

SCHIZOPHRENIA A Nonexistent Disease

by Lawrence Stevens, J.D.

The word "schizophrenia" has a scientific sound that seems to give it inherent credibility and a charisma that seems to dazzle people. In his book *Molecules of the Mind - The Brave New Science of Molecular Psychology*, University of Maryland journalism professor Jon Franklin calls schizophrenia and depression "the two classic forms of mental illness" (Dell Publishing Co., 1987, p. 119). According to the cover article in the July 6, 1992 *Time* magazine, schizophrenia is the "most devilish of mental illnesses" (p. 53). This *Time* magazine article says "fully a quarter of the nation's hospital beds are occupied by schizophrenia patients" (p. 55). Books and articles like these and the facts to which they refer (such as a quarter of hospital beds being occupied by so-called schizophrenics) delude most people into believing there really is a disease called schizophrenia. Schizophrenia is one of the great myths of our time.

In his book *Schizophrenia - The Sacred Symbol of Psychiatry*, psychiatry professor Thomas S. Szasz, M.D., says "There is, in short, no such thing as schizophrenia" (Syracuse University Press, 1988, p. 191). In the Epilogue of their book *Schizophrenia - Medical Diagnosis or Moral Verdict?*, Theodore R. Sarbin, Ph.D., a psychology professor at the University of California at Santa Cruz who spent three years working in mental hospitals, and James C. Mancuso, Ph.D., a psychology professor at the State University of New York at Albany, say: "We have come to the end of our journey. Among other things, we have tried to establish that the schizophrenia model of unwanted conduct lacks credibility.

The analysis directs us ineluctably to the conclusion that schizophrenia is a myth" (Pergamon Press, 1980, p. 221). In his book *Against Therapy*, published in 1988, Jeffrey Masson, Ph.D., a psychoanalyst, says "There is a heightened awareness of the dangers inherent in labeling somebody with a disease category like schizophrenia, and many people are beginning to realize that there is no such entity" (Atheneum, p. 2). Rather than being a bona-fide disease, so-called schizophrenia is a nonspecific category which includes almost everything a human being can do, think, or feel that is greatly disliked by other people or by the so-called schizophrenics themselves.

There are few so-called mental illnesses that have not at one time or another been called schizophrenia. Because schizophrenia is a term that covers just about everything a person can think or do which people greatly dislike, it is hard to define objectively. Typically, definitions of schizophrenia

are vague or inconsistent with each other. For example, when I asked a physician who was the Assistant Superintendent of a state mental hospital to define the term schizophrenia for me, he with all seriousness replied "split personality - that's the most popular definition." In contrast, a pamphlet published by the National Alliance for the Mentally Ill titled "What Is Schizophrenia?" says "Schizophrenia is not a split personality". In her book *Schiz-o-phre-nia: Straight Talk for Family and Friends*, published in 1985, Maryellen Walsh says "Schizophrenia is one of the most misunderstood diseases on the planet. Most people think that it means having a split personality. Most people are wrong. Schizophrenia is not a splitting of the personality into multiple parts" (Warner Books, p. 41). The American Psychiatric Association's (APA's) *Diagnostic and Statistical Manual of Mental Disorders* (Second Edition), also known as *DSM-II*, published in 1968, defined schizophrenia as "characteristic disturbances of thinking, mood, or behavior" (p. 33). A difficulty with such a definition is it is so broad just about anything people dislike or consider abnormal, i.e., any so-called mental illness, can fit within it. In the Foreword to *DSM-II*, Ernest M. Gruenberg, M.D., D.P.H., Chairman of the American Psychiatric Association's Committee on Nomenclature, said: "Consider, for example, the mental disorder labeled in the Manual as 'schizophrenia,' ... Even if it had tried, the Committee could not establish agreement about what this disorder is" (p. ix). The third edition of the APA's *Diagnostic and Statistical Manual of Mental Disorders*, published in 1980, commonly called *DSM-III*, was also quite candid about the vagueness of the term. It said: "The limits of the concept of Schizophrenia are unclear" (p. 181). The revision published in 1987, *DSM-III-R*, contains a similar statement: "It should be noted that no single feature is invariably present or seen only in Schizophrenia" (p. 188). *DSM-III-R* also says this about a related diagnosis, Schizoaffective Disorder: "The term Schizoaffective Disorder 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 nosology" (p. 208).

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 physical causes of this catch-all concept of schizophrenia: It says a diagnosis of schizophrenia "is made only when it cannot be established that an organic factor initiated and maintained the disturbance" (p. 187). Underscoring this definition of "schizophrenia" as non-biological is the 1987 edition of *The Merck Manual of Diagnosis and Therapy*, which says a (so-called) diagnosis of schizophrenia is made only when the behavior in question is "not due to organic mental disorder" (p. 1532).

