Political Role Of Psychiatry

The Daily Telegraph reports allegations that the European Commission has discovered a new mental illness which, to its relief, is rare among its employees: **honesty**. Portuguese diplomat Jose Sequeira says that when the European Commission mistakenly suspected that he was about to blow the whistle on a fraud scandal they got psychiatrists to declare him mentally ill:

> He was put on permanent sick leave after tests found he suffered "verbal hyper-productivity" and a "lack of conceptual content" in his speech.

From this description we wonder how it could have been possible to tell the difference between Mr Sequeira and the rest of the European Commission's staff. Nevertheless, the psychiatrists managed to do so, and duly delivered the verdict that would destroy Mr Sequeria and protect the Commission from his verbal hyper-productivity. Unfortunately for them, four independent psychiatrists disagreed:

> To prove that he was of sound mind Mr Sequeira underwent psychiatric tests at four different hospitals, seen by the Sunday Telegraph, all of which found nothing wrong with him. Their findings were declared inadmissible by the commission as it would accept testimony from only its own accredited medical list.

If one group of psychiatrists can interpret diagnostic criteria for mental illness to fit Mr Sequeira and oblige their employer, and if another group of psychiatrists can form the diametrically opposite opinion and deny that he is mentally ill at all, what are the implications for their profession's even more powerful, and much less scrutinised, everyday role? There, the clients might, for instance, be troubled parents, and the victim their troublesome offspring. And there may well be no major newspaper and expensive lawyers willing to spring to the victim's defence.

If the allegations of Mr Sequira and other Commission employees in similar positions are borne out, what lessons will the psychiatric profession draw? Will they make scapegoats of the psychiatrists concerned? Or will they realise that those psychiatrists were performing nothing other than their normal social function, and that

the fault is systemic? Will they conclude that their subjective, purely

behavioural, **criteria** for making diagnoses against the will of patients and at the behest of interested parties who dislike the patients' behaviour are not only an invitation to abuse, but unscientific too?

Mon, 11/14/2005 - 13:15 | **digg** | **del.icio.us** | **permalink**

Nailed this one

Unfortunately the pseudoscience of psychiatric diagnosis is used all the time to justify the reasons why someone does or says something that doesn't go along with the zeitgeist. The most deviant example of this was in Stalin's Russia, but it has other political uses as well across the world.

Psychiatry may have its place, but if so it is only in medicine, not in politics or the social sphere.

by a reader on Mon, 11/14/2005 - 15:00 | **reply**

Silly World

In virtually any malpractice trial, one physician gets up and says that one diagnosis was correct and one course of action was correct, and another physician often gets up and says the opposite. When politics and money are involved, its pretty easy to find one or two docs ready to testify to anything.

But I guess that means there is no science in medicine, at all?

Oh but wait. Climatologist totally disagree about the implications of "global warming". And politics is involved. No science in climatology, either?

And those physicists, believing in billions of universes and disagreeing with others who believe Copenhagen interpretations...my goodness, no science in physics, either? Imagine if each physicist testified in court, he would disagree. And if in such an important situation as a courtroom, physicists would disagree about something as major as whether there are billions of "parallel" universes or not, physics should not be taught at all? Stop all funding for universities that support physics research? Don't we need to get back to the "facts" for a change?

We can all agree on those.

by M Golding on Mon, 11/14/2005 - 15:17 | **reply**

Michael, The post didn't s

Michael,

The post didn't say there's no such thing as psychiatric science. It said political psychiatry is very bad. You ought to support that.

-- Elliot Temple

http://www.curi.us/

by **Elliot Temple** on Tue, 11/15/2005 - 10:05 | **reply**

OK

"Subjective, purely behavioral criteria"?
Michael

The editors could no more make an accurate diagnosis of schizophrenia using standardized video recordings of patients than they could look in a microscope at spun urine and make a diagnosis of glomerulonephritis. One needs criteria plus standardized observational skills and a general knowledge of medicine.

With those, a diagnosis can be made and quite accurate predictions can be made about future illnesses, death, etc. Obviously, psychiatrists or any professional, whether climatologist or physicist, should not allow his skills to be abused to promote political ends, independant of the due diligence, scientific expertise, and humility of his profession.

Michael

by M Golding on Tue, 11/15/2005 - 11:22 | **reply**

Re: Nailed this one

A reader wrote:

Psychiatry may have its place, but if so it is only in medicine, not in politics or the social sphere.

Agreeing with psychiatrist **Thomas Szasz** I would say psychiatry has no place in medicine either. Since medicine deals with biological disorders, which can typically be seen under the microscope, and psychiatry deals with people's problems in living, these are two wholly different things. A psychiatrist is simply someone who tries to help people by talking to them about their problems, and is thus comparable to a friend, priest, parent, etc. Only when people's behaviour can be linked to a brain disease visible under the microscope, i.e. Alzheimer's, can we speak of a medical issue. There are no such things as mental diseases except in the metaphorical sense, just as we are talking metaphorically when we speak of a sick economy or a sick organisation. I have never come across a definition of "mental disease" which is scientifically meaningful.

Henry Sturman

by **Henry Sturman** on Tue, 11/15/2005 - 12:30 | **reply**

Interesting

Mr. Sturman

1. What causes type 2 diabetes? Can the cause be seen under a microscope of by any other known test?

2. When does someone have coronary artery disease?
3. When does someone have elevated cholesterol?

Since I do not believe you will be able to come up with "objective" criteria for any of this, does that mean that cardiology and endocrinology are unscientific and meaningless, just reflective of problems in living (eating badly and not exercising?)

Michael Golding

by M Golding on Tue, 11/15/2005 - 15:58 | **reply**

"Subjective, purely behavioral criteria"

"Subjective, purely behavioral criteria"

that's not science. that is what most of them do. that doesn't deny there can be science in the field.

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

by **Elliot Temple** on Wed, 11/16/2005 - 03:29 | **reply**

Come Now

As even Virchow understood, when a person dies, he is no longer diseased. Rocks do not have disease. People do. Physicians *Use* diagnostic criteria in the context of a live person to make a diagnosis. A particular behavior, or even sequence of behaviors, says virtually nothing about psychiatric diagnosis, since diagnoses are made in context of the overall symptoms of the person, physical and mental. Similarly, a blood sugar measurement, or even a series of blood sugar measurements, tells you nothing about whether a person has diabetes, outside of the overall context of what is going on with the person (what if he is on a steroid, for example...then the blood sugar may well be elevated, with no underlying diabetes, and the behaviors may be paranoid and bizarre, with no underlying psychiatric illness. Unless you understand steroids, you can't make diagnoses based on definitions of diabetes or definitions of mental illness. One needs the whole picture of the person to reliably make diagnoses and accurately predict things of importance to people.)

