

Don't Be Gaslit By the Mental Health Industrial Complex about Violence and So-Called Mental Illness

Every time there's another mass shooting, there's yet another eruption of discussion on gun control and when the shooter is said to have a history of "mental health" problems, some lip service to the topic of "mental health". The time has come to consider violence prevention beyond guns and superficial talk about "mental health". Most gun violence is between people who know each other through domestic relationships or through gang culture. Sometimes gun violence is just the actions of people that hate, sometimes no sense can be made of the motive behind mass shootings.

'Mental Health' and So-Called Mental Illness are talked about as if they are the same — But They're Not!!!

Both terms are metaphors and one of them (mental illness) needs to be cancelled. People involved in most of these shootings, stabbings, and other forms of killing behavior are afflicted with grave cerebral illnesses

(which are neurological...and definitely not metaphorical)

Looking back at some of the highest media profile shootings, there are biographical details of the shooters that show critical junctures where individuals came into contact with the so-called mental health system or on the radar of law enforcement. The Mental Health System is a regime of laws, public policies, institutions and professionals that is not just haphazardly malfunctioning through incompetence or indifference — it was designed to function exactly as it is, it was designed to destroy lives, even though that wasn't the intent of the designers.

We can continue down the path of thinking that all of these shootings involve evil people who hate and that we must be resigned to letting criminal justice take care of matters, but that requires that people die first. If that's the way we want it, to continue to gorge ourselves on crime reports, mug shots, endless speculations about motive, whether or not the shooter acted alone, psychobabble interviews with “forensic” psychologists or psychiatrists (who should call themselves criminologists rather than clinicians), updates from law enforcement on what was found on the shooter's social media and/or their hard drive, and superficial inquiries into the shooter's mental health, until we move on to the next mass shooting. In this writer's utopia, there would be no guns, but in this real world, in America, no one is taking guns away from law-abiding people. It's just not going to happen.

Unfortunately, dealing with “mental health”, or even gaining mass acceptance of what we’re getting wrong about “mental health’ could be a lot more challenging than making inroads with ardent opponents of stricter gun sale controls. The engineers of the failed “mental health” system tuned the general public to another channel psychologically so that if anyone tries to explain why the system is broken — they will be tuned out as interference, or seem to be speaking in a foreign tongue. A primary mechanism whereby people are tuned to a channel is via the strategic conflation of Poor Mental Health and so-called Mental Illness. When someone says they are not the same thing, it sounds crazy to most people.

The So-Called Mental Health System was designed to be broken. It was designed to kill!

The mantra of those who oppose gun sale regulation reforms is ‘guns don’t kill people, people kill people’. The mental health anti-stigma movement has its own mantra, “The mentally ill are more likely to be victims than perpetrators”.

Any efforts to talk openly and honestly about “mental illness” (a patently ridiculous term that psychiatry will never abolish) in the context of public safety is up against the mantra, up against influential, powerful, and dominant belief systems that undergird public policies. The Mental Health Industrial Complex is not about a profit motive, it is about conflation of mental health and so-called mental illness, dissemination of psychological ideas about what causes so-called

mental illness, and the therapeutic interventions that are supposed to prevent and treat it. All of the propositions and assertions in this series of posts will make subscribers to biopsychosocial psychiatry, consumer/recovery movement activists, traumatologists, anti-stigma activists and others furious.

The following are excerpts are prime examples of the mantra:

<https://www.apa.org/monitor/2014/09/ceo>

“Some policymakers have promoted mental health system reform as a panacea for violence. Yet the vast majority of violent acts are not committed by people who are diagnosed with, or in treatment for, mental illness. The attention to mass shootings perpetuates the stigma attached to mental illness and may create a disincentive to seeking treatment. The focus on mass shootings contrasts with much less extensive coverage of other types of more prevalent community violence. Moreover, the focus on mental illness ignores the fact that most gun violence is committed by people in crisis, who are under the influence of drugs or alcohol, or in the context of domestic violence or other illegal activities.

Given that most people with mental illness do not harm or threaten others, continuing to frame the conversation about gun violence solely in the context of mental illness does a disservice both to the victims of violence and those who suffer from mental illness. More important, it does not direct us to appropriate solutions”.

https://www.health.harvard.edu/newsletter_article/mental-illness-and-violence

In fact, research suggests that this public perception does not reflect reality. Most individuals with psychiatric disorders are not violent. Although a subset of people with psychiatric disorders commit assaults and violent crimes, findings have been inconsistent about how much mental illness contributes to this behavior and how much substance abuse and other factors do.

