On Fake Diseases

When children behave in ways that schools or parents dislike, this behaviour is often characterised as an illness. Depending on the nuances of the behaviour concerned, a child might be deemed to have Attention Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) or any one of a growing range of other illnesses.

However, there is something unusual about these diseases. First of all, they are defined entirely in terms of their symptoms, not in terms of some malfunction of the body. Why is this unusual? After all, before the underlying cause was known, diseases like AIDS and SARS, too, were recognised in terms of their symptoms. But that is different. It is perfectly meaningful to say: "that looks like SARS, but it might just be a bad cold, or the person might be deliberately exaggerating his symptoms". Hence also, with real diseases, it is possible to have an asymptomatic disease, like **asymptomatic Hepatitis C**. But it is not possible, even in principle, to have asymptomatic ADHD.

There is another unusual feature of diseases like ODD that should give us pause: they are typically treated without the patient's consent; and indeed the "treatments" are often physically identical to what would in a non-medical context be called punishments. This breach of human rights is casually justified as being "for their own good".

ADHD and its ilk really aren't diseases in the same sense as, say, Hepatitis C. They are **metaphorical diseases**, the names of which denote behaviours that are deemed to be morally unacceptable. In other words, the child has a certain opinion about what he ought to be doing and this opinion is different from his parents' opinion about what he ought to be doing.

Take ODD as an example, the **diagnostic criteria** are:

> A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:
>
> 1. often loses temper
>
> 2. often argues with adults
>
> 3. often actively defies or refuses to comply with adults'

requests or rules

4. often deliberately annoys people

5. often blames others for his or her mistakes or misbehavior

6. is often touchy or easily annoyed by others

7. is often angry and resentful

8. is often spiteful or vindictive

Note the many moral judgements that are necessary to make any diagnosis according to this definition: “actively defies”, “deliberately annoys” and so on. These are not deemed to be disease symptoms when a child does them to an intending kidnapper, or to the parents' political opponents at a demonstration, for example. These states of the child's brain become diseases only when a certain condition – disapproval – exists in the brain *of another person* – the parent or other authority. The treatment is also metaphorical and for **ODD** it consists of conversations and discipline. Again, this is very different from other diseases: bacteria are not great conversationalists, one cannot debate diabetes, but apparently ODD can be disposed of by talking to it.

The entire purpose of these diseases is, in fact, to give these vile “treatments” a gloss of medical and scientific respectability. Then no attention need be paid to whether the child is right to behave defiantly toward his parents in specific cases. No effort needs to be wasted on such fripperies as rational argument or considering that the child might have a point if they repeatedly refuse to obey their parents or say that they are bored in school. How very convenient for the force-users.

There is one last oddity to note. Professor Michael Fitzgerald of Dublin University has recently said that geniuses such as Socrates, Charles Darwin, and Andy Warhol **may have had** a mental disease called **Asperger's syndrome** characterised by not wanting to talk to people and having “restricted” interests with “abnormal” intensity. Now, suppose that having Asperger's syndrome for a while would help you to complete a great work on a “restricted” interest since you wouldn't have to spend time on conversations that would distract you from your work and you would be able to focus intensely on it. Might one not prefer to have Asperger's symdrome to being mentally healthy under such circumstances?

What does that make a person who “cures” it by force?

Wed, 01/14/2004 - 08:51 | **digg** | **del.icio.us** | **permalink**

i know you weren't really asking for answers

but yes one might prefer to "have Asperger's" in those conditions. and it makes someone who "cures" it by force an immoral, controlling bastard.

bravo

-- Elliot Temple
http://www.curi.us/

by **Elliot Temple** on Wed, 01/14/2004 - 14:30 | **reply**

Spot On

It would seem that the self-appointed "curers" of "ODD" are the ones who have contracted the highly contagious delusional disorder, OTD, Oppositional Thinking Disease.

by a reader on Wed, 01/14/2004 - 16:38 | **reply**

I'm not a relativist, honest

So *this* is why schools employ the services of educational psychologists. Otherwise, it would be impossible for a teacher to suspect an unruly pupil of being ODD without simultaneously suspecting himself to be ODD. It takes two to argue, etc.

by **Tom Robinson** on Thu, 01/15/2004 - 21:09 | **reply**

So are the children here wrong to want something else?

Supposing a child is born to a father who displays characteristics which are typically described by Asperger Syndrome. In other words, the father is persistently unwilling to converse or interact with his children in any way that they would wish. Instead he is unusually occupied with an obscure and particular line of work, he seems unable to read the subtler nuances of conversation and body language, is unusually pedantic and verbose and doesn't realise when he is embarrassing or boring people. Given that the father seems unwilling/unable to turn this behaviour on and off, is the father morally wrong to have had children?

Also given that many people have tried strongly to help the father to learn ways of relating, eg: explaining explicitly what certain types of body language are likely to mean, and that children at times value being listened to and appreciated for their own talents, and all of these apparently humane strategies appear to have failed, what more can be done?

by a reader on Sat, 01/24/2004 - 15:57 | **reply**

VAPID father

a reader asked:

> Supposing a child is born to a father who displays characteristics which are typically described by Asperger Syndrome…

Perhaps medicalising this style of fatherhood by calling it Verbose

Aloof Pedantic Inept Disorder would help. Perhaps it would do some good to subject the father to a regime of drugs, re-education camps or other pseudo-medical punishments. Perhaps the family will win a hundred million on the lottery if only they spend all their money on tickets this week.

Or they could try solving the problem by improving their ideas. For a start, we recommend total immersion in the **Taking Children Seriously** web site.

by **Editor** on Sat, 01/24/2004 - 17:17 | **reply**

mebbe not *total*

they let ppl besides David write stuff, so....

-- Elliot Temple
http://www.curi.us/

by **Elliot Temple** on Sun, 01/25/2004 - 03:35 | **reply**

Currently Insoluble Problem?

The editor suggested re family with problem father:

Or they could try solving the problem by improving
their ideas. For a start, we recommend total immersion
in the Taking Children Seriously web site

Which seems an excellent idea but is likely to be quite problematic on two grounds. First, father is only interested in collecting Cypriot stramps, c1964-66,and hasn't the least interest in improving his ideas about parenting. How could he be persuaded to take the TCS cure? Second, even if he did cast an eye over the TCS website, he may well be able to appreciate the epistemology, its rationale, its logical and explanatory force, etc but talking the talk is not walking the walk.

How could one solve these problems?

Is it inconceivable that part of the brain of this type of man really could be permanently unusable for some reason? Afterall, nurses are quite used to dodging the advances of people who, post frontal lobe stroke, lose all sexual inhibition. How could one be so sure that so-called aspergic people are necessarily exempt from a similar neurological deficit?

by a reader on Mon, 01/26/2004 - 19:38 | **reply**

all feasible

the first objection goes something like: how do you help someone voluntarily if he's intentionally wicked? the idea is he will reject all offers that would help. but people *aren't* intentionally wicked, and there is some way to reach him.

it's not about talking or walking, it's about what he *thinks*. that

talking and walking are different simply is no obstacle.

it's not a brain issue. if you doubt me, ask a brain doctor to take a look.

-- Elliot Temple
http://www.curi.us/

by **Elliot Temple** on Mon, 01/26/2004 - 22:53 | **reply**

Which is the more coercive?

Is it not potentially more coercive to assume that everyone has the neurological ability to understand and enact TCS, than to hypothesise that for some neurological reason, certain people are, as the situation stands, incapable?

We happily accept, for example, that people are colour blind. Given a certain shade of grey, they will not be able to tell whether the colour is red or green. Someone else will forever have to tell them. We happily accept that this inability is a result of a genetic mutation that is highly heritable.

There are families out there who cannot experience pain. They have a genetic mutation. Would it be inconceivable to imagine that they risk hurting their adopted child when they pick it up, simply because they do not get the right feedback? OK, so one can attempt to prevent this by using other circuitry, but it is apparent that the deficit will always cause some accidents that would otherwise be avoided in a TCS family.

Given that Asperger Syndrome is much more frequent in monozygotic than fraternal twins, I think many brain doctors would say that it does have a genetic component. It seems perfectly conceivable that there is simply a part of the brain that is not functioning, and that this is likely to be due to genes interacting with environment in ways that render a person unable to will themselves out this situation.

The current lack of a precise neurological explanation for the deficits currently known as Asperger's, such as the inability to read body language, does not mean that there aren't any.

It would seem to me more humane to search for and deal with any genetic and non-familial sources, such as viruses, than to try to help someone understand TCS when they simply cannot do so.

by a reader on Sat, 01/31/2004 - 10:21 | **reply**

Fake diseases, empty explanations

a reader writes:

> Given that Asperger Syndrome is much more frequent in monozygotic than fraternal twins, I think many brain
>
> doctors would say that it does have a genetic

> component.

It's true that they would. It's also true that they invariably become evasive when it is pointed out that by this definition of "have a genetic component", being the victim of racist attacks also "has a genetic component", as does being the beneficiary of favouritism due to one's looks.

> It seems perfectly conceivable that there is simply a part of the brain that is not functioning, and that this is likely to be due to genes interacting with environment in ways that render a person unable to will themselves out this situation.

In view of the above, it is perfectly possible for a given behaviour to be 100% caused by "part of the brain not functioning … due to genes … [that] … render a person unable to will themselves out", and yet also to be 100% due to the way other people have behaved towards that person, or 100% due to the person's own choices.

Therefore, even setting aside the philosophical complexities of the terms "conceivable" and "unable", the idea that a behaviour is "due to genes" has essentially no content in the absence of some theory about what *sort* of "interaction with the environment" is deemed to be the mechanism through which the behaviour in question is "due to genes".

by **David Deutsch** on Sat, 01/31/2004 - 12:22 | **reply**

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> In view of the above, it is perfectly possible for a given behaviour to be 100% caused by "part of the brain not functioning … due to genes … [that] … render a person unable to will themselves out", and yet also to be 100% due to the way other people have behaved towards that person, or 100% due to the person's own choices.

Since we have no explanations either way and seeing as we still have the problem of a parent who is completely unable to read body language, despite being given numerous and repeated explanations and despite the fact that he explicitly declares that it would be right to try to solve these sorts of problems, what would one do?

Would one expect the child to change their preferences about being understood non-verbally, or would one just expect to explain oneself repeatedly again and again for all of the forseeable future, or would one think...well maybe we should seek some other kind of solution. Perhaps the problem lies beyond the current scope of our ability to solve it and so we need new and other and better solutions. Until such time that these come about, we are stuck.

Isn't it more humane to imagine that the father is not intentionally

wicked or entrenched in these situations?

I agree wholeheartedly that the problems of the creation and treatment of fake diseases is rampant and awful but at the same time this does not mean that disabilities that relate to the capacity to think do not exist and would not benefit from consensual treatment.

by a reader on Sun, 02/01/2004 - 11:09 | **reply**

consensual treatment?

Fraud would take the ball and run with this, hopefully not as far as david. Perhaps the answer to any dis-ease IS love.
kindness and understanding are still a lost art, but they do exist, although david may want proof. I/m guessing he is far removed from the fact that ninty-five percent of the world DOES believe in GOD, even if david himself has not yet had an interaction which can be proved or is theory based.
I pray for all the sufferings of this world, and that goes double for ppl like you, david.

by a reader on Thu, 12/09/2004 - 05:51 | **reply**

ADHD, ODD

I have been immersed in the issues relating to such a child for seven years. He is my sweetheart's son, just 14. She is endlessly patient. I was raised on discipline, and our conflicts over the resulting disparity have been extremely painful. I have very gradually begun to really take responsibility for this, finally internalizing what was first an intellectual recognition that it is not so much the treatement rendered, but the content behind it -- love or anger. Mine has been anger. With determined determination, I am finally beginning to get past it.

by a reader on Mon, 04/04/2005 - 16:37 | **reply**

Neurological conditions

I find it interesting that you are focussing on mild and controversial diseases such as ADHD and aspergers. Would you say that dieases like depression, bipolar and schizophrenia were also 'fake' diseases? they too are neurological and thus are classified by symptoms, many of which require the diagnosing physician to make subjective judgements. I belive that all human behaviours lie on continuums and it takes a great deal of sensitivity and sensibility to decide where to draw the line between 'normal' and 'diseased' states.

You cannot make comparisons between completely different forms of diseases such as "diabetes" (a polygenetic and environmental disease); "Hepatitis" or "SARS" (both pathogens) and "ADHD" a behavioural dysfunction. MAy I just say that diabetes is also named by its symptoms and only now are the exact molecular mechinisms

coming fully into light. Given the sheer lack of solid scientific

understanding about the brain, it is not surprising that we have not discovered the physioligical underpinnings.

In any case, a diagnoses have many consequences, both positive and negative. 'Treatments', or at very least 'coping strategies', may help the sufferer to better handle day-to-day life. If we are to see all of these programs as a violation of rights, then we must resign to have paranoid schizophrenics wandering the streets, as it would be consedered "wrong" to hospitalise them. I am not trying to make parallels between ADHD and schizophrenics, but where on the continuum do you draw the line?

Should badly behaved childen be given labels? maybe not. but it is preposterous to assume that they have the right to defy parents and teachers. There is a very careful line to be trodden between love and discipline, and the two are by no means mutually exclusive. Only discipline that is administered with an obvious underlying motivation of love will be effective.

one last comment- about genetics...
the majority of behavioral traits are polygenetic, that is they are not simple inherited mutations like those that cause cystic fibrosis and the like. All of these genetic predispositions are greatly modiefied by environment and thus, in many cases should be all but ignored. An example- if a person happens to have a pattern of behavioural genes that make him suseptible to excessive anger- he should still try to find ways to minimise this anger, just as someone with a less "angry genome" who finds themselves prone to anger due to the way they were raised.

by a reader on Thu, 05/12/2005 - 13:07 | **reply**

Love, discipline, and science

> Should badly behaved childen be given labels? maybe not. but it is preposterous to assume that they have the right to defy parents and teachers. There is a very careful line to be trodden between love and discipline, and the two are by no means mutually exclusive. Only discipline that is administered with an obvious underlying motivation of love will be effective.

Is there scientific evidence for this theory?

by **Editor** on Thu, 05/12/2005 - 13:53 | **reply**

Asperger Syndrome is just a w

Asperger Syndrome is just a way for people to blame other people that differ from themselves. They say it is a disorder but it is simply wisdom beyond the comprehension of those who diagnose it. "Asperberger" people simply have more intelligence than "normal" people have but are outnumbered and are simply proclaimed as people with "messed-up" brains. Clearly, I do not believe Asperger Syndrome is real.

by Diagnosed Female on Thu, 05/19/2005 - 04:45 | **reply**

love

Ok, you are right, i do not know of any scientific evidence for "love" being the only useful motivator for training a child. Thats probably becasue no one can define love. Lets instead call it "unconditional positive regard" and then, yes, there is a bounty of scientific eveidence. In fact, this is one of the paradigms of clinical psychology.

by a reader on Sun, 05/29/2005 - 01:21 | **reply**

diagnosis = excuse

This society has turned into a bunch of whiny babies looking for any excuse to blame someone or something else for their problems. How did children get through school 50 years ago? It's amazing that all these new psychological disorders just suddenly appeared and everyone's got one.

To me it appears a new way to create a defense before the crime. We've about worn out the excuse of "oh he killed that person because he had a tough childhood" so we need some new excuse.

I can smoke a cigarette and it has a calming effect, but you don't see doctors going around diagnosing some stress disorder and prescribing a pack of cigarettes. In 20 years when all these children taking these medications for ADHD and the related imaginary diseases this country will be in ruin, because we have fried the brains of an entire generation.

by take some responsibility on Fri, 06/24/2005 - 21:02 | **reply**

On Asperger's and AD(H)D.

First, some background on myself (If you don't care, feel free to skip down to "My Opinion"):

I was reared in the "If the child acts up, it must be ADD" era, otherwise known as the late 1980s. Being diagnosed as "intelligent", yet "socially awkward", as well as a slurry of other things, most of which were a result of my daydreaming, and temper - I was given various drugs for this "disease."

Basically, they put a kid on speed, and wondered why he was up all night, and managing to go from a lower-end (on the right) bell curve, down to "standard", finally ending up in the "why even bother" mindset which manages to affect many children in mid/later highschool.

It was later discussed that I might have Asperger's, but no further testing was done in this vein - being that I dropped out of school and moved to another state. When I moved back to complete my high school diploma, none of this was discussed, or even bothered with due to my current home status being below sub-par.
I'm now nearly 30, and still socially awkward; but mostly because I

choose to be - I don't enjoy being surrounded my more than a few people at a time, and due to an abusive childhood tend to steer away from work and social things which may be viewed as 'aggressive'.

My Opinion:

I believe the issue is a combination of changing social trends, the stronger emotional influence of the media, and the advancements in technology.

If you ever have the (dis)pleasure of sitting through an older television show, such as "I Love Lucy", or anything more than twenty years ago, you'll notice that despite working around the same simple plot line that is often used today, the guise of entertainment is less about the drama of the story, and the plot can last the whole (if not several) episodes.

The way things are often presented today are in a "quick-fire" method, where several things are forced upon the viewer at once. These shows often attempt to drastically "tug the heart strings" of the viewer, causing them to become engrossed with a character, and if that doesn't work, they often work in some other factor in an attempt to continue to gain an audience. This is done in several seconds, if not several minutes time. Children reared upon this (raised on television's social pulp) learn that emotions, as well as solutions can often be fast; and not to dewll upon an emotion, or a subject which does not amuse them - after all, it's fairly unimportant.

Rather than being raised with goals or purposes and having a lack of a parental figure during the child's youth, they're often turned to learn their earlier life's lessons this way. Sure, it's a long step from "Barney" to "E.R.", but cartoons often swiftly bridge this gap.

Not to blame this entirely on television, the world has changed within the last few decades than I could even imagine. In the 1980s, if you wanted to amuse yourself with music, you either turned on the radio, listened to a cassette, or (if you were lucky), MTV. Today, we have personal music playing devices which are capable of things which supercomputers were incapable of, then.

The internet slowly turned from an experimental educational system into a commercial product. In the 1980s, to be on the internet, you were (generally) either a scolar, an educator, or building ARPANET. In 1992, I was on the Internet through the local university - It was an amazing tool I could use to communicate with others (almost anywhere in the world), and obtain information on various subjects.

The internet is now a cesspool of commercial ventures, most notibly pornography. Being that pornography is (sadly) quite a driving force between technology, it was required that things be faster, moving from a single dial-in BBS with one or two GIF files (which often took hours) to download to an instantenous cornucopia of amusement.

This has perpetuated itself through (now) our children, as well as

ourselves. Think of the last time you were annoyed when stuck at a red light, and you were capable of purcasing an item without expecting to be able to track it's progress immediately.

Anyway, this is entirely speculation, but remember it is entirely my own personal view.

by Shawn on Tue, 08/23/2005 - 09:45 | **reply**

Asperger syndrome is neither

Asperger syndrome is neither "mild" nor imaginary, and as for the "how did these kids get through school 50 years ago?" the answer is, they didn't. They were carted off to or abandoned in asylums and long stay hospitals and left there to rot, or lobotomised and left there to rot.

by a reader on Tue, 12/06/2005 - 19:24 | **reply**

It's real - I should know

I'm talking about Aspergers.

DXed at 32 in 1997, it explained a great deal about my previous life. All the problems I had both at school and at work - especially the latter. Before that time, I wondered what the heck was going on. What was I doing to deserve all the abuse and ridicule I was being force fed - and worse still not being protected from? And I was expected to know, from just being told "You're upsetting people - stop it". I had no instinct to be able to respond appropriately to this otherwise reasonable instruction, and I ended up getting blamed for virtually everything that happened.

This is the reality of an Aspie's adult life without being diagnosed. A recent poster said that 50 years ago Aspies and other people with behavioural difficulties were treated as mad and lumped in asylums. Absolutely right. We didn't want to know about anything different in those days. You either fitted in, or you were mad and needed the full treatment to bring you around. Thankfully for the most part we have grown out of that sick attitude.

Then again - to have people speculate that these issues represent "fake" diseases just gets my blood boiling, because it harks back to those days again. Maybe not the act of sending us Aspies into asylums, but the attitude that got us there all those years ago. We are supposed to be progressing through the concept of tolerance for those who are different - the concept that everyone is different. Being an Aspie can, in fact, be a benefit if the positives of being an Aspie are properly utilised. If this is done, then the Aspie can in fact be just as useful as any other person - and in the normal way as well.

Another point - there is also another factor that has changed over the years. 50 years ago, sometimes Aspies could get by. If they had a special interest that fitted a particular work place, they could

leave school early and work their way through a job from a young

age - with little need for qualifications. Now, you need degrees and diplomas for this that and the other, and to get into university you have to do things that previously you didn't have to. Also, the work place in general consisted of individuals with specific single skills. Now it's full of multiskilling and grey coloured flexibility. The work place for the Aspie of the past has gone so the disability had to be recognised, even though it always existed in the shadow of it's more pronounced brother - Autism.

I don't need to provide sources for my information. I'm talking through personal experience. What I have been through. It's all facts from my own life.

All us Aspies ask is to be understood for what we are. If we get abused, invariably we will respond in kind because that is the logical reaction. We will seek information, and when we are ignored we'll persist, and probably get abusive as well. It's frustration because we are not being understood (as opposed to not being agreed with - which is an all too common complaint) and we desire to be. Everyone wants to be understood and accepted for what they are. Achieving such a feat world wide is the secret to world peace IMHO. And that doesn't just go for disabilities either.

by a reader on Sun, 12/25/2005 - 10:08 | **reply**

Alright, I'll try not to make

Alright, I'll try not to make this too short for the benefit of being interesting.
Yes, you could say that Asperger's, ADD, and other illnesses are fake, based on the facts that their symptoms deal with relatively lucid things. However I, along with millions of other people, live in America, and there are other mitigating factors to be considered that you, my dear, may not have considered.
We live in a society where mental health is wrought with stigma and looked down upon. I know that for me it was bad enough when I got diagnosed with depression. However Asperger's and/or PDD took the cake for me. It doesn't just deal with the neurotransmitters, as you know, it goes into brain development. And kids like me, 16 year old me, don't want to be labeled that. AT ALL. In fact, I've avoided it like the plague for the past year.
With that in mind, I don't think a high percentage of people would be simply fine and dandy with a diagnosis that likens one to being put in the same groups as those who are mentally retarded.

Another issue you brought up: that it could be just natural persuasion and that is wrong to change it. I have thought about this. However I have witnessed in myself (I'm not speaking for others) that it's not exactly the most beneficial to be socially isolated anyway. I'm sure many kids with Asperger's could be the new Einsteins or whatever, but many, many more are *alone and perhaps suffering like me.*

Keep that in mind.