That's why it's a little anti-scientific for the World editors to keep pointing to diagnostic criteria that are meaningless without medical context.

On what basis do you think that major psychiatric diagnoses, made by average psychiatrists in America, are any less predictive of physical damage to bodies and psychological pain and suffering than a diagnosis of type II diabetes made by an average endocrinologist?

On what basis do you think that a particular diagnosis of elevated

cholesterol is any more predictive of adverse life-events than a major psychiatric diagnosis?

Do you just assume this? Isn't it important to get the science accurate, even when making a political point?

Michael

by M Golding on Wed, 11/16/2005 - 05:36 | **reply**

Michael, How do you (even

Michael,

How do you (even in theory) tell the difference between someone who is mentally ill and someone who is, in your view, wrong about how to live a lot?

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

by **Elliot Temple** on Wed, 11/16/2005 - 06:13 | **reply**

The difference between color and cats?

Most of my psychiatric patients are usually much braver and stronger than the average person. Usually (but not always) they have endured circumstances that would have crushed most others (or me) but the human spirit is remarkable. Their courage and humor makes them stronger people than most.

Your question is like asking, "How do you tell the difference between someone who has been a military leader during wartime, seen battle, and someone who is wrong about how to live a lot?"

It's an odd question. For most, being a military leader during battle steels them against future circumstances, and makes them better people. Others can lose their human spirit.

People who suffer adversity (like those with major mental illness, those with cancer, or those enduring war) can decide to retreat, learn to hate, or they can learn to live with their mental illness or adversity (as most do), and use these difficulties to be more generous and wonderful people. Most of the mentally ill, like individuals surviving cancer, grow from their experience.

What is the difference between someone with an illness who retreats and becomes bitter, and someone who uses their illness to experience spiritual, intellectual, and emotional growth?

I don't think anyone really knows the complete answer to why adversity causes some people with illness to use their experience to become better people, yet for others illness ruins their lives. I think it is "character". I know that very few of us could (literally) survive what many of my mentally ill patients endure, let alone survive their illness and still be friendly and generous and kind.

Try to imagine, Elliot, being forced awake and not being permitted

to sleep (at all) for 3 days (let alone the 15 days my patients regularly endure). You might want to actually try it, just for 3 days. I have. Most of us get remarkably irritable even after 1 night of no sleep. Now imagine training yourself to be kind under those circumstances (it is usually much worse for the mentally ill because a variety of other circumstances are happening).

How to explain good character? I don't know, but I know it when I see it. It is present more frequently in my patient population than the general population, but perhaps that's just because my patients have on average experienced more adversity, in which noble human traits can develop.

Michael

by M Golding on Wed, 11/16/2005 - 12:14 | **reply**

The Psychiatric Role of Politics

Politics and psychiatry make very strange bedfellows. There is little doubt in my mind that some politicians are very crazy in the head, just not in the ways that fit easily with psychiatric diagnoses, or any standard medical diagnoses for that matter.

The problem in a nutshell seems to be that for some, politics and political rhetoric and political dogma of numerous flavors substitute for reality, and even for the testing of what the ideas of reality and truth actually might be.

Politics, and the political realm, both, unfortunately often inadvertently reward crazy, or crazed crackpot ideas. The "patient", political officeholder, representative ideologue gets blessed by more of what is sought, reflected and played back to them in the political arena, to elevate their personal perception of importance.

Some people relish a delusion or bedlam asylum, with adrenalin rushes and depressive cycles portrayed as somehow "feeling ideologically more alive". Political pundits in such worlds can be like medium psychiatrists, offering analyses A, B, C and so on upon what are essentially grand flights of fancy.

Maybe we need better indices of political health rather than more application of diagnostic mental health labels. Maybe we are better off with psychiatry out of politics.

by a reader on Wed, 11/16/2005 - 17:18 | **reply**

Michael,You seem to only

Michael,

You seem to only be imagining people who are, in fact, ill.

Imagine a dyslexic person, a person who believes in reading the letters of words out of order, a person who hears voices, a person who hears God's voice, a schizophrenic, a person who believes he should pretend to be schizophrenic, an obsessive/compulsive

person who hates messes, a person who just really really hates messes, a person who loves messes and thinks God hates cleanliness, 500 different varieties of "anti-social" children (200 of whom oppose school on principle), 500 children who believe school is good (200 of whom believe it's right to be a teacher's pet), someone who believes so strongly in sympathy he feels physically pained when he sees children at school who don't want to be there, 500 mothers so concerned for their children they go to war with Canada (500 of whom don't listen to their children who'd prefer not to have a war), 500 varieties of terrorist (200 of whom follow Islam), and 500 varieties of Creationist (200 of whom think they are pirates).

How can you tell which people are ill?

What precisely does being ill, or not, mean? What is the difference for Terrorist #47 if you declare him ill or not?

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

by **Elliot Temple** on Wed, 11/16/2005 - 18:26 | **reply**

OK

I will answer you Elliot, but please help me prepare my answer by thinking through this question. I do have my own version of an answer to the "what is an illness" question.

What makes a cholesterol level "high"? Is it a problem with living?

Whatever criteria you use to answer that question is (philisophically speaking) the exact answer to the question, when is someone mentally ill?

The question is, what makes a medical condition abnormal? Those studying and trying to define elevated cholesterol levels have the same philisophical problems as those studying schizophrenia.

There are many definitions of illness. But I bet that if you were to come up with a set of (philisophical) criteria that would enable you to say that a cholesterol level should be considered "high," *whatever* criteria that is, it is very likely that I could see that perspective and believe that is also a reasonable criteria to define when someone is mentally ill.

Thanks.
Michael

by M Golding on Wed, 11/16/2005 - 21:13 | **reply**

re: ok

I may have been unclear. I mostly want to know how you tell which people are which, not what an illness is.

Diagnosing cholesterol levels involves ... well i imagine a bloodtest

or something. The psychiatric diagnoses i'm skeptical of don't use a physical test like that, so they are different.

the other issue about cholesterol is: how much is too much? the answer is roughly: more than the patient wants to have.

As a secondary question, certain supposed mental illnesses have criteria like "argues with adults often". People then note the patient meets 5 criteria, and declare he has an illness, with consequences beyond the criteria themselves. So for illnesses like that, I want to know precisely what being ill means, and what that has to do with the behavioral diagnostic criteria. If you don't want to defend any illnesses like that, that's fine.

PS Please continue to ask questions about my questions, if at all unsure what I want to know. No point writing a long explanation only to be asked a slightly different question.