There are hundreds of thousands of quotes just like these on the web. These are psychologists, psychiatrists, academics talking. They should know what they are talking about, right? Well, let's drill down on what they're talking about, shall we?

Poor Mental Health and so-called Mental illness are not the same thing.

First of all, although poor Mental Health and so-called Mental Illness are talked about as if they mean the same thing — they do not. This is not just a quibble about semantics. Many people are so conditioned to think of so-called mental illness and mental health as interchangeable terms, that when someone tries to stress that there is a difference, the person is tuned out as an oddball. Here we have a condition affecting the mind (which equates to “mental”) and illness (which equates to health). Telling someone that they are not the same just doesn't make any sense.

The late D.J. Jaffe, a fervent advocate, author, and founder of Mental Illness Policy Org, used to try to shake up his audience by declaring that he was not a mental health advocate, and in an article published that was provocatively titled, “Mental Health kills the Mentally Ill”, he wrote about how the conflation of these terms was blinding people to the critical needs of people suffering from very serious brain disorders and choking off scarce resources (tangible and intangible) from the mentally ill as they are allocated to “mental health” by government entities and the general public’s attentions to mental health awareness. D.J. Jaffe was also someone who was not intimidated by the anti-stigma forces into keeping his mouth shut about the connection between incidents of violence and specific forms of serious “mental illness”.

“Mental Health kills the Mentally Ill” D.J. Jaffe

Inasmuch as Mental Health has become an expression of humanitarianism among the celebrity and royal sets (on both sides of the Atlantic now), it has become a cause celeb. Mental Health Awareness is taking up a lot of bandwidth these days.

What’s the definition of Mental Health?

D.J. Jaffe offered this definition:

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work

productively and fruitfully, and is able to make a contribution to her or his community.

CDC.Gov defines Mental Health this way:

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

CDC.GOV also has this to say about conflation of the two terms:

Although the terms are often used interchangeably, poor mental health and mental illness are not the same things.

(There are some fallacies on the CDC page, such as the claim that childhood adversity (a strange umbrella term used by the mental health traumatology industry) causes “mental illness” but we won’t delve into that aspect right now)

Paradoxically, the one .Gov that is assertively promoting this conflation is SAMHSA. This and another agency, NIMH, have this conflation baked right into their names.

Who talks about Mental Health and “Mental Illness” as if they are the same thing? Government agencies, the media, medical doctors (who

should know better), mental health industry professionals and advocates, legislators, the criminal adjudication system, academics, and everyone else.

The bottom line is that Mental Health concerns psychosocial non-medical issues and so-called mental illness concerns medical disorders that are physical, in that they affect brain function — some in catastrophic ways.

What is so-called mental illness?

This article focuses on what is known as ‘serious mental illness’ (SMI). The traumatology cohort of psychiatry and psychology don’t like that term. All so-called mental illness is serious, they retort. They can present intellectual arguments all they want to, but “psychosis” and anosognosia in SMI justify the qualifier. (This writer does not use the term mental illness or SMI)

There is a federal definition of SMI, albeit one that exists for administrative and regulatory purposes, but nonetheless purportedly defines a medical condition:

The original federal definition was published under Congressional mandate in 1993:

“Adults with a serious mental illness are persons: (1) age 18 and over, (2) who currently or at any time during the past year, (3) have a

diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM)-III-R, (4) that has resulted in functional impairment which substantially interferes with or limits one or more major life activities,” such as activities of daily living.

According to Treatment Advocacy Center: the definition was later amended to exclude dementias and psychiatric conditions resulting from other medical conditions. For children, the analogous “serious emotional disturbance” or “SED” was developed. Both definitions focus on criteria established in DSM expanded to incorporate a degree of impairment.

What’s wrong with that definition? Everything. Nothing about the concept of so-called mental illness is unblemished by politicization or strange ideologies.

The term “mental illness” in and of itself is a misnomer. The functional impairment requirement is a problem. Someone with diabetes has a disease regardless of how they are functioning in daily life. It also casts a wide net and cobbles together emotional and behavioral disorders (whatever that’s supposed to mean to those who created this definition...and might just include non-medical psychosocial problems). There is also politicization in that there is a separate term for children, SED. That came about as a result of concerns about so-called mental illness being too stigmatizing and harmful to the fragile

sensibilities of children. This is so typical of social psychiatry and psychology. Consider that children of any age can be stricken with cancer. Cancer is not stigmatized in this day and age, but the medical profession does not spare children diagnosis of cruel diseases. Cancer is cancer, no matter what the age of the afflicted person.

Someone with back pain may be so impaired that they can no longer work for a living. Someone else may be able to work because their pain is less disabling. We don't change the diagnosis of back pain depending on the degree of disability, we assign degrees of disability.