Psychiatry is an enterprise as well as a field, and it depends on the

people. I suppose it'd be up to oneself to decide if you wanted to remain untreated. I've had psychiatrists listen to me as much as I've needed. But my personal suggestion is that, even though your ideas are worth consideration, don't get carried away with the idea that the *au natural* Upcoming Prodigy With Asperger's is better off as a person. Forgive me, but such a notion even seems a little selfish to me.

by Weirdointhecorn on Wed, 01/04/2006 - 06:07 | **reply**

emo powa

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by **a reader** on Mon, 02/27/2006 - 21:11 | **reply**

ADHD

It seems that the label ADHD sounds more 'serious' than hyperactivity. I hear so many bleeding heart stories from parents attempting to excuse the actions of their children, as some lunatic seven year old spits in the face of my newborn baby who is asleep in her pram in the park, and then calls her some nasty expletive. The parent gets all up herself when I say ' umm would you mind removing your child away from my baby' the response is almost automatic ' my son has ADHD he cant help it' ummm, well I cant help it either, so move your child away from my baby before I throttle it! It seems that people with well behaved kids, or mothers with the ability to do the responsible thing and stop their kids terrorising innocents, are the ones being victimised simply because their kids dont have ADHD. So I ask these defensive up themselves parents, Are your children born with a full vocabluary of expletives? Something tells they arent, so try some other excuse for your laziness, other than hiding behind an americanised over diagnosed

label which basically translates to ' your child is a little shit, and

your parenting skills are tantamount to child abuse'

by Emma Flavell on Mon, 03/20/2006 - 18:13 | **reply**

Jews Must Have Invented ADHD

Sincerely,

A Posh Jew

by a reader on Mon, 03/20/2006 - 20:05 | **reply**

Aren't they clever

Gosh! So they invented ADHD aswell as the right to use a 2000 year old book as deeds to their land! Very impressive.

by Emma Flavell on Tue, 03/21/2006 - 00:21 | **reply**

Jews Psychiatrists and the Mentally Ill

Jews, Psychiatrists, and the Mentally Ill, for interesting reasons, often excite the predatory fantasies of the masses. For interesting reasons, they just have to go away (or be defined as useless, evil, or non-existent).

All have historically challenged our deepest feelings about ourselves.

Bigotry has many interesting forms.

by a reader on Tue, 03/21/2006 - 15:42 | **reply**

Don't flatter yourself

You may Omit 'Jews' and 'Shrinks' from the 'found to be fascinating' category for a start. Mental illnes however, is a worthy subject to be fascinated by, but let's not confuse fascination with bigotry, and let's not be prejudiced against a person simply because they don't fall into any of the three categories you mentioned.

by Emma Flavell on Tue, 03/21/2006 - 17:39 | **reply**

These mental disorders are so fake...

which proves me going from straight Fs to straight As in school after treatment is simply me changing my opinions to fit those of my parents, right? Um, no. It's my successful treatment.

You claim that these aren't connected to any dysfunction of the body, which is false. Issues with synapses in the brain cause chemical imbalances. You may be tempted to come out and say "there's no such thing as a chemical imbalance". However, if that were true, taking the drug ecstasy wouldn't be harmful because the

chemical flushing of serotonin wouldn't occur because that would

cause an imbalance.

Also, while your statement of "why wouldn't everyone want Asperger's then?" might seem insightful, all it really does is enshroud the fact that the negative symptoms stunt the positive effects of the extra intelligence.

by Asperger's Patient on Tue, 06/20/2006 - 03:18 | **reply**

Quite Right

If the attention deficit and obsessiveness associated with Asperger's illness are traits that are mostly learned over many years (like many personality traits are learned), then a chemical change could not rapidly change these characteristics. Chemicals do not encode logical thinking, approaches to problems, and behavior styles. Drugs therefore can not quickly remake deeply learned personality traits.

But chemical changes can in fact dramatically and rapidly decrease obsessiveness and improve attentional capacity. Therefore attention deficits and obsessiveness are not deeply learned personality traits.

They therefore must be, to some extent, chemically created characteristics.

by a reader on Tue, 06/20/2006 - 04:29 | **reply**

Re: Quite Right

To reach the conclusion in your last paragraph from the preceding one, you seem to be assuming that if a trait can be dramatically and rapidly decreased by chemical changes, it follows logically that it must have been chemically created (as opposed to learned). Are you?

by **Editor** on Tue, 06/20/2006 - 16:08 | **reply**

straight Fs to straight As

Thanks for your first-hand account.

As a matter of curiosity, what is your attitude towards other people's first-hand accounts such as the ones **here**?:

> ... while researching treatments for my own son's autistic symptoms ... I had been researching since we began our journey to cure our son for a little over a year ... we were willing to try anything to halt the headbanging, stimming, and unsettling behavior my then 18 month old son repeated day after day. We saw almost immediate improvement with the first dose of remedy. In the past year and a half my son has gone from a toddler who did not speak, play, or interact much to a happy, sweet, loving, typical 32 month old who by all means is normal - talks, laughs, plays, and tests out at or above his age on

all developmental tests. People meeting him for the first time can not believe he was ever on the spectrum.

by **Editor** on Tue, 06/20/2006 - 16:30 | **reply**

Re: Re: Quite Right

I'm an optimist. Learning and thinking will create the knowledge that enables us to change virtually any phenomenon whatsoever, for better or for worse. Knowledge created from learning and thinking may one day prevent stars from collapsing (as stated -- I think -- in David's the Fabric of Reality.)

Since the consequences of learning and thinking can cause virtually anything, learning and thinking can in principle be argued to cause and treat cancer, heart disease, strokes, and virtually any medical/psychiatric condition whatsoever, including attention deficit disorder and obsessiveness. But the causes of these conditions are ultimately so multifactorial, that it is not helpful to say that "learning" causes or treats them, unless one specifies the type of learning that causes or treats them, which can then be evaluated scientifically for accuracy.

Simple (known) chemical changes from medication can precipitate the immediate creation and destruction of attentional capacity and obsessiveness, but not core personality traits and mental retardation. Simple chemical changes can precipitate the immediate creation and destruction of cancer, heart disease, and strokes but not congenital deafness or homosexuality/heterosexuality.

Given our knowledge and the environment we live in, when it is plausibly thought or known that specific chemical changes, but not specific known types of changes in learning, can precipitate a condition and its reversal; the condition is said to be mostly "chemically based". Examples of chemically based conditions include heart disease, cancer, strokes, attention deficits, obsessiveness, and paranoia.

Given our knowledge and the environment we live in, when it is plausibly thought that or known that specific changes in learning, but not changes in chemistry, can precipitate a condition and possibly reverse it; the condition is said to be mostly "learning-based". Relative fear of spiders and certain types of personality characteristic are changed mostly by learning.

Given our knowledge and the environment we live in, if conditions are thought to be created by differences in the overally growth of the organism, which when completed is not changed by learning or changes in medication, the conditions are called "developmentally" based. For these conditions, the overall "structure" of the organism or its brain is thought to be responsible. Developmentally based conditions include many forms of mental retardation, Aspergers, homosexualtiy/heterosexuality, and congential deafness.

Chemicals do not contain information about ethical principles,

logical thinking, approaches to problems, and empathy. These critically important hyman attributes are very much learned.

But in some ultimate model of reality, perhaps the behaviors associated with altruism and empathy, according to some reductionists, could be "explained" on a "low" level by chemical reactions. And in some future reality, perhaps the collapse of most stars will be best explained as a consequence of the choices of people.

But in this reality, empathy is a powerful explanatory factor in understanding human relations. And gravity is a powerfull factor in explaining why stars collapse.

So the conditions of this environment -- this reality -- matter. The ease with which individuals are capable of thinking their way out of cancer, heart disease, or attention deficits is certainly relevant. For all practical purposes, people have grave difficulty using thought alone to improve these conditions. So we consider these conditions primarily chemically based, and treat them accordingly.

And when someone is affraid of spiders, we don't talk to them about "chemical imbalances" but instead about how he or she can learn to be more comfortable around these organisms.

Ultimately we can say that virtually anything can be caused by "learning" and by "chemicals". But we apportion causality as suits practicality, given the reality that we have. We just don't know what causes any of these conditions; whether heart disease, cancer, or attention deficits. So man is more spirit than substance when this helps him; but the opposite, when needed as well.

by a reader on Wed, 06/21/2006 - 02:51 | **reply**

Re: Re: Straight F's to Straight A's

Has the method utilized been studied using carefully controlled experiments?

by a reader on Wed, 06/21/2006 - 03:07 | **reply**

Learned condition

Editor,

Do you think cancer is caused less by learning than attention deficit disorder?

by a reader on Wed, 06/21/2006 - 21:16 | **reply**

I see different places

Highschool was only one year back for me; and despite being an aspie I highly enjoyed it. I can't say I fit in, but my exceptional abilitys lead to respect and acceptance. I didn't focus on fitting in, it

wasn't easy, but I just did my own thing and made a place for

myself.

From this string of comments I have the impression that aspies are viewed as different or seperate from the mainstreem. The catch is that there is no mainstreem. I see many small streems; and some austrian decided to name one of them aspie.

My roomate has covered himself with body piercings and tatoos. He wants to seperate himself from the norm; but in doing so has become part of the group of people covered in Tatoos and body piercings.

I go as far as to say that all people can be labeled and put into groups based on traits. In Highschool there were the socialite girls (and guys) gossiping in tight clothes; The kids who would sit on the sidewalk wearing hoods smoking dope; the athletes; the artists; the acedemics; the cheerleeders; the "Gangstas"; etc.

I see Asperger's as just another such group. The difference being that this group was cataloged in the 1940's by some Austrian doctor rather than MTV. An aspie is more than just an aspie. Knowing that an individual is homosexual or dresses like a rock star is entirely different from knowing the individual. Having or lacking Asperger's syndrome is one of only many traits that make an individual unique.

Aspie is just a name given to a group of people. No-one should define themself or others as simply "an aspie" we're all so much more.

by a reader on Tue, 09/12/2006 - 07:24 | **reply**

Aspies

Hi, a reader,

You seem perfectly sane and lucid, not mentally ill. Perhaps you were misdiagnosed?

I don't really want to question your story. It's just that one of the tactics used by people who defend mental illness is to try to pretend that normal people are never misdiagnosed, or worse, properly diagnosed as ill.

If you could tell us a bit about the methods with which you were diagnosed, that might be informative. For example, were they very scientific?

If this is private, or you're at all uncomfortable, please don't answer. Also, if anyone else has experience with this, please do feel free to answer.

-- Elliot Temple
http://www.curi.us/blog/

by **Elliot Temple** on Tue, 09/12/2006 - 07:45 | **reply**

I see different places

Dear Elliot Temple.

My previous post was not intended to be about me personally; I was stating my opinions about Asperger's syndrome. I opened the topic with a brief and undetailed autobiography because I felt it neccesairy to put my message into context. You seam to share in my opinion that a piece of writing carrys little meaning if the source is not identified (You don't trust the report of my Asperger's without knowing more about who was behind it). You have not provided any information about yourself; and as a result your message lacks depth.

I find your response offensive and close minded. My time in highschool was anything but normal, but is was truthfully enjoyable. You also appear to doubt that an aspie could be (in all humbelness) a skilled writer.

I have no wish to argue the merit of my diagnoses at this time. Tell me more about who you are and why you feel qualified to judge a man's mental state based on a single piece of writing. Please pay more attention to the point I was trying to make in the body of my message.

by a reader on Wed, 09/13/2006 - 03:18 | **reply**

Re: I see different places

Dear A Reader,

I don't believe personal evidence is required. However, proponents of mental illness make what I believe are false, factual claims. Facts, personal or not, could refute those.

I didn't mean to say that people with Asperger's Syndrome cannot be sane and lucid. I meant it the other way: it's silly to say that sane, lucid people are mentally ill. Any system of diagnosing people that reaches absurd conclusions, is broken.

-- Elliot Temple
http://www.curi.us/blog/

by **Elliot Temple** on Wed, 09/13/2006 - 05:50 | **reply**

I see different places

I was hoping to pass the time by engaging in some sort of debate, but it looks like we are more or less on the same page.

My Diagnosis was based on the results of several hours (spread out over weaks) of mental testing. In the end the doctor (an employee of the school district) showed me a chart indicating that I was above average in most areas but off the charts (literally) in some others. A "normal" human's mental abilities would all lie along the same line.

I don't consider myself mentally ill. I get by in society better than

some. There is no treatment for Asperger's syndrome so as I said it's a diagnosis and nothing more. I always get stuck when I try to explain exactly what I am. I'm me, no more and no less.

by a reader on Wed, 09/13/2006 - 07:12 | **reply**

Not Clear

"I don't really want to question your story. It's just that one of the tactics used by people who defend mental illness is to try to pretend that normal people are never misdiagnosed, or worse, properly diagnosed as ill."

Elliot,
Who is it that defends misdiagnosis?

by a reader on Tue, 09/19/2006 - 02:08 | **reply**

Confusing

"However, proponents of mental illness make what I believe are false, factual claims. Facts, personal or not, could refute those."

Which claims are factually false? You make may allegations, but provide few examples.

by a reader on Tue, 09/19/2006 - 02:14 | **reply**

Sane and Lucid

"It's silly to say that sane, lucid people are mentally ill."

Why? If your arthritis is treated and you no longer have pain, does that mean you don't have arthritis? Some insane people can be made sane with medications. Does that mean they no longer have a mental illness?

And why must untreated people with mental illness be insane or lacking in lucidity? Most untreated people with mental illness are quite sane and quite lucid.

by a reader on Tue, 09/19/2006 - 02:22 | **reply**

Allegations; etc

Re Allegations: An example of a false factual claim I've heard is that psychiatrists are almost always careful and thorough, like good scientists. There may exist some who are, but there certainly exist a lot who are not.

Re: Sane and Lucid: I meant that one can be diagnosed as mentally ill while acting sane and lucid. Let me pose a question: If psychiatry keeps very high standards about how to carefully and scientifically diagnose people, and makes it very clear that any other practices would be utterly irresponsible, then why is it a standard use of the

English language to call people "mad", "crazy", "insane", "mental"

(ie, mentally retarded), and similar when we disagree with them strongly or we think they are ignorant? How did this blatant slur on psychiatry creep into our language? Where did it come from?

Re: Misdiagnosis: No one defends misdiagnosis, but some people claim they don't happen (much), or otherwise try to discount/ignore the issue. However a quick Google finds: http://mentalhealth.about.com/library/sci/0101/blbddx0101.htm

> [a study suggests] that between 15% and 40% of patients with bipolar disorder are misdiagnosed.

That's *a lot* of errors. If you can offer an epistemically sound procedure for correcting errors in diagnostic procedures, I'd be interested to hear it. It must pass the test that harshly-raised children often later thank their parents: you can't take someone's word for whether something helped him or not. He could be wrong. And whatever you may come up with, there will remain the issue of whether it is actually in widespread use or not.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Tue, 09/19/2006 - 03:06 | **reply**

More Allegations

"Re Allegations: An example of a false factual claim I've heard is that psychiatrists are almost always careful and thorough, like good scientists. There may exist some who are, but there certainly exist a lot who are not."

Is there any factual reason to believe that psychiatrists are less careful than other physicians? What factual reasons do you have to believe that psychiatrists are not careful? Why have you singled out psychiatrists, as opposed to cardiologists?

by a reader on Tue, 09/19/2006 - 15:09 | **reply**

Sane and Lucid

"Re: Sane and Lucid: I meant that one can be diagnosed as mentally ill while acting sane and lucid."

Why should someone not be diagnosed as mentally ill while being sane and lucid?

by a reader on Tue, 09/19/2006 - 15:12 | **reply**

Slurring Psychiatry

"then why is it a standard use of the English language to call people "mad", "crazy", "insane", "mental" (ie, mentally retarded), and similar when we disagree with them strongly or we think they are ignorant? How did this blatant slur on psychiatry creep into our

language? Where did it come from?"

I don't understand the question. Part of it seems to be -- "Why do we 'slur' psychiatry and the mentally ill?"

Because of the nature of their work, psychiatrists, like Jews, often point out to people what they don't want to hear. The mentally ill, in general, understand this. Others, faced with a challenge to the philosophies they hold dear, would rather bury people than ideas.

Why do we 'slur' psychiatry and the mentally ill?

Mostly because we are ignorant. But also because we are affraid, bigoted, and evil.

by a reader on Tue, 09/19/2006 - 16:27 | **reply**

Allegations; Sane+Lucid

Re: Allegatgions:

http://www.settingtheworldtorights.com/node/498

The linked thread is about how you can get psychiatrists to say things, and diagnose people, for political reasons. if this happens frequently with cardiologists diagnosing enemy politicians as "might die at any moment" so no one will vote for them, i'm unaware of it.

Another issue is that (within our culture) a cardiologist needs to know very little about a person's ideas. The patient describes some symptoms and some of their behaviors, answers some simple factual questions, little more.

But psychiatry is much harder. The person's knowledge plays a huge role. Every mental symptom could be explained by ideas, so that must be considered at every step. If the person has some kind of knowledge the psychiatrist doesn't know about, that could easily cause a misdiagnosis. And it must be the case that patients have relevant knowledge that their doctors don't understand very frequently. Psychiatrists can't and don't know everything.

"Why should someone not be diagnosed as mentally ill while being sane"

Because that would be a misdiagnosis. (I assume you mean the words in some special way, but I don't know what way, so you tell me.)

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Tue, 09/19/2006 - 16:50 | **reply**

Careful diagnosis

"Re Allegations: An example of a false factual claim I've heard is

that psychiatrists are almost always careful and thorough, like good scientists. There may exist some who are, but there certainly exist a lot who are not."

"The linked thread is about how you can get psychiatrists to say things, and diagnose people, for political reasons. if this happens frequently with cardiologists diagnosing enemy politicians as "might die at any moment" so no one will vote for them, i'm unaware of it."

Do you have any factual data supporting your allegation that psychiatrist are less careful diagnosticians or less thorough in ruling out diagnostic mimics (conditions that look alike) than caridologists?

by a reader on Thu, 09/21/2006 - 01:44 | **reply**

Sane and Lucid

"Why should someone not be diagnosed as mentally ill while being sane"...
Reader

'Because that would be a misdiagnosis. (I assume you mean the words in some special way, but I don't know what way, so you tell me.)'

Lucid -- easily understood; completely intelligible or comprehensible: a lucid explanation.

Sane has several meanings but usually implies "having or showing reason, sound judgment, or good sense: sane advice."

The overwhelming majority of those with mental illnesses are completely lucid and sane, if one utilizes the standard meaning of these words.

by a reader on Thu, 09/21/2006 - 01:53 | **reply**

Rationality: Independent of Time

"If you can offer an epistemically sound procedure for correcting errors in diagnostic procedures, I'd be interested to hear it. It must pass the test that harshly-raised children often later thank their parents: you can't take someone's word for whether something helped him or not. He could be wrong. And whatever you may come up with, there will remain the issue of whether it is actually in widespread use or not."

Psychiatrists change diagnoses utilizing the same procedures that others do. We create differential diagnoses (list of possible diagnoses given the symptoms) then rule out every possiblity (as best as we can) until only one diagnosis is left. If all diagnoses are ruled out, we have to start over with a new list of possibilities.

I guess you are saying (?) that what one argues later in time is not necessarily more rational than what was argued earlier. That is obviously true.

It doesn't matter if people change their mind. The issue is what is

the best rational formulation possible. An original statement or a changed statement could be more plausible.

But what does that have to do with the validity of psychiatric diagnosis or treatment?

by a reader on Thu, 09/21/2006 - 02:12 | **reply**

Incorrect Diagnosis

"[a study suggests] that between 15% and 40% of patients with bipolar disorder are misdiagnosed."

To properly diagnose bipolar disorder (type 1) requires approximately 5 years. That compares favorably to, for example, multiple sclerosis diagnoses. And a high percentage of people are not diagnosed with heart disease prior to having a heart attack, either.

Although psychiatrists certainly do misdiagnose bipolar illness, the majority of incorrect diagnoses are made by family doctors, who think they are treating depression. Their use of antidepressants (particularly without utilizing anti-bipolar medications) decreases the subsequent effectiveness of treatments for bipolar illness, with subsequent brain damage and worsening course of illness.

So why were you claiming that psychitrists are misdiagnosing bipolar illness, when the overwhelming majority of incorrect diagnoses are made by family physicians?

by a reader on Thu, 09/21/2006 - 02:28 | **reply**

Politics

Re: Allegatgions:

"http://www.settingtheworldtorights.com/node/498

The linked thread is about how you can get psychiatrists to say things, and diagnose people, for political reasons."

And you can get non-psychiatrists to say things, as well.

http://www.washingtonpost.com/wp-dyn/articles/A48119-2005Mar18.html

by a reader on Thu, 09/21/2006 - 02:35 | **reply**

Re: Politics

LOL. You have linked to a politician saying stuff, who used to be a heart surgeon, and now thinks doing this will further his political career. He's making a moral statement to get political support. And no one got him to say this. He's doing it himself.

Note that he's a former *heart* doctor talking about a *brain*

issue. No one considers this to be expert advice. He hasn't even visited the patient. Why? Because this isn't a serious medical opinion, and it's so obvious that it isn't worth bothering to make it less obvious.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Thu, 09/21/2006 - 13:10 | **reply**

Re: Careful diagnosis

I reckon the diagnostic criteria for 'Oppositional Defiant Disorder', as reproduced in the original posting, constitute ample factual evidence of a lack of care *in the psychiatric profession generally*.

A priest may sincerely believe that he believes the words he utters during his rituals, and pronounce them with great care. But that doesn't mean that religious services are a good source of information about how the universe works, or how to better live one's life.

So it doesn't really matter with how much care and sincerity one tries to apply them, if the diagnostic criteria are vague to begin with.

For example, every criterion begins with the word "often".

How often? Twice a day? Once per fortnight?

Why also "lasting for six months"? Is it just a coincidence that that period equals exactly half the time it takes the earth to orbit the sun?

By contrast, I imagine that diagnosing diseases of the heart involves, in addition to some judgement, the use of tests with simple numerical results.

For example, if the potassium concentration in the blood plasma exceeds [x] mmol/L,

or, if ultrasound scanning indicates that branch [y] of the cardiac artery is blocked,

or, if the cardiogram cycle contains abnormal component [z] with a weighting exceeding .18

(These are all made up. The intention is to give a flavour of what I think real medical science looks like.)

by **Tom Robinson** on Thu, 09/21/2006 - 23:18 | **reply**

5 Years

"To properly diagnose bipolar disorder (type 1) requires

approximately 5 years."

So are all patients told (repeatedly) that for the first five years they haven't been properly diagnosed, and may not have bipolar?

I have looked at these links

http://en.wikipedia.org/wiki/Bipolar_disorder

http://en.wikipedia.org/wiki/Current_diagnostic_criteria_for_bipolar_disorder

They fail to mention how long it takes to diagnose, and all the criteria listed are vague. This is evidence of a lack of careful thinking, or a lack of careful explaining to the public.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Fri, 09/22/2006 - 00:34 | **reply**

Re: Politics

In malpractice cases in hundreds of courtrooms across the nation, one doctor says something for the defense, and another says something very different for the prosecution.

Disagreement, money, and politics are a daily part of medical practice, psychiatric and otherwise.

by a reader on Fri, 09/22/2006 - 01:56 | **reply**

Exact Diagnosis

Tom Robinson,

You seem to assume that precise differences in numbers (e.g. a cholesterol level of 176 vs. a cholesterol level of 178) means something independent of the predictive value of the number.

Pathological lesions and lab values are not (in general) causes of phenomena. Therefore their only value is to predict things.