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

by **Elliot Temple** on Wed, 11/16/2005 - 23:21 | **reply**

Illness

An illness is

A. A condition leading to damage of the body (especially if untreated).

AND

B. Associated with pain and/or suffering. Some would say associated with pain and/or suffering or loss of reproductive function. (The "reproductive functioning" aspect is usually added when people want to include animals and plants in the conception.)

AND

C. Not sustained by circumstances external to the person. Some would say an illness is not *solely* sustained by circumstances external to the person.

So as you can see by the above conception, *all illnesses are both mental and physical.* So when you ask me to identify what is a mental illness, I give you the above definition. But if you would like an exhaustive list that may be over-inclusive, please read the unabridged version of Harrison's Principles of Internal Medicine.

If you wish to know whether I believe a particular named condition is an illness, please ask and I will give you my best guess.

All of the major psychiatric illnesses, elevated cholesterol in many circumstances, and most of the illnesses recognized in medicine, meet the above criteria. Most political and economic hardships and prejudices do not. There have been multiple other attempts to formulate conceptions of "illness".

Elliot, you might try to formulate a conception of illness yourself.

It's harder than you might think, especially if you are trying to exclude the major psychiatric illnesses. Because when you try to exclude major psychiatric illnesses using philisophical principles, your conception then excludes a whole lot of other illnesses, as well!

Michael

by M Golding on Wed, 11/16/2005 - 23:27 | **reply**

Application of the criteria A, B and C

Do the following conditions meet the criteria A, B and C?:

- An intention to become a professional boxer.

- An intention to donate a kidney to save the life of a loved one.

- An intention to rescue a wounded fellow-soldier under fire.

- An intention to cross Antarctica on foot.

- An intention to become a suicide bomber.

by **David Deutsch** on Wed, 11/16/2005 - 23:59 | **reply**

illness

I don't want to formulate "what an illness is", I want to discuss certain conditions, and what should be done about them, and also how to diagnose them. To help me understand where you're coming from, can you tell me if you approve of ODD in the way it's presented at this link?

ODD

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

by **Elliot Temple** on Thu, 11/17/2005 - 00:34 | **reply**

Long-Hair Illness

Concerning Cholesterol:

"How much is too much? The answer is roughly, more than the person wants to have."
Elliot

Ahh Elliot, so if a person thinks his hair is too long, "hair-longness is an illness?" Don't you think your conception is too broad?

"Diagnosing cholesterol levels involves...well I imagine a blood test or something.
The psychiatric diagnoses I am skeptical about don't use a physical test like that. So they are different."
Elliot
Really. Why? The information people tell us and what they do is

usually far more predictive than a lab test or a physical exam finding. (Information gathered from what people say and how they say it, as well as what they look like and do, is usually far more reliable) This is something that we have to teach medical students and interns repeatedly, because they keep their head in the labaratory values and under their stethoscope. A person with minor laboratory abnormalities but who looks grossly "toxic", *IS TOXIC*. If you treat the lab values, the patient often dies. Someone with much more significant laboratory abnormalities but who does not look "toxic", usually *IS FINE*.

As a scientific matter, you simply are mostly incorrect. What people tell us and what we see is usually a far more reliable indicator of what is wrong with people than lab values. Virtually any physician trying to help a patient (if given a choice), would much rather speak to him than examine him or draw labs. This assertion is both a considered opinion from informal discussion with colleagues, but has also been studied in terms of the relative ability of discussion and observation (say vs. biopsy and laboratory test), to determine what is wrong with someone. More information is almost always gathered from speaking and observation than from lab tests and biopsies. Curiously, how did you learn otherwise?

Physicians gather *information,* whether it is what people look like, what they say, what a lab value is, or what a physical exam finding is. We judge each component on its reliability and whether it helps us predict things we want to know (also whether it helps us *understand* the condition).

On what basis do you believe that psychiatric diagnoses, made by psychiatrists, are not reliable or do not predict things well? Have you seen the data?

Do you think "5 criteria", or a cholesterol level above 300, or a blood sugar greater than 190 make psychiatric diagnoses, a diagnosis of elevated cholesterol, or a diagnosis of diabetes? If criteria do not meet the conceptions in my post given above, or similar criteria, most physicians will not consider someone "ill".

If you wish to know my opinion about specific diagnoses, please feel free to ask.

You are also asking me how I make psychiatric diagnoses. How do I distinguish normal from not normal? The question is the same to me as asking me how I determine that someone is sick vs. well, since in my view all illnesses are both mental and physical. I truly don't mean to be flip, but you would need to read Harrisons Principles of Internal medicine while working in a clinic with physicians or nurse practitioners or PA's who would teach you how to distinguish illnesses from health and would also teach you about the shades of gray.

In philisophical terms, I have given my conception of illness (above). Health (normalcy) is the opposite of that.

Michael

I don't think so

No
No
No
and
No!

All fail on criteria C. However, the conditions that are *sustained* by circumstances not emanating from the environment...the physiology of having only one kidney, for example, could be an illness (although usually is not provided that the one kidney stays very healthy)

Boxing and giving kidneys are not sustaining the illness. Once the punch is delivered, if the nose instantaneously healed, there would be no illness! It is the body that is maintaining the injury, therefore the condition that is sustained is the echymosis (from the bodies inflammatory response), not the punch. Therefore the echymosis is the illness, not the punch.

Prof. Deutsch, do you have a conception of "illness" that you would like to offer?

Michael

by M Golding on Thu, 11/17/2005 - 01:11 | **reply**

ODD

ODD, to my taste, is too "specific" to meet the criteria above.

Impulsiveness, in certain environmental contexts, however may meet the criteria above that I have listed for illnesses. And it is the impulsiveness which is usually evaluated when such diagnoses are given.

As the standard story goes, those heterozygous for genes causing sickle cell anemia may have certain reproductive advantages in Africa where individuals are exposed to the parasite that causes malaria. However in America, where the malaria parasite is quite rare indeed, the same genetic configuration could predispose to slight (particularly reproductive) disadvantages. So the conditions of ones environment affects whether an individual with a given condition will have an illness (meet the criteria I list above.)

So impulsiveness could lead to organ damage (the internal physiology of this may not be relevant unless someone wants to know) when individuals live in a modern, relatively non-violent environment. So aspects of extreme impulsiveness could in fact be an illness, in modern day America, but may have been an evolutionary advantage when our ancesters evolved in Africa (and they lived just into their teens in an environment that was harsh and brutal).

The same is true with diabetes. Genes which promote fat deposition

were likely, in certain environments, to be selected for. Currently, with plenty of food, such derangements (and they are now derangements) damage our organs and make us unhappy. The derangements are mostly sustained by our bodies, so excess impulsiveness and excess abdominal fat deposition, possibly contributing to type 2 diabetes, are now illnesses.