Here's another definition, from psychiatry.org

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

This definition is flawed as well. Firstly, it uses the term health condition, which may signify inclusion of non-medical issues that affect emotions, thinking, and behavior. The term 'health' is a metaphor when applied to all things non-medical. It is also suggestive of some of the misconceptions many people have that "mental illnesses" are afflictions of the soul or psychological injuries that are the product of past traumas. Again, this definition makes social and vocational functioning the determinant of the existence of a "health condition".

As far as the DSM (Diagnostic and Statistical Manual of Mental Disorders), sometimes called the Bible of Psychiatry, is concerned, perhaps we're all so-called mentally ill. There are over 300 diagnosis codes in the manual and most of the diagnoses in it are legacies of an era when psychiatrists, in the nascent years of the profession's development, concocted names (such as schizophrenia, coined by Eugen Bleuler) of "mental disorders" without having a clue as to whether these symptom clusters represented distinct diseases.

Nothing much has changed except for those conditions that eventually became classified as neurological disorders after advances in medical technologies led medicine to a better understanding. There is no scientific basis for putting a label such as so-called schizophrenia on a constellation of symptoms when the underlying mechanisms of what gives rise to those signs and symptoms are poorly understood, and that moreover, transverse other so-called "mental disorders" and other medical conditions. Some advocates are calling for the abolition and replacement of the diagnosis out of concern for stigma, but this writer believes that logic and science, not stigma should call for abolition. We might want to leave the term "schizophrenia" to the intelligencia, since in ignorance, they use the adjectival form of the term, schizophrenic, as a metaphor for internal conflict and institutional dividedness.

When a psychiatrist or anti-stigma activist pontificates about a weak connection between violence and "mental illness", the informed receiver of this assertion needs to ask "what do you mean by mental illness...or the mentally ill? Which one of the over 300 diagnoses

(many of which have been critiqued as pathologizing normal human personality traits, emotions, feelings, thoughts, and behaviors), are you talking about?

The anti-stigma brigade does not want to talk about so-called psychosis (neurological detachment from reality), a potentially deadly neurologic status of the brain. If they do talk about it, expect to hear a sanitized depiction of it. Your loved one in an ICU can develop a form of so-called psychosis known as delirium. If not for the physical incapacitation attendant to illness of this severity, anyone in this status could harm — even kill someone. Disordered states of consciousness...which is what “psychosis” really is can be dangerous.

<https://www.psychologytoday.com/us/blog/dsm5-in-distress/201003/dsm-5-goes-too-far-in-creating-new-mental-disorders>

These artificial disease constructs in psychiatry also discredit those who try to criminalize people who do become violent by contrasting themselves with accused persons. This is a common narrative:

I have schizophrenia and I've never wanted to hurt anyone, I've never tried to hurt anyone, and I would never be violent.

Well, the fact is that ‘you’ share an artificial diagnosis with the violent person and that it the only commonality between the two of you. Your biological status is different from that of the person who became

neurologically detached from reality. Moreover, most people that have severe illness and are afflicted with the same or similar constellation of symptoms, but are doing well, are medicated and even better off if they have awareness of their illness. If any of those individuals would terminate medication and develop transient or chronic anosognosia, they too might be at risk for harming themselves or others.

In reality, there are only a very small number of symptom complexes out of the staggering 300 plus named disorders in the DSM that can involve what is known as “psychosis” (another term in medicine that needs to be abolished and replaced). Moreover, these stigma-busters won’t talk about “psychosis”, they want to talk generically about mental health or sanitized forms of “mental illness or disorders” (as is commonly depicted in glib pharmaceutical ads). If they do talk about “psychosis” and violence, the stakeholders in The Mantra try to assert that it is anger associated with delusions and hallucinations that cause rare instances of violence. That facilitates a dissociation of the anger from the “mental illness” such that the accused person can be held criminally culpable.

In fact, it is profoundly wrong to dissociate in this manner. Nothing can be dissociated from “psychosis”, which is a neurological separation from reality. A person can have so-called psychotic symptoms, such as hallucinations or milder forms of dysmentation, and still be connected to reality neurologically. That is one reason the term psychosis is problematic. It has an adjectival form that has conflicting implications from its noun form. Moreover, the term “psychotic” is used in common

parlance as a slur or as a signifier of evil-mindedness. That is grossly inappropriate for a term that describes a grave neurological condition. The term delusional is another word that is casually used in common discourse but should not be. A delusion is a serious neurological symptom.