Do you have evidence to suggest that psychiatric diagnoses do not predict things of relevance to people or that medical diagnoses predict things better?

by a reader on Fri, 09/22/2006 - 02:19 | **reply**

Re: 5 years

"They fail to mention how long it takes to diagnose, and all the criteria listed are vague. This is evidence of a lack of careful thinking, or a lack of careful explaining to the public."

David Deutsch says that 90% of physicists do not believe in the

multiverse, and the general public (in general) does not understand the concept, at all.

Is this evidence of a lack of careful thinking, or evidence of a lack of careful explaining to fellow physicists (let alone physicists apparent inability to explain this to the general public)?

You seem to be assuming that if the general public does not understand a concept, that means the science is wrong or the explanations are bad. Is this your assumption?

by a reader on Fri, 09/22/2006 - 02:29 | **reply**

Re: 5 Years

David Deutsch has publicly said things about this issue, including criticizing other physicists. You, on the other hand, haven't taken the stance that 90% of psychiatrists are stupid about important issues, rather you have been defending them. Further, having the wrong view of physics is much less dangerous than having the wrong view of bipolar.

The rate of believing in the multiverse is pretty good among physicists where it matters much to their work, btw.

"You seem to be assuming that if the general public does not understand a concept, that means the science is wrong or the explanations are bad."

Physicists aren't responsible for explaining physics to people (with the exception of physics teachers, authors, TV commentators, etc). And if it was ruining people's lives to not believe in some view of physics which is uncontroversial among experts, then physicists would need to do something about that, or they would be criticized for irresponsibility, by me and others.

Pyschiatrists have patients, and they are responsible for talking to these people and correcting them. Given the proportion of people who have seen professional psychiatrists, how can the amount of knowledge of what you say is uncontroversial among psychiatrists, be so tiny? And isn't it irresponsible that they don't do something about this blight on our society? Won't somebody think of the children? :)

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Fri, 09/22/2006 - 02:34 | **reply**

Psychiatry

"A priest may sincerely believe that he believes the words he utters during his rituals, and pronounce them with great care. But that doesn't mean that religious services are a good source of

information about how the universe works, or how to better live

one's life."

You seem to be assuming that psychiatrists act as priests. If so, do you have any evidence to suggest that psychiatrists act in more priestly ways than other physicians?

You also seem to be assuming that psychiatrists are not helping people or perhaps that psychiatrists have not demonstrated that they help people, or perhaps that they do not help people as much as other physicians. Do you have any evidence to support this assertion?

by a reader on Fri, 09/22/2006 - 02:38 | **reply**

Re: Psychiatry

> You seem to be assuming that psychiatrists act as priests
> ...
> You also seem to be assuming that psychiatrists are not helping people

I attempted to argue that the ODD diagnostic criteria are careless and vague.

Since they have not apparently been condemned and rejected by the rest of the profession I take this as evidence of intellectual carelessness among psychiatrists generally.

The comparison with priests was meant to make the point that educated people can mean well and yet talk utter gibberish. This wouldn't matter so much if their loose talk didn't harm people and impede progress -- but it does.

I accept that priests and psychiatrists may help some people indirectly. (Their gibberish certainly does not.)

However, in the case of ODD they are not trying to help the children concerned. This means that the children cannot possibly be regarded as patients.

They are assisting teachers and parents in a rotten scheme by attempting to legitimise the harm done to children who wish to have more control over their own lives.

by **Tom Robinson** on Fri, 09/22/2006 - 12:35 | **reply**

Re: Exact Diagnosis

> You seem to assume that precise differences in numbers (e.g. a cholesterol level of 176 vs. a cholesterol level of 178) means something independent of the predictive value of the number

Yes. It's a minor point, which is illustrated by the ODD diagnostic criteria. I regard the combination of the 6 month period referred to in the preamble (exactly half a year) and the stipulation that at least 4 out of the 8 criteria must be met (exactly half) as being

somewhat suspicious.

This is because there's no obvious causal connection between human personality differences and the movements of planets. (Psychiatry and astrology seem to be similar in this respect.)

Also, exact ratios aren't common when it comes to raw data in natural science. The numbers are usually 'messy'. (But not always. e.g. the ratio of toes to legs on a normal human body is exactly 5.)

In brief, the numbers are too parochial. One suspects that they probably haven't been discovered, but rather *chosen* for operational reasons.

The major advantage, of course, of diagnoses based on numerical data and true/false laboratory tests is that they are more objective and have more empirical content.

They more easily rule out healthy people and they do so with less room for error. They depend far less upon what the diagnostician ate for breakfast.

By contrast, with a little jiggery pokery, any normal person could be diagnosed with ODD.

by **Tom Robinson** on Fri, 09/22/2006 - 15:25 | **reply**

Diagnostic Criteria

The argument is not that psychiatric diagnostic criteria don't predict anything relevant to humans, it is that they don't predict what they are purported to.

But before we continue, let's agree on a set of diagnostic criteria to discuss. Are the ones in the original post the correct diagnostic criteria? If not, can you direct us to some that are correct?

One in the original post is "2. often argues with adults". Assuming we are both adults, I think we both have that :)

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Fri, 09/22/2006 - 15:30 | **reply**

Speculation

How can the amount of knowledge of what you say is uncontroversial among psychiatrists, be so tiny?

I don't understand what you are saying, but it sounds speculative.

by a reader on Sun, 10/01/2006 - 03:31 | **reply**

Speculation again

"The argument is not that psychiatric diagnostic criteria don't

predict anything relevant to humans, it is that they don't predict what they are purported to."

What is it that is purported and what is it that is inaccurate?

by a reader on Sun, 10/01/2006 - 03:33 | **reply**

Inconsistency

"This is because there's no obvious causal connection between human personality differences and the movements of planets. (Psychiatry and astrology seem to be similar in this respect.)"

Numbers, for example the length of time that people have had symptoms and the amoung of shift of an ST segment on an EKG, predict things. Do numbers have anything to do with the rotation of the planets around the sun? Yes.

So numbers are involved in one field and in another.

Why is that relevant?

by a reader on Sun, 10/01/2006 - 03:37 | **reply**

Vague = Not Reliably Diagnosed

"But before we continue, let's agree on a set of diagnostic criteria to discuss. Are the ones in the original post the correct diagnostic criteria? If not, can you direct us to some that are correct?"

The issue of what the diagnostic criteria are, is irrelevant to this discussion. Unless you have medical training, your ability to diagnose migraine headaches or bipolar disorder by examination; your ability to use an ophthalmoscope to diagnose Wilson's disease or decide whether a specimen could be a cancer illness, is problematic. A mathematical formula may seem to be uninterpretable by you, but that does not mean it can not be understood by a mathematician (or by you if you are traineed)

It is not whether you think the criteria are vague, it is whether people who use them do. And "vagueness" of diagnostic criteria in the medical field is determined scientifically by whether diagnoses are reliably made. In fact, psychiatric diagnoses are reliably made by psychiatrists and others trained to do so (by ruling out mimics). And these diagnoses predict quite a lot about whether people will experience pain in the future, damage to organs, and other problems of relevance.

by a reader on Sun, 10/01/2006 - 04:41 | **reply**

Diagnostic Criteria

For the terms in the diagnostic criteria which have technical meanings, you could tell them to us, and explain roughly how they

are used. I think we'll understand each other better if you share

some of your knowledge about this.

Also why are criteria published which happen to have coherent non-technical meanings that could easily confuse and mislead people?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Sun, 10/01/2006 - 08:12 | **reply**

Diseases

Given the proportion of people who have seen professional psychiatrists, how can the amount of knowledge of what you say is uncontroversial among psychiatrists, be so tiny? And isn't it irresponsible that they don't do something about this blight on our society? Won't somebody think of the children?

by **Scott Brison** on Tue, 11/28/2006 - 09:59 | **reply**

Conspiracy theory

There is a difference between believing that quantum mechanical ideas add to our knowledge and being able to utilize equations derived from quantum mechanics. People ask quantum physicists for help utilizing their knowledge and people ask psychiatrists for help in utilizing their knowledge, as well. So the fact that people ask others for help does not mean that there is no legitimate knowledge created by the person being asked.

People know about and utilize psychiatric/psychological knowledge. The National Institutes of Health, the National Science Foundation and virtually all reputable scientists throughout the world recognize the substantial contribution to global knowledge that neuropsychiatrists, psychiatrists, neurobiologists, and psychologists have made.

The minority is not always wrong. But please be aware that you (Scott Brison), if you are a scientist, are very much in the minority in apparently not understanding that neurobiological damage and dysfunction cause many well-recognized psychiatric conditions.

In fact I know of only one major scientist, in the entire world, who does not understand that major psychiatric illnesses like schizophrenia and bipolar illness are brain diseases.

There may be a few others whom I am not aware of...but please.....when the editors posit that conditions like schizophrenia and bipolar illness are "fake" and "superstitions", they are suggesting that virtually every major scientist in the entire world has been the victim of a hoax.

Remarkable.

by a reader on Thu, 12/07/2006 - 00:51 | **reply**

Re: Conspiracy theory

Could there be no reason why the majority of scientists in a field might come to hold a false explanatory theory, other than that they have been victims of a hoax by conspirators?

And whether it is we who are in error or the majority of psychiatrists - isn't error the natural and unremarkable state of human beings? Isn't it *knowledge* that is remarkable?

by **Editor** on Fri, 12/08/2006 - 00:58 | **reply**

Training and ODD

"a reader" (the most recent one) is suggesting that because there are people who can use a set of rules (which otherwise seem vague) with some "training", their vagueness is irrelevant. This reasoning is flawed, because in the case of ODD it appears that the vagueness is inherent and not becuase of the lack of training of those who question the rules. The claim is that the trained are in a vague business while insisting they provide a precise service. The fact that they have received a "training" does not provide an answer. (The example of the priests is a good analogy for conveying the point.) If the "training" in question is to be part of the answer, it must be shown that it would technically alter the meaning of some of the rules for diagnosing ODD from their common-sense meaning.

The World's argument does not say that when a child shows the symptoms in the ODD definition, there is no problem. It says that the problem is not one localized in the child, but equally importantly, in its parents. It means that the word "illness" is carelessly used for ODD, with the harmful consequence that it is the child that must be treated. Instead, a rational solution to the problem must include the parents and their *relationship* with the child, complete with the usual standards we apply to human relationships, including human rights and freedoms, and their ethical implications.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Fri, 12/08/2006 - 12:29 | **reply**

Other Than Conspiracy?

The previous claim seemed unclear, but perhaps was saying that because lot's of people ask psychiatrists questions or seek help or something, the fact that people are asking somehow means that there is no knowledge in the field. That claim obviously makes no sense.

It is not that the majority of psychiatrists are incorrect, but rather that virtually every major scientist in the entire world is incorrect. As I stated, I can think of only one who disagrees with the idea that schizophrenia and bipolar illness, for example, are brain diseases.

It certainly is possible that virtually every major scientist is

incorrect. In the abstract, all knowledge is provisional, and will ultimately be found to be untrue (or not completely true).

Why do you think that virtually every major scientist in the entire world disagrees with you? How are you able to see the truth so clearly?

by a reader on Fri, 12/08/2006 - 18:26 | **reply**

ODD

My points were specifically about ODD, not schizophrenia or bipolar personality. I am not sure if the same reasoning can be applied to these, but it is something that can be looked into. Is there a majority opinion about ODD being a brain desease among psychiatrists?

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Sat, 12/09/2006 - 02:35 | **reply**

ODD

Virtually all psychiatrists would say that ODD is not a brain disease.

But impulsiveness can be a consequence of a brain disease.

Schizophrenia and Bipolar illness are not "personalities".

by a reader on Sat, 12/09/2006 - 03:05 | **reply**

A disorder is not the same a

A disorder is not the same a disease.

by a reader on Sat, 12/09/2006 - 05:04 | **reply**

disease and freedom

For me, using a label such as "disease", "illness", "personality", etc. would not so much matter per se as the ethical implications of their use regarding freedom and personal choice. Let me use the word "condition" as one that includes all such labels. I think the most important aspect of our discussion is not so much the theory of which label is the best one to use, but the meta-theory of what should be done with them.

So far as a person diagnosed with a condition (be it one with physical symptoms such as a heart condition or one with mainly behavioral symptoms such as schizophrenia, bipolar or ODD conditions) can still make decisions regarding his life and convey them in an intelligible fashion to the people around him, he must have the freedom to do so. A failing heart is considered by almost everyone to be an "illness" perhaps because its sure outcome is death, but the person whose heart is failing is ultimately the one who must have the choice to decide what to do with it. The same

goes for the subject of this thread.

Physicians and psychiatrists are free to label and categorize these conditions, research the ways they can be treated to this or that end, but they cannot claim an authority over someone's life, be it a child or an adult, on the basis that the *psychiatrists* (or physicians) have labeled his or her condition as a disease. At the root of it, all conditions have a brain component, a genetic component and an environmental component to varying degrees. It is good to examine and determine these components so we know what to do with a particular condition *if* the person having the condition wishes so.

Those who have conditions that stop them from conveying their wishes to others fall in a different class, and accordingly different ethical principles must be used in such cases. However, a complete shutdown of communication is very rare.

There is another aspect of the labels that is of importance for our meta-theory, and that is the localization of symptoms. If as you say, schizophrenia is a brain disease (there seems to be no direct evidence for this yet), then a symptom such as "Social/occupational dysfunction" (according to **wikipedia**) is not acceptable, since this symptom is localized in many people at once, not just the person under diagnosis. If and when such symptoms are part or all of the diagnosis, which apparently is the case for ODD, the treatment must also include those others in whom the symptoms are localized.

Do you find this meta-theory opposite to yours? Why? Is there any evidence based on specific details of the labels used for schizophrenia or bipolar behavior (or any other condition for that matter) that would disfavor it?

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Sat, 12/09/2006 - 10:27 | **reply**

No Disease Without Damage to People

"Those who have conditions that stop them from conveying their wishes to others fall in a different class, and accordingly different ethical principles must be used in such cases. However, a complete shutdown of communication is very rare."

Agreed. And most psychiatric patients, with schizophrenia or otherwise, can, should, and do make their own decisions. Occassionally they and others are not in a position to make decisions consistent with their own rational beliefs, and so need our help.

"There is another aspect of the labels that is of importance for our meta-theory, and that is the localization of symptoms. If as you say, schizophrenia is a brain disease (there seems to be no direct evidence for this yet), then a symptom such as "Social/occupational dysfunction" (according to wikipedia) is not acceptable, since this symptom is localized in many people at once"
What constitutes "direct evidence" of a brain disease? (if your

instinct is to say "a pathological lesion", then ask yourself whether pathological lesions are causes or effects of illness? And then ask yourself whether a reliably observed behavior could not be, like a pathological lesion, an effect of an illness?)

Despite any pathological lesion (e.g. neurofibrillary tangles), a person does NOT have Alzheimers disease unless he or she has "clinical symptoms"....i.e. unless experts deem him to have symptoms of Alzheimer's disease like memory loss. So the symptoms of the illness must exist, to some extent, in the mind of someone else....an "expert" in the field.

A person does not have epilepsy (despite any positive EEG finding) if he does not have clinical symptoms of illness (like behavioral movement of limbs). So the symptoms of the illness must exist, to some extent, in the mind of someone else....an "expert" in the field. So are epilepsy and Alzheimer's disease "fake" and "superstitions"?

Indeed, the same is true, but in more subtle ways, of all illnesses and diseases. Their definition depends upon the way in which the manifestations of illness affect the living. For example, a pathological slide of a prostate gland, in a 50 year old, can lead to a diagnosis of a cancer disease, but will not do so in a 90 year old.

Why? Because the pathology will likely hurt the 50 year old, but not the 90 year old. If you will, the cancer pathology will hurt the "social and occupational functioning" of a 50 year old, but not a 90 year old. No objectively defined pathological lesion defines an illness or disease, unless it is correlated with a process that damages the psychology of people.

So "damage to people" is inherently a part of the conception of all diseases and illness, psychiatric and otherwise. So all definitions of disease include "damage to people" or "interference with social and/or occupational functioning." Statistical aberrations ("pathological lesions") are irrelevant unless they hurt people. Your body is covered with them, but you don't have millions of diseases!

Even the Szazian hero Virchow, the great pathologist, recognized that dead people have no disease (because nothing in their dead body will affect their "social and occupational functioning")!

A disease is simply not a disease unless it hurts people!

by a reader on Sat, 12/09/2006 - 19:56 | **reply**

Who? Whom?

> So the symptoms of the illness must exist, to some extent, in the mind of someone else....an "expert" in the field.

This is not what I meant. The expert's mind is using a *theory* that identifies a certain symptom *in* the patient. What exists in the expert's mind is a theory, not a symptom. The symptom exists (or is supposed to exist) in the patient. This applies well to the loss of memory in Alzheimer's. But a "social/occupational" dysfunction

might or might not be localized in the patient under diagnosis. When someone is fired because he is introvert or less communicative (the case for bipolar people I guess) this "social/occupation" dysfunction is localized in the patient and his boss. It is a problem alright, but its solution must include the boss and the occupation itself. (Another example: think of the people who are fired because of their sexual orientation. Where is the symptom localized? What is the solution?)

The "damage to people" guideline constitutes the problem. But who is to be diagnosed? To whom do we apply our treatment? These solution startegies entirely depend on where the symptoms are localized.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Sat, 12/09/2006 - 22:13 | **reply**

Damage to People

Cyrus Ferdowsi,

One can strike the "social and occupational" dysfunction piece from schizophrenia, but then one would have to strike this conception from all conceptions of illness.

But first, try to think of any way that you can understand illness or disease that does not involve psychological damage to people or its variants (pain and suffering). Can you come up with a definition of disease that does not involve psychological damage to people? I certainly haven't been able to. Let me know what you come up with.

By the way, it is almost always the individual who determines that a given condition is causing him "social and occupational dysfunction" or "pain" or "psychological damage".

Homosexuality and Congenital Deafness are developmental conditions, not diseases. There is no progressive damage to the brain. So though there may be social and occupational dysfunction with homosexuality, there is no progressive deterioration of the brain, unless others discriminate against homosexuals (hit them in the head, for example!) Indeed, there may be many cultures in which these conditions are advantageous.

Asperger's and many forms of attention deficit disorder are also not diseases, because they also do not involve progressive damage to the brain (unless people treat these individuals badly as well).

Like homosexuality and congenital deafness, Asperger's and many forms of attention deficit are developmental conditions, but whether, for example, attention deficit is a "developmental DISORDER" is tricky.

In certain cultures, there may be certain advantages to attention deficits (actually there is no deficit...just rapid shifting of attention).

In this culture, those with the condition usually want help. We can

help them with medications and other interventions, so we do. They say they want to funcition better in this culture.

If there were medicine that could convert someone from homosexuality to heterosexuality (or vice versa) and the individual wanted it, do you think it should be prescribed? Like plastic surgery, I think most doctors would do it. We treat attention deficits for the same reason. The person's performance increases, in this culture.

It is harder, but perhaps not impossible, to think of a culture in which those with Asperger's would do better than the rest of us. So Asperger's is pretty clearly a "disorder", albeit a developmental disorder.

In terms of Alzheimers, I'm glad that you see that a diagnosis can be made with a theory and ones eyes and ears. You apparently see that this method can be a better diagnostic tool than a lab specimen! You are one of the first who has responded (on this site) who recognizes that. And so we diagnose epilepsy, Alzheimer's, schizophrenia, bipolar illness, and migraine headaches, in the same way.

Yes, "damage to people" is subjective, but all definitions of illness depend upon this, unless you can come up with an alternative. But, your definition should allow you to figure out why the millions of pathological abnormalities in your body, are not illnesses.

by a reader on Sun, 12/10/2006 - 00:13 | **reply**

Living Beings

"When someone is fired because he is introvert or less communicative (the case for bipolar people I guess) this "social/occupation" dysfunction is localized in the patient and his boss. It is a problem alright, but its solution must include the boss and the occupation itself."

Note that the definition of the mental illness, Alzheimer's dementia, includes the definition,

http://www.medterms.com/script/main/art.asp?(articlekey=2940).

"Significant loss of intellectual abilities such as memory capacity, severe enough to INTERFERE WITH SOCIAL AND OCCUPATIONAL FUNCTIONING."

All illnesses include this type of subjective component in their definition. Usually the sufferer himself says that he is experiencing pain, social problems, etc.

But your point is well taken. Social and occupational dysfunction is usually more of a consequence of an illness, not a symptom, per se. But if the illness were not in some way subjectively hurting the person, even if not socially and occupationally, then I don't think most doctors would consider it an illness.

Doctors in general include psychological consequences to people in

the definition of illnesses (e.g. pain and suffering) as a way of recognizing that illnesses happen to living people, but not to stones.

by a reader on Sun, 12/10/2006 - 01:31 | **reply**

Definition of Disease

> Can you come up with a definition of disease that does not involve psychological damage to people?

I may or may not, depending on what I want to do with the proposed definition. I have no problem with including "pain and suffering" in a definition of "disease" and excluding that from "developmental condition" and/or "disorder." As I said, I am more concerned with the way these definitions are used for taking action with respect to the individuals, and the ethical consequences of those actions. If an indivdual is seeking help for a "disease" or a "disorder" it is of course no one's business to tell him he is not allowed to receive it if it is being offered based on mutual agreement. But you see, in this statement, I have not mentioned the disease's or disorder's definition. It is based on the meta-theory of what to do with any such definition. If some people try to use a particular definition to argue against this statement or for a different statement, their definition must have included a new meta-theory in it already.

I don't think identifying the source of the "damage to people" is necessarily subjective. I think **The World**'s original post is actually arguing that in the case of ODD, the source is objectively localized in the parents as well as the child. As such, the diagnosis that excludes the parents is false.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Sun, 12/10/2006 - 03:57 | **reply**

Your Point?

Cyrus Ferdowsi,

We have no disagreement that the overwhelming majority of exchanges between people should be voluntary.

Is there an additional point that you are making?

by a reader on Sun, 12/10/2006 - 04:10 | **reply**

More than that...

"I don't think identifying the source of the "damage to people" is necessarily subjective."

Agreed. But I did not claim it was "necessarily subjective." I said pain and suffering, a component of all illness, is to some extent subjective.

"I think **The World**'s original post is actually arguing that in the

case of ODD, the source is objectively localized in the parents as well as the child. As such, the diagnosis that excludes the parents is false."

The editor's of "**The World**" claim that all mental illness is "false", "fake", and a "superstition". They do not just refer to oppositional defiant disorder. And they attack a charity that specifically helps the mentally ill.

Regardless of whether some people could misapply a diagnosis of "oppositional defiant disorder" to a child, when the parents are in fact behaving badly: The editor's have engaged in name-calling, attacks against charities that are helping people, and have refused to use a scientific approach to understanding brain diseases like schizophrenia that destroy people's lives.

Schizophrenia is no "superstition" and virtually every eminent scientist (except one that I know of) understands this.

I therefore think the editor's approach is morally and scientifically wrong.

by a reader on Sun, 12/10/2006 - 04:42 | **reply**

Asymptomatic Illnesses

The editor's suggest that latent Hep. C is an "asymptomatic disease". But they suggest that mental illnesses like Schizophrenia and presumably Alzheimers can't be "asymptomatic", so Hepatitis C is a real illness and mental illness is "metaphorical". Real illnesses can be asymptomatic, but not pretend illnesses.