Michael

by M Golding on Thu, 11/17/2005 - 01:47 | **reply**

an intention to be a boxer is

an intention to be a boxer is a condition that will cause bodily harm if it continues

it is also a condition associated with pain and/or suffering

it is also something that can be based on internal, not external, factors (internal motivation). one could maintain such an intention on the moon, alone, and practice with a punching bag, or even without one.

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

by **Elliot Temple** on Thu, 11/17/2005 - 02:16 | **reply**

Re: I don't think so

Nothing substantive can hang on a definition. Definitions can make it easy or hard to express certain ideas, or, at worst, cause confusion. So I do not favour any particular definition of "illness", and am willing to use any consistent terminology, provided that it really is only a definition, and not a means of smuggling in a substantive theory in the guise of a definition. For instance, I would be suspicious if someone insisted on defining a trade deficit as an 'illness' of the economy. For they would really be saying that the existence of a trade deficit justified some action by someone, such as the government, to 'cure' it. And if that were true, I would expect that to be arguable with or without that terminology.

In regard to criteria B and C, is it the *condition*, or the *damage*, or *both* that are required to be 'associated with pain and/or suffering' and 'not sustained by circumstances external to the person', in order to meet the respective criteria?

by **David Deutsch** on Thu, 11/17/2005 - 02:25 | **reply**

Sequeira Syndrome

"He was put on permanent sick leave after tests found he suffered “verbal hyper-productivity” and a “lack of conceptual content” in his speech."

A definition becomes a diagnosis of (mental) illness.

(Sequeira Syndrome, characterized by verbal hyper-productivity and a lack of conceptual content in speech.)

Treatment, remove the patient from all spheres of political influence.

A panel of psychiatrists will decide when and if the patient has regained the necessary capacity to resume speaking and conceptual thinking. (If ever, since Sequeira Syndrome once diagnosed is apparently a 'permanent' condition.)

See the problem?

We should all become very afraid. (Or am I just Paranoid?)

by a reader on Thu, 11/17/2005 - 03:42 | **reply**

hair length

Here **is a blood test** for cholesterol. i wasn't recommending a test to determine how much is too much, just how much is there.

if he thinks his hair is too long, then his hair length is a problem. i'm not sure what you hope to gain by deciding if it's an "illness" or not.

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

by **Elliot Temple** on Thu, 11/17/2005 - 04:25 | **reply**

Blood Draws?

Elliot
1. How much is too much cholesterol? You said, "more than the person wants to have"

So is "too much" cholesterol an illness, by your standards? How is it a more real illness (if you think it is an illness) than the psychiatric illness bipolar illness?

2. How does showing me a site about collecting blood for cholesterol measurements say anything about the reliability of cholesterol measurements (they are reliable but...). What is the point of showing me the site? I can measure hair length with a ruler but what does that mean?

You said, "Diagnosing cholesterol levels involves well i imagine a blood test or something. The psychiatric diagnoses I'm skeptical of don't use a physical test like that, so they are different."

Blue is a different color than red. But what is the relevance of the difference to this discussion? We are talking about whether or not speaking to someone and observing him is somehow a less valid way of making diagnosis than measuring blood tests. I think (?) you are saying that you are "skeptical" of psychiatric diagnosis, as opposed to diagnoses made by blood tests (is that true, otherwise

what does "skeptical" mean in this context?).

How does it help your argument to point me to a site that tells about drawing blood? If speaking to someone and observing him allows a physician to make more accurate predictions than drawing blood, why is that knowledge any less powerful? What does that have to do with how to draw blood?

You began the discussion by saying you are "skeptical" of psychiatric diagnosis. Presumably you are skeptical for a reason. Why do you think blood tests help doctors more than talking to patients and observing them, in making diagnoses? Both blood tests and observing people and talking with them make diagnoses. If you don't think that blood tests are more valid than speaking to someone or observing them in many situations, then what was the point of saying that you are "skeptical" of psychiatric diagnoses? Forgive me, but again, how does it help in the slightest to point to a site about drawing blood? Noone is disputing that blood can be drawn, Elliot!

3.

a. An intention to be a boxer is a condition that will cause bodily harm if it continues (OK)

b. It is also a condition associated with pain and suffering (Don't quite agree. An intention to be a boxer is overall not associated with pain and suffering. Overall, I think the boxer is usually happy to be a boxer and chooses it, given that he fully understands the risks involved)

c. It is also something that can be based on internal, not external factors...

[No, I don't agree with this at all. Damage to the body (from the intention to box) is sustained by internal factors. I should have been more clear in specifically saying in part 3 of a working definition of illness that "damage is sustained" by factors internal to the person.

It is the damage to the body that is sustained by internal factors Witness Muhammed Ali. He is no longer boxing. Yet he is still injured. The injury is sustained in the body, independant of the environment. So the environment (the boxing) is not the illness, the damage to brains and bones is.]

So no, boxing does not meet the criteria given above for illnesses.

But a profound susceptibility to the measles virus would be an illness because
1. It is a condition that predictably causes harm to the body
2. It predictably causes pain and suffering
3. The damage caused by the susceptibility interacting with the virus, is sustained by the body, at least for a relevant period of time if not indefinitely, by the bodies own (patho)physiological properties.

Intention to Box -- not an illness

Susceptibility to Measles -- an illness

Michael

by M Golding on Thu, 11/17/2005 - 06:12 | **reply**

Not paranoid, just confused

To the "Sequeira Syndrome Reader"

Many (?most) diagnoses in medicine are definitions. How do we define elevated cholesterol or type 2 diabetes? (Hint..definitions)

What damage to organs does Sequeira syndrome cause?
What is the genetic transmission of this illness?
What parts of the brain are damaged by this illness?
Are descriptions of the new "illness" better accounted for by other concepts?
What other illnesses are co-morbid with it?

Don't think these questions have been answered? Don't worry.

Michael

by M Golding on Thu, 11/17/2005 - 06:22 | **reply**

I still don't see what you ho

I still don't see what you hope to gain be classifying things as illnesses or not.

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

by **Elliot Temple** on Thu, 11/17/2005 - 08:00 | **reply**

If you don't wish to know....

"How can you tell which people are ill?"

Elliot

by M Golding on Thu, 11/17/2005 - 12:14 | **reply**

Hokey-dokey then,

Will somebody, fellow sequestered sequeirians, please tell me which ones of the European Union political management suffer from the dreaded scourge of (mental)illness and to what degree?

Hint. Answering the above is probably irrelevant.

For none, all, or a only a fewm, partially, it apparently makes little difference for the price of euros.