Contrast this with a statement by psychiatrist E. Fuller Torrey, M.D., in his book *Surviving Schizophrenia: A Family Manual*, published in 1988. He says "Schizophrenia is a brain disease, now definitely known to be such" (Harper & Row, p. 5). Of course, if schizophrenia is a brain disease, then it is organic. However, the official definition of schizophrenia maintained and published by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders* for many years specifically excluded organically caused conditions from the definition of schizophrenia. Not until the publication of *DSM-IV* in 1994 was the exclusion for biologically caused conditions removed from the definition of schizophrenia. In *Surviving Schizophrenia*, Dr. Torrey acknowledges "the prevailing psychoanalytic and family interaction theories of schizophrenia which were prevalent in American psychiatry" (p. 149) which would seem to account for this.

In the November 10, 1988 issue of *Nature*, genetic researcher Eric S. Lander of Harvard University and M.I.T. summarized the situation this way: "The late US Supreme Court Justice Potter Stewart declared in a celebrated obscenity case that, although he could not rigorously define pornography, 'I know it when I see it'. Psychiatrists are in much the same position concerning the diagnosis of schizophrenia. Some 80 years after the term was coined to describe a devastating condition involving a mental split among the functions of thought, emotion and behaviour, there remains no universally accepted definition of schizophrenia" (p. 105).

According to Dr. Torrey in his book *Surviving Schizophrenia*, so-called schizophrenia includes several widely divergent personality types. Included among them are paranoid schizophrenics, who have "delusions and/or hallucinations" that are either "persecutory" or "grandiose"; hebephrenic schizophrenics, in whom "well-developed delusions are usually absent"; catatonic schizophrenics who tend to be characterized by "posturing, rigidity, stupor, and often mutism" or, in other words, sitting around in a motionless, nonreactive state (in contrast to paranoid schizophrenics who tend to be suspicious and jumpy); and simple schizophrenics, who exhibit a "loss of interest and initiative" like the catatonic schizophrenics (though not as severe) and unlike the paranoid schizophrenics have an "absence of delusions or hallucinations" (p. 77). The 1968 edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, DSM-II*, indicates a person who is very happy (experiences "pronounced elation") may be defined as schizophrenic for this reason ("Schizophrenia, schizo-affective type, excited") or very unhappy ("Schizophrenia, schizo-affective type, depressed")(p. 35), and the 1987 edition, *DSM-III-R*, indicates a person can be "diagnosed" as schizophrenic 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 psychiatry professor Jonas Robitscher, J.D., M.D., in his book *The Powers of Psychiatry*, people who cycle back and forth between happiness and sadness, the so-called manic-depressives or suffers of "bipolar mood disorder", may also be called schizophrenic: "Many cases that are diagnosed as schizophrenia in the United States 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 happy, sad, or neither happy nor sad, or cycling back and forth between happiness and sadness.* Since no physical causes of "schizophrenia" have been found, as we'll soon see, this "disease" can be defined only in terms of its "symptoms", which as you can see are what might be called ubiquitous. As attorney Bruce Ennis says in his book *Prisoners of Psychiatry*: "schizophrenia is such an all-inclusive term and covers such a large range of behavior that there are few people who could not, at one time or another, be considered schizophrenic" (Harcourt Brace Jovanovich, Inc., 1972, p. 22). People who are obsessed with certain thoughts or who feel compelled to perform certain behaviors, such as washing their hands repeatedly, are usually considered to be suffering from a separate psychiatric disease called "obsessive-compulsive disorder". However, people with obsessive thoughts or compulsive behaviors have also been called schizophrenic (e.g., by Dr. Torrey in his book *Surviving Schizophrenia*, pp. 115-116).

In *Surviving Schizophrenia*, Dr. Torrey quite candidly concedes the impossibility of defining what "schizophrenia" is. He says: "The definitions of most diseases of mankind has been accomplished. ... In almost all diseases there is something which can be seen or measured, and this can be used to define the disease and separate it from nondisease states. Not so with schizophrenia! To date we have no single thing which can be measured and from which we can then say: Yes, that is schizophrenia. Because of this, the definition of the disease is a source of great confusion and debate" (p. 73). What puzzles me is how to reconcile this statement of Dr. Torrey's with another he makes in the same book, which I quoted above and which appears more fully as follows: "Schizophrenia is a brain disease, now definitely known to be such. It is a real scientific and biological entity, as clearly as diabetes, multiple sclerosis, and cancer are scientific and biological entities" (p. 5). How can it be known schizophrenia is a brain disease when we do not know what schizophrenia is?