But latent Hep. C, in a fully informed and rational person, is not asymptomatic, either.

People worry about latent Hep. C and treat it with interferon, because there is a distinct probability that it will injure the physical body and the psychology of the victim later in life (Hep C will cause pain and suffering and death). So informed and rational people worry (right now!) about damage to their body and mind that may yet occur, because of processes in their liver that may be beginning now.

Worry is a psychological symptom existing in the present. So Hep. C is not asymptomatic. A rational and informed person should be worried about it in most cases.

Alzheimer's, Schizophrenia, and latent Hep. C., can be "asymptomatic" if the person does not subjectively worry about the behaviors and states of mind he is exhibiting (memory loss, paranoia, etc.), and if he does not worry about the state of his liver. But in most cases, a rational and informed person should worry about these behaviors and the state of his liver.

If it is known that exposure to Hepatitis C is not going to injure someone, because the body responded adequately to it in the past,

then the person is asymptomatic, but he also doesn't have a

disease!

So there is no philisophical distinction between Schizophrenia, Alzheimers and latent hepatitis C. None of these diseases are truly asymptomatic in fully informed, rational people.

Doctors do use the term "asymptomatic disease", but as a way of trying to convince people to worry more (be more symptomatic!) and therefore act aggressively to take care of their health, when they may not be aware that something is damaging them.

But strictly speaking, it is a contradiction in terms to speak of a disease that is truly asymptomatic over the long-term.

by a reader on Sun, 12/10/2006 - 15:32 | **reply**

Huh?

> Worry is a psychological symptom existing in the present. So Hep. C is not asymptomatic. A rational and informed person should be worried about it in most cases.

Are you suggesting that a doctor should or does factor in the "worry" as a symptom of Hepatitis C? Can you explain how this should be or is done in a real-world scenario? For instance, should or could two patients, one with and the other without worry (for whatever reason), be diagnosed differently everything else being equal?

> Doctors do use the term "asymptomatic disease", but as a way of trying to convince people to worry more (be more symptomatic!) ...

So, by your reasoning, are doctors making people ill?

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Mon, 12/11/2006 - 08:26 | **reply**

Asymptomatic Disease

Worry/Concern is a rational way of bringing the expectation of future pain and suffering into our current consciousness, so we can act appropriately.

If latent Hep. C did not cause the rational person to expect future pain and suffering, it would not be an illness.

So yes, physicians do need to take into account whether a rational person would expect a given condition to cause pain and suffering, in their consideration of whether that condition is an illness.

I'm affraid that one can not logically take subjective considerations out of conceptions of illness, otherwise rocks and dead people would be considered "ill".

Again. Try to come up with a conception of illness that does not

include subjective elements like "loss of needed functioning" or "pain and suffering."

If you try to argue that just the presence of a "lesion" defines an illness, your conception must take into account that you have millions of statistically aberrant structures (lesions) in your body, right now, yet you do not have millions of diseases.

by a reader on Mon, 12/11/2006 - 18:40 | **reply**

Objective Conception of Illness

I think it is possible to have an objective conception of illness. Before I lay that out, let me try to point out a few difficulties with your type of subjective conception of illness:

1. You say, "If latent Hep. C did not cause the rational person to expect future pain and suffering, it would not be an illness." But clearly, even in this statement, you are separating the "future pain and suffering" from "latent Hepatitis C" itself. Objectively the two are related as cause and effect. Including the effect in the cause is *logically* untenable.

2. But let's take this approach seriously for a moment. You say, "physicians do need to take into account whether a rational person would expect a given condition to cause pain and suffering, in their consideration of whether that condition is an illness." How does this apply to ODD? What *is* the condition there that is causing pain and suffering? It seems, even though you proclaim a subjective conception of illness, you still need to objectively identify the causing condition. How do you do that for ODD, where all we have are subjective symptoms?

3. Furthermore, if we are to include *consequent* "pain and suffering" which seems to be your defining element of an illness, what is to stop us just there? Why not include other consequences of the causing condition, say, consequent economical or political effects, etc.?

Now to my suggestion: I think that you are mistaking the "problem situation" for the "illness." As I wrote **eralier**, the pain and suffering consititutes a problem. But when we use the word "illness" or "disease" in their common usage, we are referring to the causes of the problem. Our conception of these causes must be objective and especially if they are being attributed to a person (e.g., claimed to be the child in case of ODD), the attribution must be objective in the sense that the cause must be localized in that person. The solution is then in finding a way to resolve the problem at the level it can be acted on. This last step is also subject to ethical rules.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Mon, 12/11/2006 - 23:05 | **reply**

A Further Element of Objective Conception of Illness?

I do not mean to deny that "pain and suffering" or other

consequences of a condition might be relevant to the notion of illness. But I do think that they must be taken into account with caution. On the other side of the discussion here, the approach defended by "a reader" can lead to ~~problems~~ difficulties s/he might not wish to cause.

Suppose person A comes down with cancer X, which would eventually kill him. I think we would agree that this would include "pain and suffering." However, if person A does not find it a problem (he might wish to die for personal reasons, etc.) "a reader" would seem to think that he does not have an illness. I regard this conclusion useless, and potentially problematic. Why? Suppose further that this is the first case of cancer X, a new type of cancer previously unknown. Should we not categorize it as an illness, make it part of the cancer research efforts, etc.? I prefer to answer, "we should" for reasons conatined in our common-sense notion of illness: The reason is that we may conclude, *objectively*, that there are people who would find the "pain and suffering" or the ensuing death a problem, were *they* found to have cancer X.

So, if "pain and suffering" is to play a part in our conception of illness, it still needs to be in an objective way. There may be other constraints I have not thought of.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Mon, 12/11/2006 - 23:52 | **reply**

ODD is Not an Illness

"But let's take this approach seriously for a moment. You say, "physicians do need to take into account whether a rational person would expect a given condition to cause pain and suffering, in their consideration of whether that condition is an illness." How does this apply to ODD? What is the condition there that is causing pain and suffering?"

I don't consider ODD an illness.

by a reader on Tue, 12/12/2006 - 01:39 | **reply**

Not Clear to Me

"You say, "If latent Hep. C did not cause the rational person to expect future pain and suffering, it would not be an illness." But clearly, even in this statement, you are separating the "future pain and suffering" from "latent Hepatitis C" itself. Objectively the two are related as cause and effect. Including the effect in the cause is logically untenable."

Latent Hep C is an infection, but not an illness unless it ultimately causes a rational and informed person to expect pain and suffering. For example, if someone had 3 months to live because of a cancer illness, if he then contracts a Hep C infection from a blood transfusion which becomes latent, he does not have a latent Hep C

illness, though he has an infection, because the infection will not

cause him pain and suffering, early death, or any other problematic complication.

An infection may or may not cause an illness, depending upon whether it does or does not damage the person. You claim this statements is somehow logically untenable. In what sense?

by a reader on Tue, 12/12/2006 - 01:58 | **reply**

Doctors Focus on the Patient

"Furthermore, if we are to include consequent "pain and suffering" which seems to be your defining element of an illness"

No it is not the defining element of an illness. It is part of the definition of an illness.

"Why not include other consequences of the causing condition, say, consequent economical or political effects, etc.?"

That would go under social and occupational dysfunction!

Why not consider political effects of abnormal biological processes in the doctor's office?

Because in general people want their doctor to focus on the abnormal biological processes in their own body that are causing their own pain and suffering, not the suffering of other people.

by a reader on Tue, 12/12/2006 - 02:15 | **reply**

Not Going to Argue with Myself!

"Suppose person A comes down with cancer X, which would eventually kill him. I think we would agree that this would include "pain and suffering." However, if person A does not find it a problem (he might wish to die for personal reasons, etc.) "a reader" would seem to think that he does not have an illness."

Ahh. Forgive me, but I am just not following your argument. You are specifying that there is an abnormal biological process (the cancer cells). You are also telling me that a rational and informed person would likely think that this biological abnormality is going to cause pain and suffering. So by the criteria I have given, he has an illness.

Why would I disagree with that? Why is it relevant that he also wants to kill himself?

by a reader on Tue, 12/12/2006 - 02:39 | **reply**

Pain and Subjectivity

"The reason is that we may conclude, objectively, that there are people who would find the "pain and suffering" or the ensuing death a problem, were they found to have cancer X."

Notice something very interesting about what you said. I think you

have just determined that a person has an illness, not just by looking at an abnormal physical part in a person's body, but also by noting the effect of that abnormal part, on a person's mind!

You say (?for a biological abnormality to be an illness?)that there are "people" (not necessarily the person with the illness) "who would find the pain or suffering....a problem."

So you seem to be agreeing that the person is not ill unless other rational people believe that the person with the biological abnormality should or will perceive pain and suffering from the abnormality?

Hmm. If this is your belief, you sound suspiciously like a psychiatrist, actually like most MD's. (Sorry to insult you, if you think that I am).

But would not one person's conception of what should cause pain and suffering vary from culture to culture? Indeed, would it not vary from person to person?

Don't you think different, equally rational people, could think that the same biological abnormality causes different amounts of pain and suffering?

So is there not any subjectivity involved in determining what is painful?

I'm still waiting for your objective criteria that defines what an illness is.

by a reader on Tue, 12/12/2006 - 03:51 | **reply**

Clarification

Ok, so let me ask a clarifying question: when you say, a rational person would expect illness to cause pain and suffering, do you take this expectation to be subjective or objective? If it is objective, how can it be found out without reference to a particular person? If it is subjective, why do you not follow the step in my argument that person A could rationally but subjectively not worry about having cancer X?

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Tue, 12/12/2006 - 03:56 | **reply**

RE: Pain and Subjectivity

I said, "*objectively*, there are people who would find the 'pain and suffering' or the ensuing death a *problem*..." (added emphasis). The emphasis here was on there being a problem and the process is expressedly objective. It does not refer to a particular person, especially the one under diagnosis.

It is also important to note that all our discussions have been with

the assumption that there exists some underlying cause, given different labels in different comments, e.g. a "lesion" or an "abnormal biological process", etc. I am arguing that the objective existence of such an underlying cause is the substantial part of the notion of illness and the problmes it creates. Without them, there are only problems, no illness or disease. Especially, the sole existence of "pain and suffering" or other subjective symptoms, even in principle, does not constitute a disease, but only a problem situation.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Tue, 12/12/2006 - 04:14 | **reply**

So Dead People Have Illnesses?

"But when we use the word "illness" or "disease" in their common usage, we are referring to the causes of the problem."

This is not correct. We do not know the cause of virtually any illness.

But I think it is illogical, as well.

So if a person has a staph. aureus infection, the illness is the staph aureus and the problem is the pain and suffering?

So if the person then dies of the infection, the staph is still on the person. If the staph. is the illness, then why isn't the dead person still ill?

If you say, "Because he doesn't have a problem", then you are agreeing that a person is only ill if he has a cause of a problem AND a problem.

So illness, by your own reasoning, must imply cause and problem, not just cause. Right?

And what one rational person determines is a "problem" is not necessarily what another rational person determines is a problem. Therefore illnesses have objective and subjective components.

by a reader on Tue, 12/12/2006 - 04:27 | **reply**

Dead People, Illnesses and Problems

> So if the person then dies of the infection, the staph is still on the person. If the staph. is the illness, then why isn't the dead person still ill?

He is not ill for all practical purposes simply because he is dead. We could still consider him ill, but that usually wouldn't be useful or solve any relevant problem.

I think I should state again that I am not so much after fixing a definition for disease or illness. What I think is important is how we

use the notion of illness to solve our problems and its ethical

consequences. Here is my description of the situation: People, symptoms (including pains) and illnesses are all parts of a problem situation. It seems to me that when we say a person has a certain disease, what we mean is that in order to solve the corresponding problem, the best solution would be to treat the disease, in great part because of the implied causal relationship. Since the disease is normally attributed to a single person, we are arguing that the best solution to the problem (having pain or any inconvenience, for instance) is for the said person to undergo treatment. This argument has ethical consequences. For it to be a good argument, the disease must be identified and attributed to the said person objectively. If instead there are only subjective symptoms spread over a number of people, I do not see why the best way to resolve the problem situation would be to pick and choose some of the symptoms in one person and treat them with no regard to others. In such cases, I prefer not to use the label "disease" and its implied treatment because I find it leads to inferior solutions, or even non-solutions, and also to ethically unacceptable actions.

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Tue, 12/12/2006 - 05:01 | **reply**

Dead People. No Illness

"He is not ill (a dead person with staph aureus in his body)for all practical purposes simply because he is dead. We could still consider him ill, but that usually wouldn't be useful or solve any relevant problem"

But you apparently say that the staph infection is the illness! If you don't say this, what is the illness? So if a live person then dies of a staph. infection, the staph is still on the person. If the staph. is the illness, then I ask again, why isn't the dead person still ill?

If you say "for all practical purposes" a dead person is not ill because "it's not useful" or because "it wouldn't solve any relevant problem", then you are agreeing that a person is only ill if he has the infection and a problem from the infection.

Also, if the staph. aureus infection is the illness, then why isn't every other infection in your and my body an illness? If we are healthy, we are currently infested with millions of infections, therefore millions of illnesses?

If you say that these infections are not illnesses because thinking of them as "illnesses" does not help us "to solve a relevant problem", then an infection is not an illness if it does not solve a problem. So an infection must solve a problem to be an illness. So an infection plus a problem creates an illness, by your own reasoning!

So again, your own reasoning would seem to indicate that an illness has at least two parts, a biological cause or abnormality, and a problem created by the cause.

Why is it relevant that illnesses have at least these two conceptual

parts?

You say,
"(S)hould we not categorize it (cancer) as an illness" because,

"The reason (that cancer is an illness in a person who wants to die) is that we may conclude, objectively, that there are people who would find the "pain and suffering" or the ensuing death a problem, were they found to have cancer X."

I think your argument is very insightful. Just like above, you seem to be saying that cancer is an illness because of two factors.

1. There is an abnormality

and

2. The abnormality causes an objective person to think that the cancer would cause a problem, for example "pain and suffering" and "an early death". (Psychiatrist's use "social and occupational dysfunction", rather than "pain and suffering", because they tend to think that social and occupational dysfunction can be more objectively defined than "pain and suffering".) But perhaps you are correct that "pain and suffering" is better.

But the second factor you mention in defining an illness, ("People...would find the "pain and suffering" or the ensuing death [to be] a problem, were they found to have cancer"), requires an observer to be very careful and insightful.

To imagine whether a given physical abnormality would cause pain and suffering in someone, or to "objectively" see in a patient that he is in pain and suffering, requires the observer to be able to accurately form a theory of mind of someone else, especially if the observer has never had the illness.

So to summarize what logically follows from your own arguments.

A person has an illness because doctors (or others) have a theory that a patient has a biological/physical abnormality.

In addition, the doctor has a theory that the mind of the victim, or a similarly situated person, should experience the abnormality as something that causes a problem, for example pain and suffering.

So if you follow your own logic, Mr. Ferdowsi, you are saying (even if you don't wish to admit it), that someone has an illness, if and only if the illness, by objective standards, is an abnormality of the body that causes a problem for the mind.

I basically agree with that except that I think that rational people can reasonably disagree, to some extent, about whether a given biological abnormality causes a problem for a person. So the determination of what is a relevant problem for a given person is partly "objective" but also partly "subjective".

by a reader on Wed, 12/13/2006 - 00:31 | **reply**

Knowledge and Definitions

I hope you see that we are not just debating a definition of illness, but an entire approach to knowledge. I have repeated many times that I am not after fixing a definition for illness. Definitions must come after we have solved the problem, as a nice way of summing up the ideas used in our solution, but never we begin with them in order to gain knowledge. I think you are debating a definition of illness, as a word, and its meaning. This is the trap of essentialism, which is a false theory of knowledge.

To make my point clear, I may ask you this: Can dead people be *rich*?

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Thu, 12/14/2006 - 17:48 | **reply**

Can Dead People be Rich

No!

by a reader on Mon, 12/18/2006 - 22:10 | **reply**

The "Pots and Kettles" error in logic

What is it called:

When the editors of the World call the concept of mental illness "fictional", "fake", a "worthless" superstition, and an "abrogation of intellectual and moral standards?"

What is it called when someone then says:

"Well then, what do you mean by 'mental illness'?"

And what error in logic occurs when ones apparent inability to answer this obvious relevant question becomes justified by calling the answer "a false theory of knowledge" and "essentialist" thinking?

by a reader on Tue, 12/19/2006 - 02:26 | **reply**

More Pots and Kettles

"It is also important to note that all our discussions have been with the assumption that there exists some underlying cause, given different labels in different comments, e.g. a "lesion"...."

This comment is very much in error. Virtually no known lesion is a "cause" of an illness. In fact, virtually all lesions are effects of illnesses, not causes. We know the cause of very few illnesses.

If lesions are effects of illnesses, then why are they important? Because they are biological abnormalities that are reliably identified and predict future pain and suffering to the individual, in virtually any cultural context, in the abscence of appropriate treatment.

So the specific definition of "lesion" is irrelevant. What is important

is that there are reliably identified biological entities that are a consequence of a biological process. And these entities can be identified and predict future pain and suffering in virtually any cultural context.

That is why many mental illnesses are as real as any other illnesses. Alzheimers is a real (mental) illness, because memory loss of a certain variety is a reliably identified consequence of a biological process. The presence of the memory loss (and other findings) predicts future pain and suffering, to a large extent independent of cultural context.

Similarly, schizophrenia is a real illness, because a certain type of hallucination is a reliably identified consequence of a biological process. The presence of the hallucination (and other findings) predicts future pain and suffering, to a large extent independent of cultural context.

Diabetes is also a real illness because a certain type of lab finding (elevated fasting blood sugar) is reliably identified in the blood and is a consequence of a biological process. The presence of the elevated sugar (and other findings) predicts future pain and suffering, to a large extent independent of cultural context.

So the issue is not that there are entities defined as "lesions" present, so an illness is now present because of the lesions. The issue is what do the lesions mean?

Insisting on the presence of a "lesion" for something to be defined as an illness, is in fact the "essentialist" error that you suggest that I make. It fails to take into account the meaning of a "lesion".

Once one understands the meaning of the concept of a lesion, then entities other than lesions (e.g. EKG findings, X-ray findings, shaking behavior in seizures, memory loss in Alzheimers, hallucinations in schizophrenia), become equally diagnostic of abnormal biological processes. And therefore the presence of these findings (some lesions, some not) can be used to diagnose illness, mental or otherwise.

by a reader on Tue, 12/19/2006 - 03:48 | **reply**

What is important

> ... is that there are reliably identified biological entities that are a consequence of a biological process. And these entities can be identified and predict future pain and suffering in virtually any cultural context.

This is very much the right answer and what I have been trying to defend as an "objective theory of illness." If you subscribe to this objective methodology, we should not have much to disagree with. That we may not "know" in a positivist sense the cause of a certain illness, does not mean that when we call it an illness we are assuming such causes exist, objectively. What I said before about

objectivity and the localization of the symptoms as a measure of

the presence of the "biological processes" in the above quote, directly follow from such a view.

My understanding is that "mental illnesses" attacked by **The World** do not satisfy these criteria of objectivity and localizations. They are not illnesses in the sense that their treatment will solve the problems they are purported to have caused. This clearly applies to ODD and ADHD, the subjects of the original post in this thread, and the claimed "mental illness" of Mr. Jose Sequeira, the subject of **another thread**.

Do you disagree?

Also, your negative answer to the question "could dead people be rich?" would beg the question "why?" if you were to insist to *define* "rich" independently of the problems or the situations in which the notion arises. For instance, if "rich" refers to the material wealth, it would still be there after the death of the person, etc. The point is that, the concept of "rich" as part of a solution to any problem only arises in situations where the person is alive. From your answer, I expect that you agree with the same reasoning when we replace "rich" with "ill."

-- Cyrus Ferdowsi, **http://libiran.blogspot.com**

by **Liberal Iranian** on Tue, 12/19/2006 - 07:52 | **reply**

Rich States, Value Laden Processes

Being rich is for the most part, a value-neutral state.

Being ill, on the other hand, is a value-laden process.

In my opinion, a person being ill is not analogous to a businessman being poor (or rich).

A better analogy to a person having an illness, is a homeowner witnessing the construction of his mostly uninhabitable house.

A homeowner, like a doctor with incomplete knowledge of material science, might measure (reliably) the rate at which the walls being constructed are cracking, and perhaps the rate at which the door is warping, and these measurements may indeed help to determine when the house will be fully uninhabitable. The growing cracks are analogous to the consequences of an abnormal biological process (for example, "lesions"), but the cracks are not the cause of the problem. Rather they are consequences.

The degree to which the house is "uninhabitable" is to some extent objective, but is to some extent subjective. The consequences of the faulty design and the materials used (for example, the rate of growth of the cracks and the warping of the door) are objective to the extent they can be accurately measured.

Note that the rate of growth of the cracks in the walls, the rate of warping of the door, the amount of heat loss from the house, etc.

could all be time-sensitive "signs" of impending inhospitability of the

house, though of course it would be better if the observor had a full knowledge of material science so would not have to make measurements at various points in time.

Unfortunately, doctors don't have a full knowledge of biological processes at this time, so we use time-sensitive measures and a number of different measures to determine the relative condition of the metaphorical "house".

Tom Robinson says:
"regard the combination of the 6 month period referred to in the preamble (exactly half a year) and the stipulation that at least 4 out of the 8 criteria must be met (exactly half) as being somewhat suspicious.

This is because there's no obvious causal connection between human personality differences and the movements of planets. (Psychiatry and astrology seem to be similar in this respect.)"

What Mr. Robinson fails to understand is that time-sensitive measurements and a number of different types of measurements, can help one to predict the evolution of conditions like the future uninhabitability of the house. Mr. Robinson apparently does not understand that "time" and "number" are used in many discussions, not just amongst those who believe in astrology.

Only when the physics of a given state is completely understood, will evolution from that state be completely understood. In the abscence of this, we measure conditions over time to help us make predictions. This is a very imperfect process, but necessary at this point.

by a reader on Thu, 12/21/2006 - 02:41 | **reply**

Clarification

"My understanding is that "mental illnesses" attacked by **The World** do not satisfy these criteria of objectivity and localizations."

You slipped the word "localization" in your wording and that confuses me.

Seizures occur in brains, like the processes causing the mental illness Alzheimers, the mental illness schizophrenia, the mental illness bipolar disease, and the mental illness depression.

We do not diagnose seizures by an EEG, however, which seems to localize certain types of abnormal neural activity to various parts of the brain. The reason we don't do that, however, is that if someone has well-documented behavioral signs of seizures, even if there is no EEG abnormality, the behavioral signs are more predictive of future brain damage and pain and suffering, than the EEG is. Similarly, if a person has an EEG seeming to demonstrate "seizures", yet there is no behavioral abnormality, the patient does not have seizures, again because the seizure behavior is more predictive of future problems.

Similarly, I don't know whether you consider Alzheimer's patients to

have "localized lesions". Certainly there is a problem with the brain. We know that because we have ruled out other causes of memory loss and we see visible damage to the cortex in many patients.