Mental health diagnosis debates in the political realm are obviously

just so much political maneuvering. **The World** provides an excellent example.

If it was a real illness diagnosis process it wouldn't make the news, oh perhaps the popular science page, small column. After all, little is duller or more ill advised than the practice of public psychiatry. Political theater on the other hand, that makes the news all the time.

by a reader on Thu, 11/17/2005 - 22:44 | **reply**

Confusing!

Michael,

It seems to me you shift your way of reasoning when it comes to Susceptibility to Measles. I can replace Susceptibility to Measles with Intention to Box in your reasoning and I don't see a change in the truth value of the statements. What is wrong with:

"But *a strong intention to box* would be an illness because
1. It is a condition that predictably causes harm to the body
2. It predictably causes pain and suffering
3. The damage caused by *the intention to box leading to interaction with punches*, is sustained by the body, at least for a relevant period of time if not indefinitely, by the bodies own (patho)physiological properties"?

Having thus challenged your definition, I have to say I think what we would wish to do with our definition, or better to say theory, of illness is far more important than the definition/theory itself. It seems to me that is the most important aspect of the story told by **The World**. That is, what do we want to do if we accept that Intetnion to Box, or Susceptibility to Measles, is or is not an illness.

by Babak on Sun, 11/20/2005 - 04:41 | **reply**

I see your point

I see your point and will respond more fully later. But I still don't agree that intention to box meets the criteria.

Briefly I would agree that a remarkably strong propensity to risk taking behavior could be an illness, but a propensity to box is not. Subtle but important difference.

For strong propensity to risk taking behavior to be an illness, one would have to demonstrate, for example, a strong genetic propensity to develop this condition.

Intention to box is not an internally based condition like propensity to develop measles, since "intention to box" is so culturally dependant, whereas propensity to develop measles is not.

Marked propensity to risk taking behavior could be an illness if appropriate and detailed studies demonstrated its important contribution, obviously given cultural context, to organ damage and

if this damage causing ability is developed because of internal factors (like genetic propensity to extreme risk-taking behavior)

Similarly an elevated cholesterol level could be considered "elevated" or not elevated because it would predict different outcomes given cultural context (like how much exercise people do on average).

Or a propensity to develop measles could be considered an illness depending on the prevalence of the measles virus.

by M Golding on Mon, 11/21/2005 - 20:21 | **reply**

When a psychiatric diagnosis

When a psychiatric diagnosis is mistaken, how is this mistake typically discovered?

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

by **Elliot Temple** on Mon, 11/21/2005 - 21:33 | **reply**

Genetics and the Mind

Michael,

What kind of studies are there that could determine a "genetic propensity to extreme risk taking behavior"?

In case of say eye color, or measles there is a theory tha explains how the features could be derived from the genes. A theory that can be tested with evidence including statistical results.

But in the case of behavior do we have such a theory in the first place? I doubt it if mere statistical results prove anything in this repsect. maybe a high risk-taking tendency, or any other "abnormal" tendency, in an inddvidual has arisen from a very personal experience in tha person's life that would seem trivial in another person's view, given his background and experiences. How can you tell?

by AIS on Fri, 11/25/2005 - 06:47 | **reply**

Same Way

One determines genetic propensity for psychiatric illnesses the same way one determines a genetic tendency for type 2 diabetes, hypertension, or other illnesses defined by people, for which we do not know the cause.

We use identical twin studies, studies of fraternal twins, observational studies, accidents of nature and the environment, etc. (e.g. fraternal twins thought to be identical twins raised together and apart, etc.) to determine genetic and environmental

contributions. From this information we can determine the

approximate genetic propensity for type 2 diabetes, idiopathic hypertension, and bipolar illness.

Michael

By the way, I have grouped in my definition of "illness" (for simplicity) two slightly different concepts.

The distinction does not change the substance of the argument, but the repeated (interesting) questions you are asking require that I be a little more specific.

Tendency to develop an illness such that the "average environment" would make things more difficult for the person and more likely cause organ damage and pain and suffering is technically called a "developmental disability" (Propensity to illness, caused internally, is really criterion 1 above) .

Examples of developmental disabilities would be Aspergers syndrome. We all would have "Aspergers" if we were living in an alien culture on a different planet where we had not naturally evolved the ability to interpret an alien's social cues. But the state Asperger's itself is not considered an illness because there is no necessary organ damage if the environment perfectly cooperates with the person with Aspergers.

The development of the brain is different in those with Asperger's, but the brain does not deteriorate absent adverse interaction with the environment. Asperger's is comorbid with genuine "illnesses" because the environment rarely cooperates so well, so those with Aspergers often do develop illnesses.

For congenital deafness, some would consider it a developmental disablility (but not an illness), and most would consider deafness neither an illness nor a developmental disability. It's not an illness because most people would consider the "damage" to the brain/ear to not be "damage" at all, since the organs for hearing are not needed.

In some peoples view, the ability to hear denies the so-called "normally hearing" individuals, natural access to a deaf culture that is richer than their own hearing culture!

In other words most (particularly in the deaf community) do not consider anything "wrong" at all when someone has congenital deafness. The deaf community often thinks its culture is as rich or richer than anyone elses, so 1. there is no pain and suffering 2. no damage to a "needed" organ, and 3. with the appropriate community, no increased risk of damage to needed organs of the body. Hence, no illness or disability is associated with congenital deafness, from this perspective.

To the extent that a congenitally deaf person had to live in an "average" community that hears (without peers and without accomodations), then deafness would probably become a "developmental disability" but not an "illness" until an organ is

damaged and the damage is maintained from within the body and is

associated with pain and suffering. Then the organ damage (itself) would be the illness.

Propensity to measles, propensity to bipolar illness, most congenitally low IQ's , propensity to diabetes, etc., are technically considered "developmental disabilities" since the organs are not damaged (particularly in childhood) until the "average" environment interacts with the disability. In a developmental disability, physiological development is considered different in a way that can potentially damage organs, but the condition itself does not damage organs, absent environmental reaction.

Most people don't use "developmental disability" language much any more and lump everything together as illnesses, but I thought it might be helpful to make these distinctions given the discussion.

If someone lost an arm, after it healed, it technically would not be considered an "illness", either. It would not be a developmental disability either, but rather (if it interfered with functioning), it would be considered just a plain "disability". The damage to the arm did not come from an internal source.

Propensity to "box", is a cultural phenomenon, but propensity to extreme risk taking behavior could have a strong genetic propensity, although it is not a recognized developmental disability at this time. Notice that in some environments, a given genetic propensity may be a developmental disability, but not in other environments, where the same genetic state may confer advantages.