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 sense that cancer and heart disease exist but exists only in the sense that good and bad exist. As with all other so-called mental illnesses, a diagnosis of "schizophrenia" is a reflection of the speaker's or "diagnostician's" values or ideas about how a person "should" be, often coupled with the false (or at least unproven) assumption that the disapproved thinking, emotions, or behavior results from a biological abnormality. Considering the many ways it has been used, it's clear "schizophrenia" has no particular meaning other than "I dislike it." Because of this, I lose some of my respect for mental health professionals when I hear them use the word *schizophrenia* in a way that indicates they think it is a real disease. I do this for the same reason I would lose respect for someone's perceptiveness or intellectual integrity after hearing him or her admire the emperor's new clothes. While the layman definition of schizophrenia, *internally inconsistent*, may make some sense, using the term "schizophrenia" in a way that indicates the speaker thinks it is a *real 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 supposedly 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 Amine 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 "aberrant formation of

methylated amines" similar to the hallucinogenic pleasure drug mescaline in the metabolism of so-called schizophrenics. After reviewing various attempts to verify this theory, they conclude: "More than two decades after the introduction of the transmethylation hypothesis, no conclusions can be drawn about its relevance to or involvement in schizophrenia" (p. 107).

Columbia University psychiatry professor Jerrold S. Maxmen, M.D., succinctly describes the second major biological theory of so-called schizophrenia, the dopamine hypothesis, in his book *The New Psychiatry*, published in 1985: "...many psychiatrists believe that schizophrenia involves excessive activity in the dopamine-receptor system...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 *Molecules 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. They tested skin conductivity, cultured skin cells, analyzed blood, saliva, and sweat, and stared reflectively into test tubes of schizophrenic urine. The result of all this was a continuing series of announcements that this or that difference had been found. One early researcher, for instance, claimed to have isolated a substance from the urine of schizophrenics that made spiders weave cockeyed webs. Another group thought that the blood of schizophrenics contained a faulty metabolite of adrenaline that caused hallucinations. Still another proposed that the disease was caused by a vitamin deficiency. Such developments made great newspaper stories, which generally hinted, or predicted outright, that the enigma of schizophrenia had finally been solved. Unfortunately, in light of close scrutiny none of the discoveries held water" (p. 172).

Other efforts to prove a biological basis for so-called schizophrenia have involved brain-scans of pairs of identical twins when only one is a supposed schizophrenic. They do indeed show the so-called schizophrenic has brain damage his identical twin lacks. The flaw in these studies is the so-called schizophrenic has inevitably been given brain-damaging drugs called neuroleptics as a so-called treatment for his so-called schizophrenia. It is these brain-damaging drugs, not so-called schizophrenia, that have caused the brain damage. *Anyone* "treated" with these drugs will have such brain damage. Damaging the brains of people eccentric, obnoxious,

imaginative, or mentally disabled enough to be called schizophrenic 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 Matthyse, 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, comes not from science 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 so-called schizophrenia suggests "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.

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1998 UPDATE:

"The etiology of schizophrenia is unknown. ... Schizophrenia is widely believed to have a neurobiologic basis. The most notable theory is the dopamine hypothesis, which posits that schizophrenia is due to hyperactivity in brain dopaminergic pathways. ... More recent studies have focused on structural and functional abnormalities through brain imaging of schizophrenics and control populations. No one finding or theory to date is adequate in explaining the etiology and pathogenesis of this complex disease." Michael J. Murphy, M.D., M.P.H., Clinical Fellow in Psychiatry, Harvard Medical School; Ronald L. Cowan, M.D., Ph.D., Clinical Fellow in Psychiatry, Harvard Medical School; and Lloyd I. Sederer, M.D., Associate Professor of Clinical Psychiatry, Harvard Medical School, in their textbook *Blueprints in Psychiatry* (Blackwell Science, Inc., Malden, Massachusetts, 1998), p. 1.

DECEMBER 1999 UPDATE

"The cause of schizophrenia has not yet been determined..." [Report on Mental Health](#) of U.S. Surgeon General David Satcher, M.D., Ph.D. These are the opening words of the section on the etiology (cause) of schizophrenia.

Thereafter, the Surgeon General restates several unproved *theories* of so-called schizophrenia. He cites the higher probability of identical than fraternal twins being labeled schizophrenic as evidence of a genetic component in the supposed disease, but he overlooks studies showing the concordance between identical twins being much lower than those on which he relies. For example, in his book *Is Alcoholism Hereditary?*, Donald W. Goodwin, M.D., cites studies showing concordance rates of identical twins for so-called schizophrenia are as low as six percent (6%) (Ballantine Books, New York, 1988, p. 88). Dr. Goodwin also notes: "Believers in a genetic basis for schizophrenia may unknowingly overdiagnose schizophrenia in identical twins brothers of schizophrenics" (ibid., p. 89). The Surgeon General cites brain abnormalities in people called schizophrenic, overlooking the fact that they are often caused by the drugs with which so-called schizophrenics are treated. He even relies on the discredited dopamine hypothesis. He goes on to advocate the use of neuroleptic drugs for so-called schizophrenia, even though neuroleptics cause permanent brain damage evidenced by (in the Surgeon General's words) "acute dystonia, parkinsonism, and tardive dyskinesia and akathisia," which he acknowledges occur in an estimated 40% of persons taking the drugs. He raises what is probably false hope of newer so-called anti-psychotic or anti-schizophrenic drugs being less damaging than the older ones.