But the damage to the cortex, however widespread, does not diagnose Alzheimers disease. The memory loss, in the absence of other better explanations for the memory loss, does diagnose the illness. So if a patient has all the signs and symptoms of Alzheimers disease and no better explanation for the memory loss, and at autopsy there is no brain pathology found, the person is still considered to have been correctly diagnosed with Alzheimers disease. The "localized" brain pathology does not diagnose the illness, the particular type of memory loss does.

The reason is simple. The memory loss is a better predictor of future pain and suffering (e.g. further decline in memory) than the brain pathology that "localizes" a lesion.

Similarly, when we look at the brains of those with schizophrenia, in those who have never been on medication, and also by serial sequential brain scanning at disease onset, we note a devastating apoptotic process. Indeed, the damage to the cortex occurs faster than in Alzheimers disease (but not for as many years). But we do not use exagerated apoptotic processes as diagnostic tools.

The reason is simple. Noticing the hallucinations and noticing the particular production of certain speech patterns is more predictive of future brain damage and future pain and suffering.

The same is true for depression, in which the brain damage appears more localized than in Alzheimers (the first probable corrective surgeries on the subgenual cingulate are currently being performed). Surgery will probably be a reasonable procedure to treat depression, long before it is a reasonable procedure to treat Alzheimers, for example.

Bipolar illness and many other mental illnesses progressively damage the brain, as well, but are diagnosed, like seizures, Alzheimers and schizophrenia, by the behavioral effects of the malfunctioning brain.

ADHD is certainly a neurologically based condition. It can be induced (by damaging specific parts of the right frontal lobe of the brain). And the effects of that damage on the right frontal lobe of the brain can be corrected by using medication altering neural functioning in this part of the brain (the same medication used to treat the standard variety of attention deficit disorder.)

The reason standard ADHD is not an illness is that it is a state, like being "rich" or "poor". The condition does not seem to evolve from a neurological perspective. So in most people, ADHD is not a process, like an illness, because there is not progressive damage to the brain. This is unlike the mental illnesses I mentioned above (Alzheimers, schizophrenia, depression, etc. in which the untreated brain is progressively damaged. Actually, we have evidence that treating schizophrenia and depression with certain types of drugs protects the brain from the evolving neurological damage, but such

evidence is lacking in Alzheimer's disease.

Having ADHD is like having a long nose or being gay. But most consider ADHD a disorder, but not homosexuality or a long nose, because in most cultural contexts, having ADHD is disadvantageous.

But some of us can think of cultural contexts in which those with ADHD have certain advantages, so it is debatable whether it is a disorder. But please be aware, people can be made ADHD by manipulating the brain, and this condition can be mostly corrected by chemically manipulating the same part of the brain.

In terms of the editors of **Setting the World to Rights**, read their post "Science and Superstition", before saying they are not referring to illnesses like schizophrenia (if you are saying that). They have completely misrepresented the views of the charity "Rethink" which supports those with serious mental illness, including those with schizophrenia.

Any fair minded reader would find that post to either be immoral or to reflect very poorly on the knowledge of the editor's or the research they did prior to writing the post.

And they have never retracted anything of what they said. Indeed, they have defended it.

by a reader on Thu, 12/21/2006 - 04:53 | **reply**

I am infuriated.

As someone who DOES have ADHD and Asperger's, I must say that this article enrages me. They're not "fake"; they are very real problems, but it's obvious that you don't give a damn, instead focusing on those who pretend they have them but are just using it to get sympathy and/or get away with being assholes. While it is true that some fake it, many people truly do suffer from these disorders. As far as I can tell, you're just saying that we're ALL liars and jackasses, and I find that absolutely reprehensible.

by Shippinator Mandy on Sat, 01/27/2007 - 04:05 | **reply**

Fake

Hi Shippinator,

When the article says the diseases are fake, it does not mean to deny that people have real and problematic conditions. It only means to deny that the conditions are the diseases they are purported to be.

The debate is about whether the problem is bad ideas, or a physical or physiological malady. You aren't a liar.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Sat, 01/27/2007 - 21:23 | **reply**

Please read an abnormal psych

Please read an abnormal psych textbook before arguing things like this. Your ignorance is astounding.

The DSM is not meant to be used by laymen. Used by laymen, anyone could have any disorder. There is more to a diagnosis than knowing the DSM criteria.

The DSM requires that these behavior occur more frequently in those diagnosed than the typical amount for children of a comprable age and level of development. ODD is also often a precursor to Conduct Disorder. And they do not deny that ODD is caused by bad parenting, but that does not make it any less of a disorder.

Furthermore, the editor fails to realize that many mental health professionals have issues with the DSM, which is why it is constantly being reworked.

by a reader on Mon, 02/26/2007 - 22:40 | **reply**

Astounding ignorance

> Please read an abnormal psych textbook before arguing things like this. Your ignorance is astounding.

Quite possibly. But ignorance of what? Do you think it possible that we differ about a philosophical issue, not primarily about any matter of physiological fact?

Do you believe that there are any issues about how human behaviour may be explained in terms of physiology, that philosophers consider controversial?

One philosopher who thinks so is Sahotra Sarkar, whose book **Genetics and Reductionism** we recommend to you. (It is about the logic of explaining human behavioural traits as being partly genetically caused - an issue that overlaps with the one we are discussing here.)

Could you, in turn, recommend an 'abnormal psych' textbook that makes what you consider to be a good case in favour of the ways in which mental helath professionals currently attribute aberrant human behaviour to physiological causes?

by **Editor** on Tue, 02/27/2007 - 19:39 | **reply**

re: Please read an abnormal psych

The DSM is not meant to be used by laymen. Used by laymen, anyone could have any disorder. There is more to a diagnosis than knowing the DSM criteria.

OK.

The DSM requires that these behavior occur more frequently in those diagnosed than the typical amount for children of a comprable age and level of development.

I see. That makes sense. *Now* can I use the DSM myself, since I know the special extra information needed?

ODD is also often a precursor to Conduct Disorder. And they do not deny that ODD is caused by bad parenting, but that does not make it any less of a disorder.

Of course that does not make it any less of a disorder. Just like being caused by parenting doesn't make being anti-war any less of a disorder. But the cause is relevant to the treatment. The only reasonable treatment for being anti-war is persuasion. But persuasion is not a reasonable treatment for, say, AIDs.

Furthermore, the editor fails to realize that many mental health professionals have issues with the DSM, which is why it is constantly being reworked.

Hmm. It's not perfect, and it's being constantly changed and improved.

Doesn't that suggest you should *welcome* criticism and incorporate it into the next batch of changes?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Wed, 02/28/2007 - 01:47 | **reply**

Use of DSM

"I see. That makes sense. *Now* can I use the DSM myself, since I know the special extra information needed?"

When you are able to distinguish hyperventillation in panic disorder, from the hyperventillation in a heart attack, and the hyperventillation in pneumonia, hypoglycemia, or with a pulmonary embolus; then you can use the DSM. If you can do that now, then you can use the DSM now.

Doesn't that suggest you should *welcome* criticism and incorporate it into the next batch of changes?

Of course. What makes you think the reader does not welcome intelligent criticism?

by a reader on Thu, 03/01/2007 - 22:53 | **reply**

Hyperventilation

So if you tell me about hyperventilation for ... 15-60min? ... then I

will be qualified to use the DSM regarding asperger's?

Why don't they just include a hyperventilation explanation at the start of the DSM so everyone could read that before using the DSM?

BTW I read about hyperventilation for some time but failed to find different types.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Thu, 03/01/2007 - 23:19 | **reply**

Yes

If someone is hyperventillating you need to be able to tell whether it is from hypoglycemia or a heart attack, rather than a panic attack, since all of them cause increases in the sympathetic nervous system.

But yes, if you were capable of distinguishing a clinical situation in which someone was having a panic attack from someone having a heart attack, then you could use the DSM, because your ability to do that would require enormous other knowledge...knowledge needed to understand psychiatric diagnoses.

by a reader on Sat, 03/03/2007 - 19:38 | **reply**

Doctors

Aren't you just appealing to authority? I'm not a doctor. OK. So what? Normal people are considered competent to decide when to call a doctor. If there's something like hyperventilation and I'm not sure about it, I'll know we need an expert.

But there are other symptoms I can make perfectly good judgments about, with no special expertise, aren't there? And some disorders in the DSM have *only* symptoms like that, don't they?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Fri, 03/09/2007 - 00:43 | **reply**

DSM

No. The DSM explicitly states that all other medical conditions that mimic a symptom complex must be ruled out before a psychiatric condition is considered. Just makes sense. Physicians and many others can understand medical conditions.

by a reader on Fri, 03/16/2007 - 00:57 | **reply**

Damn Straight

That is the truth man. I was told I have "aspergers syndrome" when I was about 10, and it's a bunch of bullshit designed to sell pills. But fuck them, I claim it as a disablity and get free public transport for whoever gets my card. Sweet ;)

by Boy on Mon, 03/26/2007 - 08:13 | **reply**

Being medically qualified can

Being medically qualified can hopefully enable someone to tell the difference between mental illnesses and physical illnesses like heart attacks. But what on earth has that got to do with the subject of this post, which is the difference between mental illness and no illness at all?

How could a knowledge of physical diseases like heart attacks EVER be helpful in deciding the difference between Oppositional Defiant Disorder and plain opposition and defiance?

And (another issue) how could ANY scientific qualification be helpful in deciding between morally justified defiance and morally unjustified defiance?

by a reader of this very long thread on Mon, 03/26/2007 - 08:43 | **reply**

Rule Out more than Rule In

"But what on earth has that (knowing the difference between mental and physical illness) got to do with the subject of this post, which is the difference between mental illness and no illness at all?"

To make a diagnosis, first we create a list of possible conditions that would seem to fit the symptoms that we see.

Diagnoses are made by ruling out other conditions with similar symptoms. We rarely say that a person definitively has a condition by virtue of the results of a particular test, but rather we figure out what conditions a person likely DOES NOT have. One of the diagnoses that we must exclude, in explaining a given symptom complex, is normalcy. So we do need to exclude the condition "normalcy" in arriving at a diagnosis of a mental or physical condition. So telling the difference between an illness of the brain that affects the mind vs an illness of the heart that affects exercise capacity, is not conceptually much different from telling the difference between normalcy and a specific type of illness.

This process (excluding incorrect potential diagnoses) allows us to arrive at a single remaining diagnosis or a range of possible diagnoses that have survived the inquiry. And sometimes, we end up treating all remaining possible diagnoses (for example when someone has an unidentified infection we use broad spectrum antibiotics.)

"And (another issue) how could ANY scientific qualification be

helpful in deciding between morally justified defiance and morally unjustified defiance?"

I agree with you that a particular qualification, as opposed to specific types of knowledge, does not enable someone to accurately make diagnoses. I also agree with you that "defiance", as a name of a diagnosis, should not be used.

But certainly the degree, frequency, and intensity of anger, potentially leading to inappropriate defiance, is appropriately studied and treated by physicians. For example, individuals with certain head injuries are more prone to having difficulties with controlling their anger.

by a reader on Mon, 03/26/2007 - 17:18 | **reply**

Normalcy

So, can you give examples of how you exclude normalcy as a diagnosis?

And do you think this part of a diagnosis (excluding normalcy, or not, nothing else) could be done by a non-doctor?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Mon, 03/26/2007 - 20:01 | **reply**

Normal vs. Abnormal

Who can exclude a normal mental state, in order to diagnose an abnormal state?

I think the ability to rule-out any diagnosis or lack of diagnosis can be done by just about anybody. It is possessing the relevant knowledge, not whether someone is a doctor, that is obviously relevant.

If a person's blood urea nitrogen is 30 times normal and his creatinine 20 times normal, and he has edema in his feet, a few rales at the base of his lungs, a point of maximum intensity of his heart that is in the normal place, only slightly elevated liver function studies, a normal abdominal exam, and a slightly elevated white count with no left shift; and if this patient has poor focus and concentration, a negative toxicology screen, a reversed sleep cycle, a slowed EEG, non-focality on physical exam, a normal brain MRI and Lumbar puncture, and he reports seeing visual hallucinations of Mother Teresa dancing in front of his bed; and if he is screaming in a drunk sounding voice at the nurse while being OPPOSITIONAL; I think I would have a good idea what I would need to do to get rid of the hallucinations and the oppositional behavior. And no, he would not have "Oppositional Defiant Disorder", despite being

oppositional. But I would certainly say that he has an illness causing

oppositional behavior.

Elliot, or anyone with a bit of knowledge, might also be able to figure out how to get rid of the hallucinations and the oppositional behavior (and the edema) and begin figuring out the underlying cause of the problem.

But no rational doctor would say that he is "normal", mentally or physically. That simply would not likely be in the set of diagnoses considered given the description above. In more subtle cases, it would take training to determine whether he was psychiatrically or medically non-normal.

Yes, many people think that we are Turing machines. If that is true, then any given change of the mind (including converting a hallucinating, oppositional state into a calm and rational state) can be created by appropriate programming, for example by utilizing conversation. But no, it would not be appropriate to repeatedly try to talk this patient out of his hallucinations and his oppositional behavior after a few verbal efforts fail. We simply don't have the technology to efficiently reprogram a mind with this type of abnormality by utilizing conversation and reasoning. For all we know, conversation by itself might take one million years to change his brain/mind state into a non-hallucinating, calm state, and at that point we'd all be dead....And the patient would be dead sooner than all of us. Indeed most conversation, particularly reasoning with a patient like this, would make the hallucinations worse.

So just because a type of mental reprogramming can theoretically be said to change any mental state into a more rational one (if we really are just Turing machines), does not mean that conversation, argument, criticism, and discussion, are the appropriate means of changing someones mind, if he is in the state described above or similar states.

But a simple medical intervention would likely do the trick to get this unfortunate patient to be rational again. When reprogramming of the brain is best accomplished by organic interventions (drugs and procedures), we consider the state to be caused by the brain. This is so even if (unlike in this case) it was software (life experience and thinking) that damaged the brain (hardware) to begin with.

In the particular case described above, the hallucinating/oppositional patient has an abnormal physiological brain state causing these conditions. This abnormal brain state uncovered the inability of his current mental "programming" to compensate for the aberrant neuro-physiology. At some point, abnormal pathophysiology would prevent any of us from thinking correctly. So any of us can have our rational programming overriden by an appropriately severe neurological insult.

In the case of the patient described above, his neuro-pathophysiology is likely caused by failing kidneys.

Dialysis, but not conversation, would likely quickly eliminate the

oppositional behavior and the hallucinations. A psychiatrist would diagnose this man with delerium due to uremia, and recommend treatment of his delerium with dialysis and investigation into the cause of the failing kidneys.

But note that no lab test diagnoses delerium caused by uremia. The diagnosis is made by clinical observation in the context of abnormal labs. The abnormal labs by themselves in no way allow one to make this diagnosis. But the psychiatrists clinical observations do allow the psychiatrist to say that conversation is likely not the most effective intervention to stop this man's oppositional behavior.

by a reader on Mon, 03/26/2007 - 23:03 | **reply**

Aspergers

Some of you have overlooked that Aspergers is not a diagnoses based on mental attributes, but rather a form of autism. It is also not diagnosed due to being "anti social and having obsessions." There are symptons it causes that are not purely psychological. For instance:
- Nervous Tics and stemming
- Sensory Overload
- Has emotion only towards objects and animals, not people
- Uncontrollable urge to inspect food and utensils for blemishes before eating
- Poor motor skills

Eye contact, social anxiety, obsessions.. those are qualities anyone may posess, but the others generally are autism related. Aspergers is in no way fake, but there millions of self diagnosed lunatics out there running about claiming they have it.. THEY are fake.

by Dave on Fri, 05/25/2007 - 07:28 | **reply**

Autism

I suspect (but am not sure) that the editor thinks that Autism is "fake", "false", and a "superstition", as well.

by a reader on Mon, 05/28/2007 - 22:36 | **reply**

If only it were that easy

It would be so much easier if Asperger's included only psychological symptoms. Unfortunately, it does not. It is not being able to stand anything touching your skin. It is walking later than everyone your age and never managing to do it gracefully. Asperger's is trying desperately not to rock back and forth in public.

It is tempting to dismiss it as a false disorder, since so many people try to use it as an excuse for their own awkwardness. Someday, a physical cause will be found, just as the physical component of other disorders are being found. The brain is complex, and research

is slow. Until then, accept that people with AS are wired a little

differently from everyone else. There's nothing wrong with that.

by an observer on Thu, 06/07/2007 - 01:12 | **reply**

It would be so much easier if

It would be so much easier if Asperger's included only psychological symptoms. Unfortunately, it does not. It is not being able to stand anything touching your skin.

That could very easily be a psychological symptom. You just mentally interpret the properly functioning nerve impulses from your skin as very unpleasant.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Thu, 06/07/2007 - 21:11 | **reply**

It would be so much easier

Why on earth would it be easier if it were a purely psychological disorder like, for example, socialism?

In fact, when are purely psychological disorders ever easy to cure?

by a reader on Thu, 06/07/2007 - 22:35 | **reply**

Pain is Only Psychological?

"That could very easily be a psychological symptom. You just mentally interpret the properly functioning nerve impulses from your skin as very unpleasant."

Is pain purely a "psychological symptom", since individuals with pain could be said to "interpret the properly functioning nerve impulses" in a way that is distressing to them? And since interpretation of neural impulses is, by this reasoning, a purely psychological phenomenon, should not someone simply be able to choose not to be bothered by pain?

by a reader on Mon, 06/11/2007 - 18:10 | **reply**

pain is not all in your head.

pain is not all in your head. but an irrational reaction to pain would be. or an irrational fear of pain. you mentioned what a person can stand, which is referring to their mental states and preferences.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Mon, 06/11/2007 - 21:12 | **reply**

Pain

So what makes you think that "pain is not all in your head"?

by a reader on Mon, 06/11/2007 - 21:35 | **reply**

the word pain is referring to

the word pain is referring to not just your mental state but also the external stimulus (which could be virtual reality or whatever). but if you prefer a different definition we can use that, it's no matter.

whereas earlier we were talking about what a person can stand, which could be just about their personality.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Tue, 06/12/2007 - 09:42 | **reply**

Pain

"Pain is referring to an external state."

I'm not sure what that means. Are you saying that something objective causes it?

by a reader on Tue, 06/12/2007 - 19:02 | **reply**

Pain and Depression: Philisophical Difference?

You say that "pain is not all in your head"

Is major depression also "not all in your head"?

by a reader on Mon, 06/18/2007 - 14:33 | **reply**

Pain v Depression

I think standard terminology is to say depression is all in your head. Sure your wife left you, and that's quite relevant, but plenty of people lose their wives without becoming depressed, so we generally don't count that: the part where you have an unusual, extreme reaction to relatively normal external factors is all in your head.

That's one theoretically possible sort of depression. Another is something goes physically wrong with your brain and its chemical environment and this throws you off in your life a lot. In this case, standard terminology is that it is NOT all in your head, b/c the major issue here is the physical problem not your own irrationality.

Note that, knowing little about neurochemisty, I would initially consider it quite possible that *both* types of depression could go away with drug treatment. But the first person would still have

life/idea problems and only feel better (still probably a good thing),

while the second person would actually be fully recovered.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Mon, 06/18/2007 - 20:32 | **reply**

Best Theories

Concerning theories of causation of depression, Elliot said, "Another is something goes physically wrong with your brain and its chemical environment and this throws you off in your life a lot... the major issue here is the physical problem not your own irrationality."

Many scientists believe that our *best theories* tell us that some forms of depression are in fact caused by a situation in which "something goes physically wrong with your brain and its chemical environment."

Do you think that this current theory (that some forms of depression are caused by chemical abnormalities)is in fact the best theory currently available?

by a reader on Mon, 06/18/2007 - 23:49 | **reply**

Depression

I'm not up on the scientific research. My guess is that both types happen, and the more common type is personality-based depression.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Mon, 06/18/2007 - 23:57 | **reply**

Are Some Types of Depression Real?

In the case in which depression is caused by chemical abnormalities in the brain (and not irrationality), do you consider that a real illness?

by a reader on Tue, 06/19/2007 - 01:52 | **reply**

Yes

Yes.

But not a "mental" illness since it's physical. Like brain cancer.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Tue, 06/19/2007 - 04:12 | **reply**

Editor's Opinion

Does the editor agree with Elliot that the previously discussed theory (that some forms of depression are caused by chemical abnormalities) is in fact the best theory currently available?

If the editor does agree with the above then:

In the case in which depression is caused by chemical abnormalities in the brain (and not irrationality), do you also consider it a real illness?

by a reader on Tue, 06/19/2007 - 22:28 | **reply**

Lol wut

Why don't you get a fucking degree in psychology before you call this shit fake, dumbass.

by Dr. Spock on Sat, 06/23/2007 - 04:48 | **reply**

replies

A Reader:

since the editor doesn't seem to be responding, want to continue with your point anyway? (presumably these questions are leading somewhere)

Dr. Spock:

Are we meant to infer from your elegant rhetorical style that you possess the requisite degree?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Sat, 06/23/2007 - 06:08 | **reply**

Neurons Don't Read Their Opinions

The word "mental illness" is a category that includes major depression. When we are referring to an individual with major depression, we mean that there are chemical problems with the person's brain causing psychological problems. You might not like psychiatric nomenclature, but it is the meaning of the words (not your definition of the words) that is important. The key point is that most professionals understand what the words mean.

By the way, I agree with you that we should not use the words "mental illness" to describe brain diseases like Alzheimers, Bipolar Illness, Major Depression, and Schizophrenia, because though professionals understand what these words mean, others do not.

I am surprised (but happy) that you recognize that chemcial

abnormalities in the brain can predispose someone to sad feelings, sleep problems, irritability, concentration problems, and a host of other major depressive symptoms. What caused you to change your mind, if indeed you have?

You asked for my line of reasoning (that I was going to go through had the editors wished to answer my question listed above)

1. Unlike you, the editors have expressed their profound disbelief in the idea that chemical abnormalities in the brain cause depression, schizophrenia, bipolar disorder, etc. They have asked psychiatrist's to point to "lesions" that "cause" the illness and suggested that in the abscence of these and/or other characteristics, an illness is "fake" and a "superstition".

2. The topic of pain was introduced in this discussion of mental illness. I asked the editors and others who dismiss mental illness whether they believe that pain is "fake" and a "superstition", just like depression. I asked this question because it seems to me that one cannot make a philisophical distinction between "pain" and "depression".

My point is that if the editor's believe in the existence of pain, then I would ask them what characteristics of pain make it "real"? Whatever relevant characteristics the editors come up with to claim that "pain" is real, will also be characteristics of clinical depression. The editors will not be able to make a philisophical distinction between mental pain (for example, depression) and physical pain (e.g. back pain) because both are simply types of pain.

3. For example, there is no way (at present) of making a diagnosis of "pain" by looking for a "lesion". One could look at firing frequency of certain nerves in the brain, but the same can be said for depression, and firing frequency of nerves is neither diagnostic of pain nor depression.

Depending on many circumstances, a given injury to the body may or may not be reported as pain by the injured person, so the visible injury cannot be said to be diagnostic of the
a. pain reported
b. pain not reported
or
c. pain not felt.

So if a diagnostic lesion is needed for "pain" to count as something other than a superstition, then pain is a superstition, exactly in the same way that the editors say that mental illness is.