The propensity to develop diabetes may be a disadvantage in this culture, but an advantage in cultures in which food is scarce. People argue whether attention deficit is an illness or a developmental disability. It seems to have properties of both. And in some environments (e.g. where intense activity and exploration are useful) less frontal lobe mediated "attention" (i.e. "attention deficit") may be beneficial.

Like attention deficit disorder, sickle cell trait could (arguably) have both characteristics. It could confer very modest disadvantages in terms of oxygen carrying capacity, so possibly could cause a propensity to ischemic organ damage, especially in a culture of marathon runners. But in certain environments (e.g where there is endemic malaria) it could be an advantage because of protection agaist the parasite causing malaria. So sickle cell trait could be a developmental disability and possibly cause an (ischemic) illness in a culture of marathon runners, but an advantage in an environment filled with endemic malaria-causing parasites.

Attention deficit disorder (relative, particularly right-sided, frontal lobe deficits) could similarly lead to damage to the brain from stress when such children must sit in class for prolonged periods of time. (Our educational systems are notoriously unsympathetic to those with attention deficit disorder!)

On the other hand, in environments where intense activity and

exploration are needed, a relative "attention deficit" could be an advantage. So both attention deficit and sickle-cell trait are potentially developmental disabilities, can lead to organ damage that is sustained from within, or can be potentially beneficial.

Thanks

by M Golding on Mon, 11/28/2005 - 18:26 | **reply**

Real Illness

"Nothing substantive can hang on a definition so I do not favor any particular definition of illness."
David Deutsch

This comment is quite confusing to me, and perhaps you would be willing to help clear up the confusion!

You have said that mental illnesses are "superstitions". You have attacked a charity that is trying to help those stricken with these illness (Rethink) by saying that the charity promotes "worthless superstitions."

(Why are you trying to hurt charities? I don't think that if this became more public, you would be helping Rethink's fundraising!)

You have said that mental illnesses are "fictional" and "nonsense" and that this mental illness "nonsense" is an "abrogation of intellectual and moral standards."

After using the word "illness" repeatedly in your condemnations of mental "illness", now you say that you do not "favor any particular definition of 'illness'"!(sic). So what does the word "illness" mean when you use it, since you certainly use it frequently? And why are you unwilling to give us your definition of how you are using the term? This is confusing.

Since you specifically call mental illness "fictional" and "fake", must you not have a conception of what a "real" illness is?

by M Golding on Mon, 11/28/2005 - 19:53 | **reply**

Twin Studies

How do twin studies, or any of the other studies, control for environmental factors? Even all subjects being raised by the same parents in the same house wouldn't come very close.

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

by **Elliot Temple** on Mon, 11/28/2005 - 20:25 | **reply**

As I've Said Before

"In the abscence of specific known mechanisms connecting gene

products to particular outputs from the brain, how would genetically based mental illnesses exhibit their polygenetic characteristics to investigators?

Obsessive Compulsive Disorder, Schizophrenia, and Bipolar Illness all have 1. High monozygotic:dizygotic ratios. 2. Low Sibling risk 3. High first-degree relative risk 4. Predictable but non-specific pathophysiology of a relevant organ (e.g. brain) 5. Cause pain and suffering

A. These results are exactly the results that are mathematically predicted for illnesses with polygenetic origins in which the specific pathophysiology has not been discovered.

B. These are exactly the results found in polygenetic illnesses of multiple organs in the body, in which more exact genetic mechanisms have been ascertained.

C. There are no cases that have been discovered in which illnesses which were consistently found to have the above 5 characteristics were found not to be genetic in origin.

D. Obsessive Compulsive Disorder, Schizophrenia, Bipolar Disorder, and Major Depression all have the above 5 characteristics.

E. Would it not be odd if these illnesses were the only illnesses of thousands (with the above characteristics) that turn out not to be genetically based?"

The mathematics of polygenetic diseases leaves no reasonable doubt that these illnesses are genetically based.

Michael

by M Golding on Mon, 11/28/2005 - 22:36 | **reply**

Michael, If the math fits

Michael,

If the math fits perfectly with the theory genes are involved, that in no way differentiates between the following two possibilities:

A) genes cause mental illness

B) genes cause other things that aren't mental illnesses. for example, one might cause an infant to smile less, which causes the parents to treat him differently, etc etc I am not advocating the infant smiling explanation. That is just one example of an infinity of explanations in this class. I'm simply pointing out the math in no way indicates A over B.

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

by **Elliot Temple** on Tue, 11/29/2005 - 03:39 | **reply**

Math Fits

Elliot,

I don't see the difference between A) and B). I take it that "etc etc" is simply a more attentuated explanatory string that results in, for example, obsessive compulsive disorder? Or, did the failure to smile result in a completely different outcome?

by **Michael Bacon** on Mon, 12/05/2005 - 02:12 | **reply**

Difference

The difference between (A) and (B) is what the genes code for. In one case, they code for a mental illness. In another, they code for not-smiling, and culture does the rest.

The etc etc resulted in whatever the mental illness in question is, thus giving us an alternative explanation for that particular mental illness.

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

by **Elliot Temple** on Mon, 12/05/2005 - 02:26 | **reply**

Definition of illness

> After using the word "illness" repeatedly in your condemnations of mental "illness", now you say that you do not "favor any particular definition of 'illness'"!(sic). So what does the word "illness" mean when you use it, since you certainly use it frequently? And why are you unwilling to give us your definition of how you are using the term? This is confusing.
>
> Since you specifically call mental illness "fictional" and "fake", must you not have a conception of what a "real" illness is

I am not objecting to the prevailing use of the term illness because I think I have a better definition. I am objecting to a prevailing argument that justifies certain behaviour (e.g. forcibly drugging children for disobedience) via an insistence on calling certain mental states illnesses. If the behaviour really were justified, this could be argued without insisting on that terminology. Symmetrically, I would have no objection whatever to calling mental illnesses (or trade deficits) illnesses, if this were not used as a fallacious justification for behaviour that would otherwise be considered wrong.

by **David Deutsch** on Mon, 12/05/2005 - 03:03 | **reply**

Difference

Elliot,

Then, in our hypothetical, can we agree that if a statistically

significant sample of people with a specified gene disorder develop obsessive compulsive disorder, it could, in theory, be caused more directly by the gene, with fewer steps, than the "infant smile explanation," which requires other environmental and perhaps even biological processes? I agree that either explanation, and other explanations of similar classes, could be more or less true. Nevertheless, it is a good research approach to target human illnesses and try to locate genes that have a major impact; it should be encouraged. This is a far cry from the very real abuses David emphasizes, which should never be tolerated.

by **Michael Bacon** on Mon, 12/05/2005 - 03:26 | **reply**

Difference

Michael,

Just looking at the math, it could in theory be completely, directly, genetic, or only in the most indirect way. The math doesn't tell us.

