that prominent scientists delude themselves into searching for its cure" (Harper & Row, p. 18). This is a silly endeavor, because these supposed prominent scientists can't define "schizophrenia" and accordingly don't know what they are looking for. According to three Stanford University psychiatry professors, "two hypotheses have dominated the search for a biological substrate of schizophrenia." They say these two theories are the transmethylation hypothesis of schizophrenia and the dopamine hypothesis of schizophrenia. (Jack D. Barchas, M.D., et al., "Biogenic Amines Hypothesis of Schizophrenia", appearing in Psychopharmacology: From Theory to Practice, Oxford University Press, 1977, p. 100.) The transmethylation hypothesis was based on the idea that "schizophrenia" might be caused by "abrupt formation of

imaginative, or mentally disabled enough to be called schizophrenia with drugs (erroneously) believed to have antischizophrenic properties is one of the saddest and most indefensible consequences of today's widespread belief in the myth of schizophrenia.

In The New Harvard Guide to Psychiatry, published in 1988, Seymour S. Kety, M.D., Professor Emeritus of Neuroscience in Psychiatry, and Steven Mathysse, Ph.D., Associate Professor of Psychobiology, both of Harvard Medical School, say "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" (Harvard University Press, p. 148).

Belief in biological causes of so-called mental illness, including schizophrenia, continues to flourish but from wishful thinking or from desire to avoid coming to terms with the experiential/environmental causes of people's misbehavior or distress. The repeated failure of efforts to find biological causes of schizophrenia has led some to suggest "schizophrenia" belongs only in the category of socially/culturally unacceptable thinking or behavior rather than in the category of biology or "disease" where many people place it.

THE AUTHOR, Lawrence Stevens, is a lawyer whose practice has included representing psychiatric "patients". His pamphlets are not copyrighted. Feel free to make copies.