4. The editors say that mental illness is not real because there cannot be "asymptomatic" mental illness. I have previously demonstrated that this idea is illogical since an illness would not be an illness if it didn't hurt people! (Rocks are not ill). So no illness can be truly asymptomatic.

But I think the editors were trying to say that one might not feel that something is a problem in one's body, but it still might cause

problems later (Latent Hepatitis C does not initially cause a patient

to report symptoms, until it has substantially damaged the liver). So Hep C is a "real" illness because there is something objective about it (the infection in the liver), even if the patient notices nothing wrong. Depression, on the other hand -- according to this spurious line of reasoning -- is a "fake" illness because it seems to depend exclusively upon the report of the person suffering from it, not on an objectively defined physical parameter.

5. But of course, the same argument makes "chronic pain" a "fake" illness, as well. Hepatitis C is a "real illness" because there is something objective about it (the infection), but pain is not real since it also seems to depend upon the report of the person suffering from it, not on an objectively defined physical parameter.

6. So pain and depression seem to share the characteristic that subjective reports define them both. So (according to this incorrect argument) both must be considered "fake".

7. But those who think pain is real but depression is not, often counter this argument (number 6) as follows though I believe this argument is mistaken, as well:

There are effective anesthetics that enable someone to feel the sensations that would have been "pain", but not be bothered by them. So pain has a real existence independent of the subjective discomfort reported by a patient. In the same way that a Hepatitis C infection can be aymptomatic but a person can still have a real infection of the liver; on certain anesthetics, a person can experience the "real" sensations of pain -- induced by objective neural firing -- but not be bothered by them.

On the other hand, the existence of the clinical entity "depression" supposedly depends on it being mentally uncomfortable (according to those who make this dubious argument), so depression is purely subjective. But pain is real.

But this distinction is spurious as well. It is true that depressed people often feel that they are experiencing abundant pressures (even when they are not) and feel unrealistically pessimistic. And it is true that this irrational thinking often is associated with sensations of mental anguish and reports of mental anguish.

But patients can experience the same symptoms, *but without feeling the mental anguish*

Indeed when a patient uses antidepressants, the psychiatrist does NOT have to teach someone to think more rationally for him to improve. And treated individuals *do not* have to --

a. perceive that they are experiencing fewer pressures in their life, or

b. perceive that bad things will not occur

-- in order to no longer feel mental anguish.

It is simply the case that when depression is treated by chemical

means (antidepressants), the patient is no longer bothered by his irrational thinking, does not become distressed when faced with identical pressures, and does not become upset because of pessimistic predictions.

Just as one can feel sensations that would otherwise have been thought to be painful -- but are not now bothersome when on certain anesthetics -- so too one can still have innumerable pressures, pessimistic thought, and irrational thinking, but also not be bothered by them because of antidepressant use.

But there is more to this story. Those who try to argue that depression is subjective but pain objective must surely see this irony. Many drug classes do cause an indifference to pain but a continued ability to perceive it. But those who argue that this observation makes pain a real entity but depression not real; must come to gribs with the fact that many of the anesthetics that do precisely this are in fact *ANTIDEPRESSANTS*.

Not surprisingly, most antidepressants *are anesthetics*. Indeed, they are precisely the type of anesthetic that enable a person to feel sensations, just not be bothered by them. Emotionally, antidepressants do the same thing. They enable individuals to experience their (often negative) thoughts, just not be bothered by them.

Althought philosophers and editors of blogs like this like to make artificial distinctions between pain and depression, we can all be grateful that neurons don't read their opinions. Otherwise we would not have discovered the wonderful way that antidepressants help those with pain and its sister entity, depression.

by a reader on Mon, 07/02/2007 - 22:20 | **reply**

I am surprised (but happy) th

I am surprised (but happy) that you recognize that chemcial abnormalities in the brain can predispose someone to sad feelings, sleep problems, irritability, concentration problems, and a host of other major depressive symptoms. What caused you to change your mind, if indeed you have?

I haven't changed my mind. One's environment is relevant to one's mental state. If your dog dies that can be sad. If your food comes out burned, that can be frustrating. If terrorists blow up the WTC one might feel righteous anger. If you are injected with ecstacy you might feel ecstatic. One's environment includes the chemical environment of his brain. And even defects in the brain can be part of the environment of the mind.

(the "might be", "can be" is because people can interpret situations in strange ways. someone could be happy their food is burned for some reason. some people were happy about 9/11. etc)

PS other replies to come later

by Elliot on Wed, 07/04/2007 - 00:37 | **reply**

Diagnosis

> When we are referring to an individual with major depression, we mean that there are chemical problems with the person's brain causing psychological problems.

How do you diagnose someone of having this?

The problem is if you notice he's sad or has other behavioral and emotional symptoms, for example, that is not any evidence at all that he has major depression (defined above) because it could be that he has psychological/personality problems only (not chemical).

And if you do lab tests, they can't tell you cause and effect. Did the chemical abnormalities cause psychological problems or vice versa?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Wed, 07/11/2007 - 22:18 | **reply**

Depression and Biology

> The problem is if you notice he's sad or has other behavioral and emotional symptoms, for example, that is not any evidence at all that he has major depression (defined above) because it could be that he has psychological/personality problems only (not chemical).

You are right that biological or behavioral markers of psychiatric problems could be effects of a problem not the cause. For example, a problem with personality may in some individuals be an ultimate cause of feeling sad.

But the same is true for virtually any illness whatsoever. Any biological, chemical, or behavioral marker of virtually any illness whatsoever is (just like depression) virtually always an effect of an illness, not its cause. For example, the biological marker called "elevated fasting blood sugar" is used to define the diagnosis "diabetes". But this marker is an effect of a complex metabolic problem, not the cause of diabetes. Again, biological markers are effects of illnesses, not causes.

If we had to know the ultimate cause of illnesses before we could treat them, there would be virtually nothing that we could do for anyone. For example, the stellate ganglia is a nerve-junction connector between the brain and the heart that activates the fight or flight response. If you cut the stellate ganglia in animals at birth, no matter what you feed them or how you treat them, they will not develop clogs in blood vessels supplying blood to the heart, so they will not develop coronary artery disease. The same is undoubtedly true in humans. Furthermore, when one feels relaxed because of one's peaceful thoughts, this ganglia is hardly activated, at all.

Therefore one's thoughts leading to anxiety activate the stellate

ganglia from birth, and are therefore ultimate causative agents in creating coronary artery disease; just as one's thoughts are ultimate causitive agents in creating certain types of depression. But to treat a 60 year old with heart disease, we don't have to say that nothing can be done because we needed to first change his thinking when he was 5 years old.

The ultimate cause of illnesses, depression or heart disease, is not usually relevant. What is relevant is that there is a biological process that will progress and that its presence and progression will cause pain and suffering to people. In the case of major depression, it is not just that people feel sad. If they only felt sad, they would not have major depression. A diagnosis of major depression implies that there is a biological entity that will likely progress and damage organs. Many types of major depression, for example, decreases a person's sleep, his nutritional status, and increase his autonomic reactivity (blood pressure responses to stress, pain, and cold, for example).

These measurable and biologically real phenomena are known to cause brain damage and heart damage over time and permanent worsening of memory, for example, regardless of whether the ultimate cause of this depression was bad thinking, weird genetics, or something else. In major depression (as in other illnesses), whatever the initial cause, physical things have gone awry, and a chemical intervention such as a serotonin reuptake inhibitor can reverse the biological and psychological consequences of depression, prevent brain damage and (likely) heart damage, and prevent memory loss.

So the ultimate cause of something is interesting and will one day help us understand illness. But whether heart disease or depression were caused by bad thinking when one was 5 years old, or by something else, is irrelevant. They both end up with a set of biological abnormalities. Regardless of the ultimate cause of these abnormalities, they nonetheless progress and measurably damage organs. Chemical or surgical treatments decrease or reverse damage to these organs. In the case of both depression and coronary artery disease, brains can be damaged so there are psychological consequences of these illnesses as well.

by a reader on Mon, 07/16/2007 - 23:53 | **reply**

Get with the times

As I have Aspergers (diagnosed), many times I have come across people, either in day to day life or online who seem to think the growth of disorders are down to people wanting to have an 'excuse' as to why they can't cope. Isn't their an irony in telling people they are making an excuse for themselves when they are at the same time making an excuse for the growth?

We need to accept that people are different; people do have different tolerance levels. The world is not staying the same and so

we as humans will not stay the same. Technology changes; we

change or at least try to change.

That has had a knock on effect on loads of things, on medicine, food, entertainment, work and transportation, in fact I can't think of an area where it hasn't had a knock on effect, so why wouldn't it not have one when it comes to people? Let me give you an example.

Asperger Syndrome was universally recognised in around 1994, but years ago, some of the problems we have wouldn't have existed. Aspies dislike change, it makes us pretty depressed (in varying degrees - because no two people are the same {!}) if it's at short notice, why would it be easy to recognise now? Modern society has more change than it did years ago, people travel more frequently, whereas before if you went away you were seen as privileged. Technology and better communication systems means things don't need to be planned so far in advance and it is easier to just go out and do something, 5 minutes after you've thought about it. You can't say we're just eccentric people either, technology also means we know more about the brain than we did 30 years ago, even though its still only a tiny proportion of what is out there to learn.

Then there are tolerance levels, it's a very arrogant perception to think, I experienced loads of bad things, I'm fine, so everyone else should be (and so these disorders are excuses). People's immune systems are weaker than others, some collapse due to things, that other experience 0 problems with, so why shouldn't our brains and our tolerance to every day or bad problems be different? That's not humans being namby-pamby that is a fact of life. I know of two rodents that were neglected and given to someone who had a snake, which were put in a freezer (they were alive and fully grown) for over 12 hours, when they were taken out to be defrosted so they could feed them to their snakes, one eventually moved and survived, the other one died. One clearly was more adapted to cooler temperatures than the other; we clearly have people who are adapted to modern society better than others.

Then there is the increase in depression and similar problems, if someone is sad for no reason, then why is it assumed it is because they can't face their problems and get on with it? To me it contradicts the first part. People can be sad for no reason, just like you can be happy for no reason, or feel like something wrong is about to happen for no reason. Don't we even show signs of pregnancy for no reason? All mainly because of hormones. Then there is the other commonplace thought that depression is feeling "sorry for yourself" which is a massive incorrect generalisation. Self pity and depression are two very different things. For instance, when you are depressed you can feel a massive amount of self hatred, I know I did and I know I still get lows nowadays, sometimes people can help and sometimes they can't. Just like what you dream at night, you can't really control, you can't really control your mood. Some people have triggers that make them depressed, and that can be almost anything, could be people telling them to just get on it with it too.

I do get on with my life to the best of my ability, I work with my

family and friends, those that care for me, to try and adapt the best way I can to the challenges I face, sometimes I fail, sometimes I succeed. I have a label, one that hasn't been around very long, but many fail to realise, some people go in search for many years like I did to find out what's wrong, just so they can try and work out where they can go from there, not to sit back and say, "I've got x, I can't do that, I won't do that, you have to accept that." But to say, "I know now I've got x, which means I have problems with y, and v can help me to try and improve in areas where I so far have failed, can you help me too?"

by a reader on Tue, 07/17/2007 - 11:50 | **reply**

> I don't need to provide sou

> I don't need to provide sources for my information.

Of course not. Fact would be tough to square with your statements.

by a reader on Tue, 07/17/2007 - 17:09 | **reply**

Re: Get with the times

> Isn't their an irony in telling people they are making
> an excuse for themselves when they are at the same
> time making an excuse for the growth?

Since that's not what is being done, no. Not irony.

> Asperger Syndrome was universally recognised in
> around 1994

Isn't there irony in stating categorically something is "universally recognized" in the middle of a pitched discussion about the fact that said thing is not, in fact, universally recognized?

by a reader on Tue, 07/17/2007 - 17:19 | **reply**

Re: Get with the times

"diagnosis = excuse" I guess you missed that comment.

There is a difference between being finally added to the classification of disorders and your average Joe Bloggs having a full understanding of the disorder. A disorder can be recognised and diagnosed without being accepted by everyone.

by a reader on Wed, 07/18/2007 - 23:01 | **reply**

Ironic?

I think you are saying that those who do not believe in mental illness are making simplistic sociological "diagnos(es)" of the reasons for the increasing number of mental health diagnoses

currently in existence and the increasing numbers of individuals

who are thought to suffer from them.

One simplistic sociological theory might be the following,

"Those with so-called developmental disorders like Asperger's syndrome are just lazy and psychiatrists just want money. So both collude to create diagnoses in order to divert government funds. That's why there are more and more diagnoses like Asperger's."

But you are pointing out that those with Asperger's have a strongly genetically based condition that is very real. You are pointing out that those criticizing the diagnosis are simplistically ignoring what is now scientifically well-established.

So at the same time those denying the existence of developmental disorders like Asperger's are using bad thinking to rationalize false and simplistic sociological theories; these same critics are falsely criticizing those with Asperger's of using bad thinking and false diagnosis to rationalize their own bad behavior.

And you find that ironic. So do I.

by a reader on Thu, 07/19/2007 - 23:13 | **reply**

Ultimate Causes

The critical issue is not the ultimate causes of things, it is the reasonable explanations available.

With cancer no one is proposing that there is an explanation of how it is a personality problem and should be cured by conversation and learning. There is no rival theory of that sort. If you think there should be then feel free to argue along those lines. If you do so successfully you may create some dilemmas for medical science which require thinking, arguments, etc to surpass, and perhaps even changes in standard opinion and practice.

With Asperger's, there *is* a reasonable rival theory, and therefore it is very important to pay close attention to what is evidence of what. Anything compatible with the mainstream theory of Asperger's, and also compatible with the rival theory, is *not evidence* in favor of the mainstream theory over the rival theory. It confirms the rival theory equally well. The rival theory can only be beaten with either a scientific test for some observable for which it makes a different prediction than the mainstream theory, or by philosophical argument.

Your implied stance seems to be that I have said: we don't know everything, theoretically the evidence is compatible with many things, therefore you must abandon your theory. And this is silly, and your comparison with other fields rightly illustrates that point. But my actual stance is not that, in theory, it could be multiple things. My stance is that today we have a serious rival theory which states that all the symptoms of Asperger's and various other "mental illnesses", can perfectly well be explained by the patient having bad ideas (and we can give specific details of the bad ideas that we propose may be involved for a given list of symptoms). This

rival theory *is* compatible with the existence of drug-aided recoveries.

Is this clear and do you now see where I am coming from?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Fri, 07/20/2007 - 02:08 | **reply**

Pots and Kettles (part 3)

"With cancer no one is proposing that there is an explanation of how it is a personality problem and should be cured by conversation and learning.

If you think there should be then feel free to argue along those lines. If you do so successfully you may create some dilemmas for medical science which require thinking, arguments, etc to surpass, and perhaps even changes in standard opinion and practice."
Elliot

The causes of cancer require a different discussion than the causes of heart disease, the topic I brought up. As you recall, I said that depressive thinking is a cause of heart disease and its worsening. With heart disease, it is now well established that depression increases the risk of developing heart disease, enables coronary damage to progress more rapidly, and leads to increasing mortality from heart disease. (Frasure-Smith et al.,1995, JAMA 1993) There are literally hundreds of studies showing this and related phenomena. Psychiatric Times summarized the data as follows

"The risk (of death from coronary heart disease) is directly related to the severity of mood symptoms: a one-to twofold increase in coronary heart disease (CHD) for minor depression and a three- to fivefold increase for major depression (Bunker et al., 2003)".

By the way, the risk from major depression increases mortality by approximately the same amount as the risk from smoking or having diabetes! And there are excellent theoretical reasons to explain how depression damages the heart (increased cardiovascular reactivity in depression, endothelial [vessel lining] damage from vessel-reactivity, increased platelet aggregation in depression, etc.) Indeed the effect of depression on mortality from heart disease has become a well-accepted theory in the medical profession over the last 15 years. Forms of depression are major causes of physical deterioration in many organs, including the heart!

Now let's compare the support for your theory that Asperger's (a form of Autism) is created by "thinking" vs. support for the medical profession's theory that depression causes heart disease.

First of all, the idea that thought causes Autism is theoretically true, but not a useful idea. If we are fully functional conscious Turing machines, then given enough time, we should be able to create virtually any neural configuration in our brains. Therefore, given 1

million years of thinking, for example, we should be able to configure our brain exactly as we want it to be, in order to use the nerves leaving the brain as tools to fix, repair, and prevent, any disease or disorder of the body, including autism, cancer, heart disease, and everything else.

So saying that thought causes a medical disorder is like saying that all relevant problems are soluble by thought. Although in my opinion these statements are true, they are also vacuous because they explain too much without telling you how to proceed to solve a given problem. If autism is caused by thought, then so is everything else! In order to usefully proceed with this line of thought, one needs to specify what type of thought is said to cause a given medical condition.

So what does the evidence say about actual causes of autism and Asperger's, given that your theory is that a particular type of thinking causes the illness.

Ronald, Happe, and Bolton (American Academy of Child and Adolescent Psychiatry, 2006) found in their study:

High heritability was found for extreme autistic-like traits (.64-.92 for various cutoffs) and autistic-like traits as measured on a continuum (.78-.81) *with no significant shared environmental effect*.

Many studies have found very high heritability for autism and related traits, with no shared environmental effect.

What does "no shared environmental effect" mean for autistic traits? The easiest way to explain the concept is to imagine that a mother and father adopt two children. Imagine that Mom, Dad, and the two adopted children share no genetic relatedness at all. If the "shared environmental effect" is found to be zero in a well-done study of families like this, this means that two unrelated adopted children in the same family are as likely to share autistic traits in common as two complete strangers randomly chosen from the street. In other words different family cultures are irrelevant in causing differences in whether someone develops autistic traits or not.

When hereditary effects are high (monozygotic twins share the trait and dizygotic twins virtually do not) and the shared environmental effect is zero, as is the case with most studies of those with autism, the studied condition occurs in genetically related individuals. With zero shared environmental effect, the family culture does not influence rates of autism, so genes must be causally responsible. Since the family culture is irrelevant, the willful thinking of the individual --surely influenced by family culture -- does not cause the disorder, either. So the evidence strogly argues against the proposition that a particular type of thinking causes autism.

But how do those critical of genetic studies answer this seemingly airtight case? They use an argument that some have pejoratively called "X-factor" theory. They say there may be some cultural factor (the "X" factor), invariably not studied, that is ubiquitous and

homogenous across cultures. This factor interacts with genes that make one vulnerable to a condition, for example autism, but this "X-factor" is the *real cause* of the problem. Since all families are exposed to this ubiquitous "X-factor", then regardless of which family a child is raised in, he is exposed to this factor. And if he has the predisposing genes, this factor interacts with the genes to cause the condition. So the family that raises a child is irrelevant, which explains why the "shared environmental effect" is found to be zero in studies. All families are equally exposed to this common cultural factor which is the ultimate cause of the problem, not the genes.

What is the mysterious "factor X"? Here you may fill in the blank, usually depending upon one's political perspective. Those writing for this blog usually argue that factor X is the "coercion" of children. Coercion happens worldwide in every culture and in virtually every family and to every child (but is dramatically minimized in families supporting the "Taking Children Seriously" [TCS] movement.)

So the coercion of children interacts with the products of certain genes which make children vulnerable to the deleterious effects of coercion, and this interaction then causes all mental illness, and presumably also autism. So the abscence of TCS parenting is the cause of mental illness and autism.

Now, if you ask proponents of this viewpoint if there has been even a single (even) descriptive study of a group of families following TCS principles, to see if anybody has mental illness, the answer is a resounding "NO".

Indeed if you ask whether there has been any data, any evidence, any descriptions of families cured of mental illness, or even any theoretical work done explaining why TCS should prevent autism or other mental illnesses, the answer is another resounding "NO".

So there is a tremendous irony in Elliot's post. Those advocating TCS as a cure for mental illness have done no investigations to support their speculations. Yet when I claim that much work has been done showing that depressive thinking dramatically affects whether someone develops worsening coronary artery disease, this is considered speculative, though hundreds of empirical studies support the theoretical ideas. Indeed I am asked to create a whole new field (that already exists across the world!) to lend credence to these ideas.

Yet the idea that coercion of children causes autism and other psychiatric problems is not supported by any studies at all (none). If Elliot even could show that rates of mental illness were lower in families practicing TCS, that at least would be a good start. But there is no evidence, naturally, only the speculation that the mysterious "X-factor" called coercion is somehow to blame for all chemical, genetic, and psychobiological disorders. And TCS-parenting would prevent them all.

Now, who is speculating about a brand new field in medicine?

by a reader on Mon, 07/23/2007 - 23:47 | **reply**

X Factor

Parents speak of their babies having "personalities" at the age of a few weeks. Some cry more. Some smile more. Some they interpret as a happy baby, others angry, others cute, other sad, others fun-loving, others curious, etc... Although there are no meaningful traits being observed, the parents think they are meaningful. This way of looking at infants is, I believe, dominant in our culture (including also people who hardly pay attention to infants consciously, but still do notice some things and have inexplicit reactions). Parents would take it as a point of pride that they treat their children appropriately: they react to their children's personality and characteristics and treat them in the way they imagine someone with that personality would prefer. So, there are complex differences in the treatment of infants, based on parental reactions to trivial traits which could easily be genetic and heritable. If one of these traits corresponds to an imagined "infant personality" that receives autism-causing treatment then autism is (at least sometimes) due to bad ideas and traditions in our culture, and is triggered by certain genes that have no functional role in autism.

It doesn't have to be quite that direct either: an infant personality could receive parental treatment that causes certain personality traits at a later age, which then receive more treatment to cause others at a later age, and so on, until finally the autism is caused. Autism also might require a few such traits combine in one person.

That's the X-factor: bad ideas and traditions, especially about how to treat children. Coercion does play a major role: it is part of the process by which parents entrench irrational ideas in their children.

While I can't fill in the exact details of which infant personality traits are treated in exactly which way, it is well known that this X-factor exists: some attitudes to parenting, including memes, are ubiquitous. And it is well known that parenting can cause complex and unwanted consequences and parents often don't even know why they do things (even complex things), and sometimes don't even notice they have done them. I think you already agree this happens in general, but if not I can give examples.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Tue, 07/24/2007 - 06:23 | **reply**

bullshit

Continental drift was laughed at by all good scientists. Hand washing was ridiculed by all serious physicians in the mid nineteenth century.

Yes, all scientists have all believed wrong theories, countless times.

So you're talking right out of your smug ass, really.

by a reader on Sat, 07/28/2007 - 11:28 | **reply**

They're not fake...

...so much as they are created by the parents to excuse bad parenting.

by Crudblud on Sun, 08/05/2007 - 16:08 | **reply**

Child's Genes Determine Parents!

Elliot,
You are assuming that some parents are not less likely to have behaviors that cause autism in their children than others. If some parents were less likely, there would be a positive shared environmental effect found in the data, but studies find none.

So your first assumption is that within statistical limits, there have been no parents with good parenting strategies (that prevent autism) who have been studied.

Wouldn't you think that even a few parents would raise children somewhat the way you want (and I'll heroically assume that your parenting strategies are good), so that children with the predisposing genes would not develop autism?

If there were strategies already practiced by parents that did not cause autism, these would show up as a "positive shared environmental effect" in the data and they do not. So you must be claiming that you know of a parenting strategy that no one else does and that naturally has never been studied. And you must be claiming that your miracle strategy (but not the strategies used by everyone else), prevents genes that predispose to autism from causing autism.