I agree that research looking into genes is worthwhile. I was just arguing with the proposition that it must be genetic because of the math.

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

by **Elliot Temple** on Mon, 12/05/2005 - 08:10 | **reply**

Illness

I think what David means (I mean to clarify it) is that an "illness" is something to be cured (by drugs, etc). So if you label something an illness, it sounds like you're justifying drugs *by using that label* instead of by a real argument. Other than that, he doesn't particularly care about definitions.

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

by **Elliot Temple** on Mon, 12/05/2005 - 08:11 | **reply**

Illness

David,
So is type 2 diabetes not an illness if children are forcibly drugged to treat it?

Since children are forcibly treated for diabetes, does that mean that diabetes is "fictional", "fake", and a "superstition" and that you should attack charities helping individuals with diabetes?

David,
Since children are forcibly treated for diabetes, is belief in the

existence of diabetes "nonsense" and an "abrogation of intellectual

and moral standards"?

The words in quotes are your exact words in describing mental illness. If the abscence of force is what defines something as an illness, then diabetes (and strep throat) are not illnesses, because children are forcibly treated for these on a daily basis.

By the way David, if you think that type 2 diabetes is different from say, bipolar illness or schizophrenia in philisophically relevant ways, I think it is time for you to share your reasoning.

A response to Elliots argument about genes is forthcoming.

Michael

by M Golding on Tue, 12/06/2005 - 17:31 | **reply**

Name Calling But No Definitions

"...If the behavior really were justified, this (forcing medical procedures) could be argued without insisting on that terminology (that mental illnesses are illnesses)"
David Deutsch

Of course that is true, David. We are 100% agreed on that.

But we still have a problem.

Somehow you think it is a legitimate intellectual tactic to use hate-words to describe a phrase ("mental illness") that has meaning to a larger audience. To refresh your memory, you call mental illness a "worthless superstition". You say that mental illness is a "fiction" and "nonsense" and the concept of mental illness is an "abrogation of intellectual and moral standards." Then you refuse to define the word illness?!

Any fair-minded reader recognizes that it is wrong to hurl epithets at something and then refuse to define what you are attacking.

Michael Golding

by M Golding on Tue, 12/06/2005 - 23:16 | **reply**

Re: Illness

> So is type 2 diabetes not an illness if children are forcibly drugged to treat it?
>
> [...]
>
> > "...If the behavior really were justified, this (forcing medical procedures) could be argued without insisting on that terminology (that mental illnesses are illnesses)"
> > David Deutsch
>
> Of course that is true, David. We are 100% agreed on

that.

Let me, therefore, guess what the above question, formally about terminology, is substantively about. I guess it means "should children with type 2 diabetes be forcibly drugged to treat it?"

Is that correct?

by **David Deutsch** on Wed, 12/07/2005 - 02:02 | **reply**

Not in the Slightest Correct

No.

You are the one attempting to link the concept of illness to force in treating illnesses.

To my mind, they are completely separate discussions. Comparing a belief in creation "science" to a belief in mental illness and saying that both are fictional, false, moral abrogations etc. says nothing obvious about when it is reasonable to restrict freedoms. Childrens freedoms are restricted all the time, rightly or wrongly, by doctors and parents when children are, for example, given shots for diabetes or strep throat against their will. But we don't write long articles repeatedly calling strep throat a fake and fictional illness, and we don't say that the concept of strep throat is a moral and intellectual abrogation!

Instead (if you are a TCS person), you say it is wrong to coerce children. But you don't attack bacteriology. That makes no sense.

There is a difference between the concept of coercion and and the concept of illness.
Concept A. Strep Throat. Diabetes.
Concept B. Putting someone in jail. Forcing a child to take a shot for strep throat or diabetes.

These are obviously different ideas and I think most reasonable people can see the difference.

For all I know, I agree with you about when coercion is reasonable but mostly unreasonable. I would be happy to have a separate discussion with you about when coercion is justified, and I am happy to never use the word illness in that discussion.

I do, however, object to name calling, especially with no intellectual rigor to support your vituperation. Others on "**The World**" have tried to show why "mental illnesses" like bipolar disorder are somehow not in the same category as say type 2 diabetes. In my view, they have been unsuccessful, but at least they have tried.

You, David, on the other hand, continue to hurl epithets, and refuse to distance yourself from the comments that you have made (that the concept of mental illness is a "superstition" and "fake" and "false" and a "moral and intelluctual abrogation"!) And you have supported your assertions with absolutely no evidence whatsoever.

And it is even more wrong to continue to hurl epithets at the

concept of mental illness while refusing to define your terms! That makes what you say impossible to falsify. So even from your own Popperian perspective, your comments are not in the slightest scientific. They are therefore expressions of pure ideologically-based hatred. They are anti-scientific.

"Intellectual and moral abrogation"
Indeed.

Michael Golding

by M Golding on Wed, 12/07/2005 - 16:34 | **reply**

Two Separate Issues

Manufacturing guns can be good. For example, during World War II the Allies manufactured guns in order to use them to defeat the Nazis. However, people may also use guns badly. So if somebody manufactures guns to ship them to the Iranian gov't this is bad.

People may use ideas in good and bad ways too. Whatever you or I may think of the ordinary use of mental illness, this particular use of the idea of mental illness is wrong and motivated solely by a stupid political ideology. This is a separate matter from the criticism of the idea of mental illness. If people were to use the Turing Principle to try to justify communist terror famines on the grounds that the world is can be simulated by a universal computer and so the communists thought they could simulate exactly who they should kill to produce a perfect society that would be a political misuse of a scientific idea. Do you think that the EU used the idea of mental illness appropriately?

I do not think psychiatrists have experimentally tested theories other than their own and so that their claims to scientific status are wrong. I also think that the idea of mental illness is philosophically untenable. You disagree with me. My claim is that people behave badly because they have bad moral ideas or false factual ideas. These ideas do not necessarily reflect discredit on a person who holds them anymore than they reflect discredit on a Palestinian schoolchild who has never been taught anything other than hatred of Israel and chants anti-Semitic slogans. I define illness as an objective chemical or structural abnormality of the human body that is deemed undesirable. Abnormal bodily conditions may be caused by behaviour without causing such behaviour, e.g. - adrenaline does not cause running but people who run will have high adrenaline right after they have stopped (of course, this is not an illness, but it is different from how the person's body is normally), or people who drink a lot may have bad livers without their livers making them drink. Now suppose that in a double blind trial doctors could look at a chemical test or a scan of a person's body or could see a physical defect in an organ at autopsy and that from this they could diagnose a mental illness, then my position would be refuted. Note that this cannot be a test for damage to the body caused by the behaviour of the person with the purported mental illness that is deemed to be a symptom of that illness, e.g. - slashed wrists are not evidence of schizophrenia, as it could also be explained if the

person was so sad he wanted to die because his girlfriend dumped him or he was going to be put in prison for theft or whatever. Such a test has not been conducted. My position is testable but has not been tested.

by **Alan Forrester** on Sun, 12/18/2005 - 16:10 | **reply**

Obective Measure

I define illness as an objective chemical or structural abnormality of the body that is deemed undesirable.
Alan Forrester

Alan,
How do physicians/scientists define "objective chemical" or "objective structural" abnormality?