But there is even more irony. Instead of saying that genes in the child determine that there will be autistic traits in a child, and the child can't help it; you are claiming that genes in the child cause autism-predisposing-traits in the parent, and the parent can't help it! And the child's choices still are irrelevant. Because the autism-predisposing-traits of the parent determine the child's autism!

So you are still a genetic determinist. It's just that children's genes don't determine children's behavior. They determine parent's behavior and this determines children's behavior!

by a reader on Mon, 08/06/2007 - 19:06 | **reply**

Environmental Factors

If there were strategies already practiced by parents that did not cause autism, these would show up as a "positive shared environmental effect" in the data and they do not.

If you record the amount of (say) lead paint in the house of subjects in a study, I see you could rule out that out as a relevant

environmental factor. And if you record which parents are

democrats or republicans, you could rule that out too. But what do you do in order to rule out the infant personality theory? It's hard to record how much people have that, even if you try, because people don't know how much they have it.

I also see that you could do a twins-raised-apart study, or something like that, as another way of attacking, for example, the lead paint issue: if only one person in the house gets autism (the foreign twin) then how could it be the lead paint causing it? If this happens reliably then the only way lead paint would be relevant is if they have a gene causing lead paint susceptibility. But again this doesn't work with the infant personality theory which states that part of the causal mechanism of autism is that the parents treat different children differently, so it predicts that the control child won't be affected.

So I'm not sure in what way you can guarantee that there is no environmental effect and thus rule out the infant personality theory.

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Sat, 08/11/2007 - 20:48 | **reply**

Please Clarify

Let's examine the model that the editors use to question genetic studies.

Their argument was that lynching of black people could be wrongly interpreted as being caused by genes (by ignorant population geneticists) because genes cause black skin. And black skin incites murderous anger in bigots, so genes coding for black skin could be (falsely) interpreted as being the relevant cause of lynching.

Is the same logic behind your "infant personality" theory of autism?

by a reader on Mon, 08/13/2007 - 14:24 | **reply**

clarification

it's kind of like that in general logic terms, but more realistic: you'd have to imagine that 99.9999% of the population is a racist and that no one has ever heard of racism. so in that situation you can see how people might miss it as a factor.

I also have anecdotal evidence that people have the infant personality theory, reason to expect others do, comparisons to known and similar effects (like gender discrimination towards infants), and evidence that interpretations of children can have large, measurable effects (not that one really needs evidence on this last point. of course they can).

-- Elliot Temple

by **Elliot Temple** on Mon, 08/13/2007 - 17:48 | **reply**

OK

"it's kind of like that in general logic terms..."

Ok. So you must be assuming that parents are reacting (consciously or unconsciously) to a unique trait of a child that is caused by genes, and the reaction of parents to this trait causes the autism.

Which parental factors are causing autism and which ones are preventing it?

by a reader on Mon, 08/13/2007 - 18:51 | **reply**

Implausible?

The "shared environmental effect" is found to be zero (as stated previously) when for example two genetically unrelated adopted children growing up with the same two parents share a trait (say having autism) as frequently as two random strangers who have random parents. With autism, the shared environmental effect has been found to be zero.

So in studies, a child with autism was as likely to have developed autism no matter what family he was raised in, no matter what parenting style he was exposed to. And rates of autism were found to skyrocket when children were more closely genetically related to others with autism, no matter who raises any of them.

Given your theory that autism is nonetheless caused by parenting (not genes) and knowing that most children do not develop autism, does this not imply that parents, on some level, know very well how not to cause autism?

If your theory is correct, you should be able:

A. To specify a particular visible characteristic of children that is directly controlled by genes -- a characteristic to which parents react. You need to specify this characteristic in order to explain why identical twins share autism far more than fraternal twins who share the disorder far more than those less related, etc. The genetic theory, by contrast, explains this perfectly well.

And you should be able
B. To specify why this genetic characteristic of children causes (not some) but all parents, within statistical limitations, to be immediately unable to utilize *any* of the non-autism-causing parenting skills they utilize every day to raise all their other children.

Don't your assumptions seem just a little bit implausible to you?

by a reader on Mon, 08/13/2007 - 23:14 | **reply**

Illnesses; Science; Behavior vs Genetics

Hi :)

Let's try to step back and see the conversation as a whole before I answer your questions about local details. It has gotten quite long, and that leaves a lot of room for us to diverge in what we think has been said.

I believe that you said that bipolar, depression and other conditions are illnesses and that this is backed by scientific evidence, especially studies which purport to show these conditions are caused by genes. They do this by showing "heritability" of conditions. But this does not actually imply they are caused by genes; the studies are consistent with the conditions being caused by behaviors. I gave an example of how this might work based on parental interpretations of infant personalities.

You now challenge the infant personality theory and ask for a defense of its plausibility, and also for details of its mechanisms. When addressing this issue we should remember my point about behavior-based theories of bipolar/etc causation has been that they are consistent with the studies; therefore, the studies can't inform us about whether the cause is genes or behavior. So in this particular part of the debate, that evidence is not relevant.

That said, we can address plausibility as a philosophical issue, and it can have some bearing on the science: if we can rule out behavioral theories philosophically, and other rivals using the scientific studies, we'll have a good case for genetic theories. The likely method of attack I see for delving into the issue is epistemological because we're interested in different ways of constructing a person with given knowledge (bipolar, depression, etc) in their mind. So let me know if we're on the same page, and then we can each give arguments about the plausibility of the behavior and genetic theories.

BTW, what should be called an illness or not is itself an interesting question. One reason to call something an illness is to imply people with it are broken and should be fixed: to dehumanize them. This seems especially relevant when some people with an "illness" prefer to be that way, and compulsory treatment is on the table. Another reason is because something has gone wrong with normal functioning that the patient prefers to be fixed, like cancer. Or if a gene injects harmful knowledge into a brain without (unconscious) choice by bypassing normal methods of thinking, and that person wants it gone, then that'd be reasonable to call that an illness. On the other hand, if an "illness" consists of knowledge created in the usual way -- conjecture and criticism -- then it isn't philosophically different than idiotarianism, or pacifism, or mysticism.

- Elliot

by **Elliot Temple** on Sat, 08/25/2007 - 01:19 | **reply**

Disorders are real, but not clearly enough defined

I wouldn't say the disorders themselves are created by the parents. I think it's more that once a disorder gains some media attention, while a few people genuinely have the disorder, a lot of hypochondriacs and bad parents will recognize a few features of it in themselves or their children and jump to conclusions about it (particularly if they do it themselves without any psychiatric training).

Not only that, a lot of them are "spectrum" disorders; it's like the difference between Boolean and fuzzy logic. For example, there's a very long list of features of Asperger's Syndrome, and not every Aspie has all the features. I have AS myself (formally diagnosed by a consultant psychiatrist and a psychiatric nurse) and have met a few other Aspies, some of whom are more neurotypical (normal) than I am and others who have it more severely than I do. I've also met a lot of neurotypicals who have had a few mild features of AS, but not enough for them to be officially diagnosed as Aspies. The same is true of learning disorders such as dyslexia - a lot of people have trouble with literacy or are plain stupid/lazy, but far fewer people are officially dyslexic.

The obvious problem that this creates is: where do you draw the line between neurotypicality and dyslexia/AS/ADHD/ODD/etc.? At the moment, it isn't exactly clear, and because of this, a lot of people with only a few features of a certain disorder are misdiagnosed.

Unfortunately this does also mean that, sometimes, the disorder itself is dismissed as nonsense.

by EJWeir on Sun, 09/09/2007 - 17:12 | **reply**

Tautology

As I have said before, the idea that thought (or parenting or culture) causes autism is theoretically true, but given the evidence, it is not a useful idea. If we are fully functional conscious Turing machines, then given enough time, we should be able to create virtually any neural configuration in our brains. Therefore, given 1 million years of thinking and parenting, for example, we should be able to configure our brain exactly as we want it to be, in order to use the nerves leaving the brain as tools to fix, repair, and prevent any disease or disorder of the body, including autism, cancer, heart disease, and everything else.

So saying that thought causes a medical disorder (like autism) is like saying that all relevant problems are soluble by thought. Although in my opinion these statements are true, they are also vacuous because they explain too much without telling you how to proceed to solve the problem of autism or any other problem. Yes, autism is caused by thought, because thought can theoretically cause anything to happen that is consistent with the laws of physics.

In order to usefully proceed with your line of reasoning, you should

specify what type of thought causes a given medical condition (like autism). Then you should make some testable predictions based on your theory.

Even if direct chemical pathways are shown between genes, chemicals produced from genes, neural arrangements, and patterns of behavior (or between genes, chemicals, abnormal myocyte arrangements, and cardiac behavior), one could still claim that appropriate parenting could reverse these abnormal configurations, by having our own nerves reprogram our bodies and brains so that our brains and hearts are healthy.

Given the way you have stated your theory, I am not sure it can be shown to be false (even in principle), unless I am missing something. Can you specify for the readers an experiment, the results of which could conceivably show that autism is not caused by the absence of appropriate parenting, but is in fact caused by genetic derangements?

An inability to do this would show that your ideas are tautological and possibly solipsistic.

by a reader on Mon, 09/24/2007 - 02:09 | **reply**

Useful

If mental illnesses are based on thought this is useful to know. It would mean, for example, that people attempting to change their ways of thinking about the world should be optimistic that this can have far-reaching effects including, for example, curing their depression. It would mean they don't need drugs or surgery if they don't want those, and they can still get better.

It means that prevention strategies should focus on parenting instead of testing for high risk genes in babies. it would mean that genetic screenings are a total waste, for this particular issue.

you keep asking for a detailed rival theory from me. there are two problems with this. the first is that i don't need one to offer criticism of the mainstream theory. the mainstream theory claims certain things as evidence that are equally well evidence of alternatives. therefore they aren't evidence. one doesn't have to prove the alternatives are true to make the logical point that the evidence was no good. and second, the mainstream theory itself doesn't pass the simple test of offering an explanation of what's going on. it says there is some gene/chemical/physical-thing that uses some mechanism to cause depression. saying, for example, that there is some behavior that transfers memes into children which somehow cause depression isn't any more vague.

-- Elliot Temple
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Dialogs

by **Elliot Temple** on Wed, 10/03/2007 - 06:24 | **reply**

Can it Be Shown to be False?

Economists claim that everyone acts in their "self-interest" This is very much the same kind of argument that says, "Thought Causes Autism (and everything else!)"

But I can prove that everyone is an altruist.

Altruist: Everyone, including John, is an altruist
Dubious: Then why did John kill Harry?
Altruist: Obviously Harry was very unhappy.
Dubious: But Harry screamed and begged John not to kill him
Altruist: Obviously Harry was trying to save John the effort.

Philosopher: I can prove that thought causes Autism (or cancer or anything else consistent with the laws of physics)

Scientist: `But stars collapse and humans are no where near the collapse. Surely gravity is the explanation.

Philosopher: If parents had used my parenting strategy (FPS) children would have the knowledge to stop the collapse of stars and children could control whether stars collapse or not. So bad parenting causes stars to collapse!

Scientist: Yes but some children are mentally retarded. They have known chromosomal abnormalities, known brain structural abnormalities. In autism, Identical twins, reared together or apart have the same problem. With "no shared environmental effect", children who are genetically unrelated, but are raised together, do not share the characteristic more than random strangers on the street. Yet if they are genetically related, whether raised together or apart, they share the characteristic. And known changes in chemicals can experimentally induce given psychiatric states (like depression) and reverse it (make the person happy.) Doesn't that shoe that chemicals from genes and chemicals from brains are relevant causes of a psychiatric condition. Maybe some profoundly retarded autistic children are not smart enough to learn how to stop stars from collapsing.

Philosopher: Yes but some type of correct parenting would correct everything.

Scientist: So is there any experiment that could show that thought is not the best explanation of autism?

Philosopher: I don't need to come up with one. Human thought explains all the evidence. It can do nothing else.

by a reader on Thu, 10/04/2007 - 00:51 | **reply**

The Obvious Difference

The obvious difference between my theories and yours is that my theories can easily be proven false. So our arguments are not symmetrical.

Is there any experiment, even in principle, that could show that

your theory is false?

by a reader on Thu, 10/04/2007 - 00:56 | **reply**

Is it Falsifiable?

"In so far as a scientific statement speaks about reality, it must be falsifiable; and in so far as it is not falsifiable, it does not speak about reality."

Karl Popper

Concerning your theory that thought causes autism.

Which is it?
1. Is your theory not scientific?

2. Is your theory not about reality?

3. Perhaps you have not had time to formulate an experiment that could show that thought does not cause autism or perhaps you would prefer not to?

by a reader on Fri, 10/05/2007 - 00:04 | **reply**

testable

the theory that some type of thought causes some mental illnesses by some chain of effects is not testable. it's a possible structure a scientific theory might have.

the more specific story about parents who interpret trivial actions in terms of infant personalities is still too vague to be tested -- which actions are interpreted in precisely what way, which causes parent to do precisely what, which causes...? but it is much closer than the generic outline. and it could be developed further into a testable theory.

but so what? you haven't offered a testable explanation either. if you claim X drug will cure Y disease, that's testable, sure, but it isn't explaining what's going on or why. to illustrate another testable claim w/ no explanation: if i said sacrificing a goat will cure depression, that is testable (try it, and see if it works or not), but more importantly i don't give any reason why it would work; there's no explanation.

i haven't claimed to know exactly what happens, i've simply criticized some flaws in the mainstream view, as a matter of logic. and also pointed out that in the absence of a compelling reason to take one view over the other, its irrational to choose one now.

-- Elliot Temple
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Dialogs

by **Elliot Temple** on Fri, 10/05/2007 - 02:01 | **reply**

Can it Be Shown to be False?

There are many theories in which psychological processes can be reasonably thought to be caused by a variety of specific brain chemicals and bodily structures producing chemicals. And all of these theories, though currently thought to be true by most neurobiologists/psychiatrists/geneticists, can certainly be shown to be false.

For example,
1. We can study a large group of identical twins raised separately. We can rule out differences in genetic factors as a relevant cause of differences in a particular psychological characteristic, if this psychological characteristic is not shared (in a statistical sense) by twin pairs.

2. If identical twins do share the characteristic, but unrelated adopted children raised together also share the characteristic (more than unrelated children raised separately), we can rule out differences in genes as the sole relevant factor explaining differences in the characteristic.

3. If we deplete a neurotransmitter like serotonin in humans and animals and we get behavioral signs of depression in humans and animals, and depressive statements from a person so depleted; and if serotonin repletion reverses the condition, we have evidence that serotonin depletion is a cause of depression. In other words, we have a chemical theory of depression. But this theory could certainly be shown to be false if for example differences in behavior and symptom reports are better explained by efficiency (not quantity) of serotonin neurotransmission.

4. If a particular parenting strategy consistently prevents the appearance of autism, autism is not best explained by genetics.

In fact there are no legitimate psychiatric theories that could not be shown to be false by the hypothetical results of future experiments. Yet you criticize specific psychiatric theories with what you call your "structure of a scientific theory"?

No, a "structure of a scientific theory" does not criticize ideas. Ideas are criticized with other ideas. It is a category error to compare a "structure of a scientific theory" with a psychiatric theory. Your explicitly stated idea is that parenting equally well accounts for all the evidence that is also consistent with psychiatric ideas about causation. So you are comparing your theories about causation with psychiatric theories about causation. But there is a difference between the two. Your theory, unlike psychiatric theories, cannot be shown to be false by any evidence whatsoever and you now admit that.

Yes, ideas and parenting can cause and cure schizophrenia and autism, because as previously argued, they can cause and prevent everything consistent with the laws of physics! You are essentially saying,
1. I think I am correct that parenting causes schizophrenia and autism.
2. My theory is as good an alternative as psychiatric theories

because both theories equally well account for all the evidence.
3. There is no evidence that could be presented under any circumstances that could show that I am wrong.
4. Therefore the idea that parenting causes schizophrenia/autism is as good a theory as psychiatric theories.

So if someone presents to you a gravitational theory of star collapse, you certainly can "criticize" the theory by saying that all the evidence of differences in how stars collapse could equally well be accounted for by differences in parenting, because if parents transmit the correct ideas and knowledge to children, they (and not gravity) will determine differences in how stars collapse. And you can say that if you are correct, we don't have to waist resources studying physics (gravity and all that stuff). Instead, we should study parenting.

But you are not likely to be taken too seriously unless you are a bit more specific. In particular, your ideas should lead to demarkable (specifically defined) theories that can (at least theoretically) be shown to be incorrect. This is the case in all legitimate scientific fields including physics, genetics, psychiatry, psychology, neurobiology, etc.

By the way, the study of the way in which particular ideas affect minds and brains has a name. No new research program needs to be invented. This field is called…….PSYCHOLOGY. And yes, the study of infanct characteristics and their relationship to parenting styles is a burgeoning field in psychology. It is fascinanting!

But please do model how memes (possibly defined as ideas that reproduce between people and are disseminated by brains) influence people. It is an interesting subject. But your ideas about memes will need to be more specific than what you have stated to have meaning to scientists.

by a reader on Mon, 10/08/2007 - 14:26 | **reply**

I love how you refer to Aspergers as a "mental Disease" moron

I love how you refer to Aspergers as a mental disease! what about your mental disease (Nuerotypical Mental Disease) or NMD. just because you suffer from your devastating condition which doesn't allow you to feel real emotions and truly live your life to the fullest, doesn't mean you can hate on people who can.

by a reader on Tue, 11/20/2007 - 21:58 | **reply**

ass burgers is bullshit!

Asperger's Syndrome is bullshit. I was diagnosed with it. I am miserable, everone hates me, but that is because i'm just a retarded freak!!!! I'm not giving a mental desease as an esxuse for that!!!!

by fuck off crap assess! on Sun, 01/13/2008 - 19:03 | **reply**

So wrong

To view any mental illness as fake is the most narrow minded view you could have. ADD, Bipolar and the like are over-diagnosed but there are many out there with these real diseases. Bipolar for instance is recognised as a physical disorder not a mental disease. They have real implications much like more recognised diseases.

It strikes me that all of your researched is terribly skewed and more to the point what qualifies you to make these judgements? I would question anything you ever wrote since none of what you have posted is based on fact.

Why do people insist on sharing their narrow views with the rest of the world.

Perhaps you should be happy that you are not afflicted by one of these so called "fake illnesses". Either do decent research and present an unbiased, factual viewpoint or keep it to yourself.

by Reaper on Mon, 01/14/2008 - 11:05 | **reply**

Re: Can it Be Shown to be False?

So, I had a similar argument with someone else. And towards the end he said two strange things, which revealed most of the previous discussion missed the real point of disagreement.

First, he isn't sure if apes are intelligent.

Second, he said that, like genes, mountains control human personalities and cultures.

To elaborate on the mountain claim, he meant that human cultures turn out differently in the presence of mountains. Mountains *cause* different culture than flatlands.

The importance of this claim was that our disagreement was all about the word *cause*, and not about genes vs memes. He thought that mountains and genes both did the same kind of thing. That'd have been much easier to discuss if we'd stuck to mountains, which are simpler.

So, in case it will help: do you think either of his statements is correct?

If we deplete a neurotransmitter like serotonin in humans and animals and we get behavioral signs of depression in humans and animals, and depressive statements from a person so depleted; and if serotonin repletion reverses the condition, we have evidence that serotonin depletion is a cause of depression. In other words, we have a chemical theory of depression.

How is this more than finding a *correlation*?

-- Elliot Temple
curi@curi.us
Dialogs

by **Elliot Temple** on Tue, 01/29/2008 - 06:37 | **reply**

The Opposite Theory

> How is this more than finding a *correlation*?

Yes and it may even be less than that!

The observations are consistent with serotonin depletion being a cause of *happiness*.

In this theory the brain enters a state of depression in an attempt to restore equilibrium levels of serotonin following the intervention.

(Rather like a car driver applying the brakes to try to prevent an accident. The accident is not caused by braking.)

by **Tom Robinson** on Wed, 01/30/2008 - 13:20 | **reply**

Science vs. Superstition

Let's be clear. I have stated psychiatric theories (which may be correct or not) that can theoretically be shown to be false. Your theory (that parenting causes schizophrenia) by your own admission can not be shown to be false.

The way you've stated your theory (which states that schizophrenia is caused by parenting) is therefore not a scientific theory. Your theory is like the "theory" that creation "science" is real. It could be the case that G-d created the world in 7 days and faked all evidence to test our faith, but it is not something that scientists address. Like your theory, these theories "explain all the evidence" but can not be shown to be false.

Psychiatric theories are in their infancy, and could use a lot of work. But they are scientific theories, and can be refuted. Therefore, progress can be made.

Psychiatric theories try to identify many causes of psychological phenomena, including chemical causes, parental causes, and cultural causes.

The theory that deficits in serotonin transmission are a cause of depression are interesting but surely very incomplete. The fact that those with low levels of serotonin (actually its 5-HIAA metabolite) in the cerobrospinal fluid tend to commit suicide is interesting. The fact that depletion of serotonin in the brain causes normal people (with no history of depression) to become depressed is interesting. Repletion of that same chemical in those previously depleted then causes a return to happiness. This suggests that deficiencies in

serotonergic transmission are a cause of depression/suicide. I don't

understand the argument that it is a correlation, not a cause.

Tom Robinson's argument is no doubt interesting. I just don't understand it. If serotonin depletion caused happiness, then when we experimentally deplete it in those with no depression, the depleted patients should tend to become happier. But they don't, so I'm not exactly sure how his theory works.

by a reader on Mon, 02/04/2008 - 22:09 | **reply**

Serotonin Depletion

Correction: Depletion of serotonin in those with no history of depression and who are currently not depressed does not lead to depression.

But depletion of serotonin in those with a history of depression but no current depression does lead to depression.

Thanks.

by a reader on Tue, 02/05/2008 - 18:32 | **reply**

Mountains

If a particular theory about the effect of mountains on a culture is testable and refutable, I would consider that the perception of mountains, like the perception of our parents, can cause us and our culture to change.

Saying that the presence or abscence of certain memes in people causes all mental illness, however, is like saying that the presence or abscence of certain memes in people causes stars to collapse. Both are true statements. Both are meaningless. Neither advances our knowledge.

by a reader on Tue, 02/05/2008 - 23:00 | **reply**

correlation does not imply causation

This suggests that deficiencies in serotonergic transmission are a cause of depression/suicide. I don't understand the argument that it is a correlation, not a cause.

In Tom's example, breaking is correlated with dangerous driving, but breaking does not cause dangerous driving. This is one way a correlation may not indicate a cause.

Besides mistakes regarding which causes which, in general correlation does not imply causation because something else might cause both.

For example imagine a correlation between wearing coats and car accidents. One might say that it looks like coats are causing accidents. It even makes sense: coats could hinder movement, thus

slowing reaction times, or making people less inclined to turn to see

things.

Now imagine someone figures out that *rain* was causing both coats and accidents. The correlation between coats and accidents did not indicate a cause, after all.

With the serotonin issue, you have not ruled out rain. There may be a non-obvious cause.

I will continue, but I want to check if you understand and agree, first. If you do not, let's discuss that before going on.