How do physicians and other medical scientists measure degree of objectivity of a measurement? Do you know?

What makes something deemed "undesirable". Is brown hair an illness in someone who does not want brown hair, just because the color brown can be (relatively) reliably measured?

Michael Golding

by M Golding on Wed, 12/21/2005 - 21:28 | **reply**

OK

You say that psychiatric diagnoses are "subjective" in the above post. What do you mean by that? What do you mean by "objective" medical results, when you call psychiatric tests "subjective"? How do physicians determine the relative objectivity of a diagnosis or measurement?

On what basis do you think that a psychiatic diagnosis in a person is not falsifiable? How odd (if you believe that).

If I check 10,000 lab tests on you, an average of 500 will be flagged as outside the range of normal. In medicine, what makes something "abnormal"? If you "deem undesirable" any or all of the strange lab values, do you have 500 illnesses?

If someone complains of visual scotomas, horrible one-sided head-aches with extreme pain, then complains he can barely see (out of one eye) for 5 minutes, says the back of his head hurts horribly (on one side), does he have an illness, though this pattern happens frequently and all medical tests and exams are completely normal, except what the patient reports?

If a patient presents with what appears to be bizarre posturing and a physician tells you the persons behavior and history is that of someone with torticollis, and all lab tests are normal, does he have an illness?

No. The EU did not use the idea of mental illness correctly.

Why is a fasting blood sugar above a certain value an illness, but a behavioral pattern with known (but not specific) organ damage, not an illness?
Michael Golding

by M Golding on Wed, 12/21/2005 - 23:21 | **reply**

Objective and Subjective

An objective structural or chemical abnormality is an structural or chemical abnormality that exists in the real world as opposed to in a person's imagination only. It is an abnormality that a doctor of pathologist could find in principle by looking at the results of tests like X-rays, blood sugar and perhaps some information about the person's physical features like height, weight and so on. In practise this may be difficult and I'm sure doctors have ways of doing it of which I am not aware.

People deem abnormalities to be undesirable if those abnormalities have properties that people don't like, such as if they cause death. Of course, deeming something undesirable is non-objective. However, that doesn't stop a particular sign that indicates an illness from being objective, just as data about a large lump of rock heading for Earth that will destroy human civilisation could be entirely objective although particular interpretations of that fact would not be, such as people saying that the end of civilisation is good or bad.

By contrast psychiatric diagnoses in the DSM are phrased entirely in terms of the behaviour of patients and not at all in terms of objective chemical or structural abnormalities. People may fake behaviour deemed typical of a mental illness and there is no way to tell whether the illness is "genuine" by the DSM's own criteria, so it can hardly be deemed objective. I recall reading a **paper** on an experiment concerning psychiatric diagnoses.

I will not answer vague hypotheticals, especially when you have left out a lot of the relevant information (false positive rates and so on).

by **Alan Forrester** on Sun, 12/25/2005 - 14:47 | **reply**

Medical and Psychiatric Diagnoses -- The Same Entity

1. The DSM assumes complete knowledge of medical history, physical exam history and careful labarotory examination before any diagnosis can be made. To assume otherwise is simply factually false.

2. People fake all kinds of illnesses. I have personally provided psychiatric consultation to a team of other physicians who discovered too late that they were treating someone for cancer with chemotherapy. But the person did not have cancer. And the person died of the effects of the chemotherapy. Knowledgeable patients easily scrape and otherwise alter the physiology of tissue samples

to create false positive results. Doctors then fail to analyze correctly

the samples. Blood chemistries are easily altered by behavioral means; for example exercise raises white counts and platelet levels. Responses to stress easily change blood sugar and sodium levels.

I have treated a person who was diagnosed as deaf for 20 years, and who had multiple medical diagnoses of a faulty immune system, all created by her own actions (for example injecting of stool into her blood). And she was not deaf, as it turned out. There are no doubt hundreds of patients diagnosed with all variety of illnesses that are entirely faked.

The migraine headache that I was describing in my previous post is a very dangerous type of migraine. The diagnosis is made purely by patient reporting of symptoms and careful observation by physician. A person could attempt to fake this illness, as some do psychiatric illness, but these arguments apply to psychiatric illness as well as other illnesses. Failure to properly evaluate and treat this type of migraine headache can lead to blindness or death.

The diagnosis of steroid-induced psychosis (as well as multiple drug-induced psychoses) are made completely by history and by behavioral observations, and failure to diagnose this can lead to multiple physiological and behavioral dangers as well as death.

Tardive dyskinesia is caused by exposure to older neuroleptics. The diagnosis is made entirely by history and behavior but it is known to be caused by exposure to certain medications. People can die of tardive dyskinesia, for example, if their airway becomes affected.

3. What some readers may not be aware of is that all diagnoses, whether psychiatric illness or other illness, are made by what someone says or by their behavior, in addition to known specific or non-specific damage to organs. Pain and suffering is a necessary component of all illnesses, or they would not be considered illnesses. Dead people, like stones, are not considered to be diseased.

4. People develop a "fatty-streak" in their arteries (the very beginning of heart disease) when they are 10 years old. The "angina syndrome", due to partial blockage of a coronary artery in addition to patient reports of pain during exercise or during psychologically stressful experience is diagnosed and treated to some extent based on the report of pain itself (Why?) Because reports of pain help to predict outcomes and because we want to relieve suffering. This is true in both psychiatric and other types of illness.

Alan, the paper cited in the paper you cite studied a population of 12 and was done in the 1950s, decades before the era of modern diagnositc psychiatry. In contrast, modern reliability studies have looked at thousands of patients and controls.

Major psychiatric syndromes are as falsifiable and reliably made as other illnesses in medicine. Their cause is as known or unknown as most other complex syndromes for example heart disease and cancer. Indeed there are multiple causes of all of these illnesses.

by **Michael Golding** on Sun, 12/25/2005 - 18:42 | **reply**