-- Elliot Temple
curi@curi.us
Blog

by a reader on Sat, 02/09/2008 - 21:25 | **reply**

Correlation Does Not Imply Causation (Right)

You are right. Correlation does not imply causation. But I think you may be confusing the two.

Let us define a few terms. When it comes to the social sciences and medicine, when we say that event (A) *causes* event (B), we do NOT mean that (A) is a necessary precondition for B to occur. And when we say that event A causes event (B), we also do NOT mean that (A) is a necessary and sufficient precondition for event (B) to occur. We do not use this language because virtually no event in medicine or the social sciences is an absolutely necessary precondition or an absolutely necessary and sufficient precondition for some other event to occur.

Instead when we say that event A causes event B, we mean that event A increases the likelihood that event B will occur.

If a third hypothetical factor (say cancer) caused the body to lower brain serotonin and if the cancer also made people depressed, then cancer would be causing depression and lowering serotonin. Low serotonin levels would *CORRELATE* with depression, not cause it.

But placebo controlled experiments show that in subpopulations of subjects, lowering serotonin is in fact followed subsequently by depression, relative to subjects taking an active placebo. The only statistical difference between the group that gets the placebo and the group that experiences the active intervention is that the active intervention group has serotonin lowered. Therefore a third factor (like cancer) should not be relevant because large enough groups have been chosen to make sure that both groups do not statistically vary, except that one group has serotonin depleted and the other takes an active placebo.
In these conditions, serotonin depletion has been found to make depression statistically more likely (in non-depressed patients with a history of depression) and serotonin repletion has been found to make happiness more likely. That is, serotonin depletion is a cause

of depression and serotonin repletion is a cause of happiness, given

the way I have defined the word "cause".

I don't understand what Tom Robinson is saying. But those who talk about drivers of cars using their brakes in order to prevent automobile accidents, while discussing mental illness, are usually using the arguments of a famous antipsychiatrist.

His claim was that serotonin deficiency has not been found to cause depression just because low levels of cerobrospinal fluid serotonin (actually metabolites) have been found to correlated with reports of depression. He argued, for example, that depression could cause low levels of serotonin, not that low serotonin necessarily causes depression.

He apparently was not yet aware that creative, blinded, and placebo-controlled experiments were being performed in which serotonin was effectively removed from the brains of individuals with a history of depression, but with no current depression. These individuals rapidly became depressed. When serotonin was replenished, the previously depleted individuals were restored to happiness. Therefore serotonin depletion increased the probability of a subgroup of individuals becomming depressed. That is, serotonin depletion caused depression and serotonin repletion caused happiness. The arrow of causation was demonstrated.

A second argument that the famous antipsychiatrist used against the serotonin-depletion argument went like this (although we now know that it was mostly wrong):
1. Serotonin may have nothing to do with regulating mood. Perhaps it actually regulates heart rate, for example.
2. If something occurs that causes serotonin levels to fall, the body has compensatory mechanisms to raise serotonin levels, in order to protect the body from the effects of low serotonin. The body "wants" to protect itself against the low levels of serotonin because in the hypothetical example, normal serotonin levels are needed to have a normal heart beat.

3. According to this (incorrect) theory, depression is a compensatory mechanism to raise serotonin levels.

4. This theory does correctly predict that experimentors will find low levels of serotonin in people who are depressed. According to the discredited theory, low levels of serotonin cause the body to respond with a clinical depression in order to raise serotonin levels.

So when scientists take needed serotonin away from the brains of people using experimental interventions, this theory by the antipsychiatrist says that the experimentors are causing something bad to happen to the person, analogous to someone creating a situation in which a car accident is about to happen. The body's creation of depression in response to the serotonin deprivation is like a person using the brakes of a car to prevent a accident. So depression (like braking in an automobile) is a good thing because depression raises serotonin levels (just as hitting the breaks prevents the car accident). Depression in brains/minds (like brakes in a car) can be seen as something that protects people. Neuroscientists have taken the above argument seriously and most

aspects of it have been shown to be wrong (and one aspect might be sort-of true). At some point, I will explain the evidence showing you why it is wrong. But even if the theory were TRUE, how Tom Robinson manages to get from the above stated theory to the idea that serotonin depletion causes happiness is beyond me. His arguments don't make sense (to me) and seem illogical. Serotonin depletion is not causing happiness, any more than car accidents in his analogy are helping to protect people.

But for the sake of argument, let's assume the theory by the antipsychiatrist is TRUE. That is, let's assume that the body creates depression in order to raise serotonin levels depleted by experimentors or depleted by other causes of serotonin deficiency. This would explain why low levels of metabolites of serotonin are found in the cerobrospinal fluid of subjects who say they are depressed.

Do you think serotonin depletion by experimentors then *causes* or is *correlated with* depression (if we assume that my recounting of the serotonin depletion experimnents is accurate). Do you think that serotonin repletion then causes or is correlated with restoration to happiness?

by a reader on Mon, 02/11/2008 - 20:14 | **reply**

Mean Relatives

There are those with Asperger's who are nice, there are those with Asperger's who are mean, and there are those who do not have Asperger's who are mean.

I don't know which your relative is.

But please don't give up on the mentally ill and those with developmental disabilities because you know someone who has been diagnosed with Asperger's and is unpleasant.

The reality of Asperger's disorder as a legitimate condition does not hinge on the behavior of your relative. Right?

I know of no psychiatrist who thinks that people are just chemical reactions. The issue is that the structure of the brain and its chemistry is a relevant consideration when discussing behavior.

by a reader on Mon, 02/18/2008 - 20:57 | **reply**

re: Correlation Does Not Imply Causation (Right)

when we say that event A causes event B, we mean that event A increases the likelihood that event B will occur.

That is a bad definition, because it's too vague. It's sort of like saying playing good moves increases the likelihood of winning chess games, and that this is the same thing as causing chess victories. OK, it superficially sounds true, but you can easily play good moves

and lose, and various strategies for playing good moves will in fact

cause chronic losing (like spending too much time on them too early in the game, then running out of time).

It also reminds me of the approaches to epistemology which try to support or justify theories and then say they are "more likely" to be true. All (existing) approaches to epistemology which speak in terms of theories being likely to be true, are bad. And imprecise. When they say something is likely, they don't bother to work out when it will happen, and when it won't.

And that's what matters. Not what is "likely". How likely? What are the exceptions? Why? Will this apply in a different situation? All other instances of it are different situations in some sense. Different time, usually different place, usually different people, lots of subtle differences. Which ones matter? If you have an explanation of what's going on, then you can evaluate which types of differences should matter, and which similarities will allow the explanation to still apply. If all you have is "more likely", then you have no clue.

Therefore a third factor (like cancer) should not be relevant because large enough groups have been chosen to make sure that both groups do not statistically vary

That's not entirely accurate because you can't check whether there is statistical variance between two groups, or not, for a factor you haven't thought of. However, I am not claiming that the active and control groups in any studies were chosen badly and have a bias of any kind, so it's ok.

In these conditions, serotonin depletion has been found to make depression statistically more likely

What I am suggesting is possible is that many people (but not all, which is why the depletion makes depression more likely but not guaranteed) have a certain "vulnerability". It consists of bad ideas about how to react to certain environments. And keep in mind I'm not saying we know this is the case, but rather that the evidence for the mainstream position is consistent with this alternative possibility. And if we are to consider which theory is true between two rivals, we cannot use any evidence that is consistent with both of them.

So for example, imagine people who yell and scream wildly, when put on a roller coaster. The analogy of your position is to say that roller coasters increase the likelihood of yelling and screaming, and thus (statistically) cause yelling and screaming.

And the analogy of my position is to say that, perhaps, roller coasters don't cause yelling and screaming in all people. Perhaps, they don't cause it at all, in any people. Perhaps what's going on is that some people, with certain ideas, choose to yell and scream when put in certain situations. The situation is not the cause, their ideas are. This is fairly clear in the roller coaster case, because any "screamer" could easily resist and remain quiet throughout the ride, if they wanted to -- if it was important for some reason.

Back to mental illnesses, could we agree that *if* it's the case that

some people decide to get depressed in low serotonin situations, based on their ideas, and they could do otherwise if they A) wanted to and B) knew how *then* it's inaccurate to say serotonin causes depression?

*Do you think serotonin depletion by experimentors then *causes* or is *correlated with* depression*

I think the experiment only shows a correlation, which is perfectly consistent with scenarios in which it does not really cause depression. The experiments are thus inconclusive.

- Elliot Temple
www.curi.us

by a reader on Tue, 02/19/2008 - 04:41 | **reply**

Cause Again

"when we say that event A causes event B, we mean that event A increases the likelihood that event B will occur."
A Reader

That is a bad definition, because it's too vague. It's sort of like saying playing good moves increases the likelihood of winning chess games, and that this is the same thing as causing chess victories. OK, it superficially sounds true, but you can easily play good moves and lose, and various strategies for playing good moves will in fact cause chronic losing (like spending too much time on them too early in the game, then running out of time).
Elliot Temple

If a patient has high blood pressure and I recommend that he take a beta-blocker because "placebo controlled studies show that beta-blockers cause individuals with similar conditions to live longer", do you think I have mislead the patient because I have used the word "cause"?

If the beta-blocker is not causing the average patient in a given situation to live longer, based on the results of placebo controlled studies, why should he take the medicine?

by a reader on Tue, 02/19/2008 - 19:36 | **reply**

Lynching

During slave times in America, some of those with black skin were lynched. Do you think black skin is *correlated with* or *causes* lynching?

by a reader on Tue, 02/19/2008 - 20:55 | **reply**

If a patient has high blood p

If a patient has high blood pressure and I recommend that he take

a beta-blocker because "placebo controlled studies show that beta-blockers cause individuals with similar conditions to live longer", do you think I have mislead the patient because I have used the word "cause"?

Yes, you are misleading him a bit. (Disregarding the issue of how precise doctors should be in explaining stuff to their patients.)

The studies didn't show that beta blockers cause increased longevity for those groups. The studies are consistent with that being false.

Check out wikipedia on beta blockers. It has paragraphs of explanation about how they work. This explanation was not created by the studies it was created by the creative thought of scientists. This kind of explanation is the actual basis for suggesting the medicine to the patient. Explanation can reference studies and they can be helpful to it, but the studies *alone* don't get us anywhere.

Of course being black doesn't cause rope to constrict around your neck. Those lynchings were caused by irrational (and immoral) culture. If you want to know who will get lynched, what you need to investigate is not the innate consequences of being black, but rather the set of people the culture hates. Being black has only a very superficial role in the proceedings.

- Elliot
www.curi.us

by a reader on Wed, 02/20/2008 - 05:22 | **reply**

"Yes, you are misleading him

"Yes, you are misleading him a bit. (Disregarding the issue of how precise doctors should be in explaining stuff to their patients.)

The studies didn't show that beta blockers cause increased longevity for those groups. The studies are consistent with that being false."
Elliot Temple

You're mistaken. According to well designed studies, in many subgroups of patients who have had a heart attack, beta blockers do decrease average mortality rates.

"This explanation (for how beta blockers work) was not created by the studies it was created by the creative thought of scientists. This kind of explanation is the actual basis for suggesting the medicine to the patient."

You're correct that people who are able to think create theories. The results of studies do not create theories. But the results of studies often do help people to create theories.

For example, it used to be thought that any medicines which

lowered blood pressure approximately the same amount had approximately equivalent efficacy. Distinctions were made about which medicine to prescribe based upon side-effect profiles.

Obviously, one can't observe something without the brain/mind having at least some theory about what to look for. But that doesn't mean that we have good explanations for that which we see!

Doctors observed that blood pressure medications that acted primarily within the brain did not seem to work as well as blood pressure medications that worked primarily on the heart and blood vessels, though both could lower blood pressure the same amount. Studies were conducted showing that medicines that worked in the brain (centrally acting) were in fact not as effective in preventing bad outcomes as other medicines that acted in the periphery of the body.

When these studies came out, we changed our behavior *before* we really could explain why the medications primarily acting in the brain did not do as well as medications primarily acting in the body. We prescribed according to what the study indicated was better, before we knew why it was better.

We do now have reasonable explanations, but it was the study results that changed our prescribing practices, not the explanation. And our patients were happy about being healthier without knowing why. And it was the study results which prompted us to start looking for reasons why the two types of medicines led to different outcomes.

Nowadays we use duloxetine, for example, to treat certain types of pain, yet we really don't know most of the details about how it works. But doctors are willing to prescibe it and patients are more than willing to take it, because the studies say it decreases certain types of pain with relatively minimal side-effects. And patients feel the difference!

In a world of imperfect knowledge, medical practitioners often have made many improvements, not by being able to explain everything, but rather by being able to observe differences between things (using studies). Observed differences can often mean the difference between life and death or just being in pain or not being in pain, long before explanations are provided.

Yes we would like the explanations for medical phenomena. But often the observed differences precede our ability to explain the differences.

Contrary to what you have said, I think most patients would be willing to take a beta-blocker if they knew it increased their chances of living longer, without bad side-effects, even if they did not know exactly why it did so. Perhaps you would, too.

by a reader on Mon, 02/25/2008 - 18:39 | **reply**

Confusion of Cause and Correlation

Unfortunately Elliot, I think you are still confusing the concepts of

"non-explanatory cause" and "correlation". The two are not the same.

Black skin tones (and the genes that created them) were a cause of lynching, but these factors are not accurate explanations of why lynching occured. Racism, not genes, is an accurate *explanation* of lynching. Historians and scientists are interested in explanation much more than cause, but confusing cause and correlation makes your arguments unclear.

Let me quote a conversation that occured on the World concerning the subject of whether genes for black skin cause lynching.

Gil tried to argue that genes for black skin are not a cause of racism, but rather are correlated with it, using an argument similar to yours.

"I think we are comfortable about denying the role of the victims' genes in lynchings or the Holocaust as causes because we have better explanations that account for the observed genetic correlations as being non-causal factors in the explanations."

Gil

I wish to point out that an editor of the World did not agree with Gil's argument that genes for black skin were merely correlated with lynching behavior. I quote him exactly, except for the capitalization which I add for emphasis.

"But in the examples I gave, the genes are NOT JUST NON-CAUSAL factors and the observed effects are NOT MERELY CORRELATIONS. The genes in question are perfectly genuine, OVERWHELMINGLY SIGNIFICANT, CAUSES of the given effects. But ONLY IN ONE SENSE, not in another."
An Editor

I think the editor is saying that genes are causes of lynching, but they do not explain why lynching occured. Genes are causes, but they are not accurately thought of as *explanatory causes* of lynching.

When you say that serotonin depletion in vulnerable populations, relative to placebo interventions, is correlated with depression, but does not cause it, you are making the same logical error that Gil made, which prompted obvious disagreement from the editor.

I think what you mean to say is that you think that serotonin depletion is not an explanatory cause of depression. Ultimately the important question is whether serotonin depletion, in addition to being a cause of depression in certain populations, is also a relevant *explanation* of depression. I will address that point in my next post.

by a reader on Mon, 02/25/2008 - 23:32 | **reply**

i have AS and i don't appreci

i have AS and i don't appreciate it being called a mental illness.

by J on Tue, 02/26/2008 - 14:27 | **reply**

Development vs. Illness

J

What is the difference between a developmental disability and a mental illness, in your view?

by a reader on Tue, 02/26/2008 - 21:35 | **reply**

Your 'explanatory cause' term

Your 'explanatory cause' terminology is fine with me. That is, roughly, what I mean by "cause". Using the more literal sense of cause does not accord with common sense usage which uses 'cause' to mean something like "important or relevant cause".

I did not object at all to patients taking beta blockers, I only thought your endorsement of them was somewhat misleading. The studies don't show the conclusion that you said. Our best guess of how to explain the studies is that conclusion (medical benefit). And I think we also have pretty good explanations. But if it was only the studies, then you should tell the patient we don't know, but our best guess is he should take it. (And if there was a major rival theory, which I think there isn't, then you should say that also.)

*When these studies came out, we changed our behavior *before* we really could explain why the medications primarily acting in the brain did not do as well as medications primarily acting in the body. We prescribed according to what the study indicated was better, before we knew why it was better.*

That's fine if no one has a better idea. Essentially there is an explanatory theory which states, "This medicine somehow reduces blood pressure which somehow has the following medical benefits..." That's not a very good explanation due to the omitted details, but it does accord with the facts of the studies, and if there is no rival theory, then it's the best explanation available. If there is a rival theory with equal or better quality of explanation, then it's insufficient.

- Elliot
www.curi.us

by a reader on Wed, 02/27/2008 - 05:03 | **reply**

OK

"I did not object at all to patients taking beta blockers, I only thought your endorsement of them was somewhat misleading. The studies don't show the conclusion that you said."

They don't? How so? Which studies are you referring to?

"Your 'explanatory cause' terminology is fine with me. That is,

roughly, what I mean by "cause". Using the more literal sense of cause does not accord with common sense usage which uses 'cause' to mean something like 'important or relevant cause' "

When you confuse placebo controlled studies (which can show causation) with correlational studies (which don't), it is difficult to know what to say. But I am glad we can agree on terminology, for now.

I will respond later to the question of whether serotonin depletion is an explanatory cause of depression. Or rather, whether the structure of your argument enables any reasoning or data (whatsoever) to demonstrate that it is.

by a reader on Thu, 02/28/2008 - 00:50 | **reply**

I haven't confused studies (i

I haven't confused studies (in my opinion) and don't believe correlation studies show causation (in any sense) because there could be a non-obvious factor which is causing both things. Those studies don't rule out that possibility, therefore they don't prove a causation.

That applies to placebo controlled studies about beta blockers, depression, or anything else.

- Elliot

by a reader on Thu, 02/28/2008 - 01:29 | **reply**

sorry that was worded a bit c

sorry that was worded a bit confusingly and i can't edit it...

the reason i haven't clearly differentiated placebo controlled studies and correlation studies is that they are the same thing. using no placebo gets you *nothing*. using a control group gets you a correlation.

- Elliot

by a reader on Thu, 02/28/2008 - 01:39 | **reply**

Clarification

Assume a theory exists explaining (to some extent) why taking a particular pill ought to help people with a particular condition (on average) to live longer than any other intervention. If a well done placebo-controlled study evaluating the theory finds to a highly statistically significant degree that those taking the active intervention live longer without side-effects, and if a doctor and patient cannot see any reason to believe that the given patient is different from average, should the study make the rational patient more likely to take the medicine?

Should rational people be more willing to take the pill, everything

else equal, before any study was done, or after? Why?

by a reader on Thu, 02/28/2008 - 14:13 | **reply**

Correlation Again

"using a control group gets you a correlation."
Why do carefully designed, placebo controlled studies evaluating well-defined a-priori hypotheses allow us to make statements about correlation, but not causation.

I am using causation in the non-explanatory sense.

by a reader on Thu, 02/28/2008 - 15:26 | **reply**

Why do carefully designed, pl

Why do carefully designed, placebo controlled studies evaluating well-defined a-priori hypotheses allow us to make statements about correlation, but not causation.

I am using causation in the non-explanatory sense.

They don't rule out the possibility that something else you hadn't thought of is the cause.

re pill - yes, take it, if no one has thought of a rival theory suggesting you shouldn't. and the study in this case definitely provides useful information to rational people. for example, the people in the study didn't get any nasty, obvious side effects.

- Elliot

by a reader on Thu, 02/28/2008 - 19:34 | **reply**

They don't rule out the possi

They don't rule out the possibility that something else you hadn't thought of is the cause.
Elliot

I don't understand. Are you commenting on randomization procedures? The groups differ (on average) in that one group is prospectively randomized to placebo and one group to the active intervention. This also can be checked (not perfectly, but checked) after the study. Since the groups differ (on average) by one getting placebo and the other getting the active intervention, it would seem that if the placebo group ends up differing to a statistically different degree from the group that gets the intervention, the intervention caused the difference.

And if the intervention did not cause the difference, then why do you think we can conclude that a correlation was established between the intervention and an effect?

by a reader on Fri, 02/29/2008 - 01:36 | **reply**

if there is a hidden cause, c

if there is a hidden cause, causing both things, then it's still a correlation because both things are being caused together in this way.

so for example, if aliens used mind-rays to cause depression, only in patients given serotonin-depleting drugs, the study would conclude that serotonin-depleting drugs cause depression, but this would be false, because actually mind-rays do. however, the drugs would still be correlated with depression, and that link would hold up as long as the aliens kept up the same policy.

the way to rule out alien mind rays is not placebos, and it's not randomization. it's only philosophical argument.

once that's established, you have to consider what you can rule out by argument, and what you can't. we can reasonably rule out the mind rays as a bad explanation. but in some cases there is a theory, consistent with the study data, but different than the conclusion presented by the researchers, that we can't reasonably rule out by argument (or that maybe we can, but it's controversial and non-obvious). in that case, the study can't tell us the answer, and hasn't proven anything.

by a reader on Fri, 02/29/2008 - 02:20 | **reply**

You're correct that it is dif

You're correct that it is difficult to measure what an intervention (material object) in an experiment is. But this argument can be applied to all material objects utilized in *explanations* as well. A material object whose function you think you are explaining may in fact not be that object, but instead could be another object, that merely looks like it and is correlated with it.

For example, alien mind rays can make atoms appear in experiments every time you look for them and every time you try to explain why they exist, and search for them. So then atoms don't really cause or explain anything, either. Their "pretend appearance" in physics merely correlates with an attempt to explain atoms. We can hypothesize that the aliens only fabricate their existence when you try to explain atoms. The appearance of atoms, as an explanatory factor, is merely an illusion created by mind rays.

So not only do experiments not show cause, explanations do not provide real explanations, either.

We do need to be careful to identify that we analyze carefully our interventions in experiments (is serotonin depletion really serotonin depletion, or is it instead alien mind rays?) and explanations (is evolution caused by selection or by alien mind rays when we look at anthropological evidence.)

But saying that we cannot establish causality using carefully constructed a-priori hypotheses (with experimental tests of the hypothesis) is equivalent to saying that we cannot come up with reasonable explanations, either, because what we think we are

explaining is actually just correlated with something else that is the real cause.

By the way, your argument also makes correlation impossible. Why? The aliens mind rays do not have to be turned on only when serotonin is depleted. So serotonin depletion is not actually *correlated* with depression, either.

If careful theorizing, with subsequent comparisons of placebo and active intervention, does not establish our best understanding of cause in medicine, then comparisons of explanations do not establish our best understanding of explanations, either. Your argument, taken to its logical conclusion, is that explanation, cause, and correlation are all impossible because whatever material object we are describing (for example serotonin depletion) is actually something else (alien mind rays), merely correlated with the apparent object.

But if nothing that we theorize has any reality, because it could be correlated with something else, then we live in a world where are minds can discern nothing real. That is, we live in a solipsistic world.

by a reader on Sat, 03/01/2008 - 21:05 | **reply**

Cause and Correlation

Elliot,
"for example, if aliens used mind-rays to cause depression, only in patients given serotonin-depleting drugs, the study would conclude that serotonin-depleting drugs cause depression, but this would be false, because actually mind-rays do."

So would you say that serotonin depletion, in this study with the aliens, causes or is correlated with depression? (I am using cause in the non-explanatory sense).

by a reader on Sat, 03/01/2008 - 22:54 | **reply**

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