Psychosis is consuming and it becomes the state of consciousness. Think of the dream state. It has been said that every human being that dreams has been “mentally ill” while in the somnolent state. Some researchers have even speculated that so-called schizophrenia is an REM disorder where the REM state is piercing wakefulness. Imagine being held responsible for lashing out at something in a dream that made you angry or hatching and executing a goal-directed plot within that state. That said, there is often no manifestation of anger, affective or otherwise, in people that are in the deep throes of neurological detachment from reality.

This article will define so-called mental illness as dysfunctions of the brain’s semblance of mind and consciousness that involve structural anomalies of the brain organ, bioelectrical, metabolic, neurochemical, hormonal and other systemic factors that affect cognition, mentation, motor behaviors, volition and actualization, perceptual processing, identity of self (ipseity) and others, metacognition, and other functionalities.

This article proposes that so-called serious mental illnesses should be broadly classified as neurodevelopmental encephalopathies (in the

generic sense of encephalopathy, which a cohort of the medical profession unjustifiably reserves to medical (esp. transient) vs so-primary psychiatric). Moreover, cerebral illness is proposed to replace “mental illness”, a term that is problematic, especially as it relates to demedicalization.

Someone with severe impairments in brain functionalities can harm themselves or others — or, be unable; to care for themselves...resulting in homelessness. Society has grown accustomed to seeing homeless people that are “mentally ill”, and misconceptualizing them as pitiful creatures with psychological and emotional traumas who just can’t cope with life struggles. We don’t misconceptualize Dementia this way and that is why we would be appalled to find out that someone with dementia is left to fend for themselves on the streets.

Examples of self-harm are neuropsychogenic suicide (typically command hallucinations) and autoenucleation (gouging one’s own eyes out). Being “locked in” to a state of consciousness that has REM-like characteristics with macabre dysmentation can be acutely dangerous. Someone in this status can definitely harm someone else and so that is why “psychosis” should be treated as a medical emergency and not a mental health problem (which is psychosocial, not medical). People are often arrested and jailed during the most exacerbated and critical expression of illness. People have committed autoenucleation while being held captive in jail or dealt with abusively by guards for exhibiting neurobehavioral symptoms.

The professionals most eager to talk to the media after these tragedies are people most likely to be pushing an anti-stigma message that throws the most severely ill under the bus. The media courts them as experts but these stigma-busters, clinicians, criminologists, FBI profilers, and those that prefix their credentials with “forensic” tend to offer up psychological ideas for what they believe motivates the shooters and these powerfully intuitive ideas resonate with the general public and the media.

Purported experts talk about stressors and factors like bullying , psychosocial depression (meaning situational, caused by adverse events in a person’s life), or egocentric motives like wanting to be infamous or craving attention because of emotional and psychosocial frailties — all mental health related, meaning...non-medical. So-called forensic psychiatrists are apt to attribute violence to psychological causes like psychosocial depression, quack dissociative conditions (not to be confused with the controversial dissociative identity or multiple personality disorder), and “personality disorders”.

Yet, how credible are some of the psychological ideas that are prevalent in the troubled professions of psychiatry and psychology? Excerpting from a medical journal:

The prevailing view among many psychiatrists and mental health professionals is that borderline personality disorder (BPD) is a “psychological” condition. BPD often is conceptualized as a behavioral consequence of childhood trauma. Treatment approaches have

emphasized intensive psychotherapeutic modalities, less so biologic interventions....A large body of research over the past decade provides strong evidence that BPD is a neurobiological illness — a finding that would drastically alter how the disorder should be conceptualized and managed.

Foremost, BPD must be regarded as a serious, disabling brain disorder, not simply an aberration of personality.

Serious cerebral illness is not something any of us can project our minds into. We cannot image being in a state of “psychosis”. The “schizophrenia” symptom complex, is said to arguably be the worst disease known to mankind. It can be a brutal horrific brain function disorder that is beyond your comprehension.

Bipolar is called a mood disorder by psychiatry, which is unfortunate, because that word “mood”, something all of us experience, evokes perceptions in the general public that bipolar “mood swings” are just extreme happiness or sadness. Bipolar is a neurological disorder that involves polarities in energized states and can involve “psychosis” in its most severe expression. Euphoria and Dysphoria are not extreme elation or extreme sadness.

Bipolar expert, Julie Fast describes suicide in bipolar “depression” as ‘a different kind of suicide’. It is your brain telling you to kill yourself. If someone has become neurologically detached from reality, chances are that they do not recognize what is happening and cannot save

themselves through sheer force of will against the power of the command-and-control system of the brain.

Violence in these disorders or other types of unlawful behaviors that sweep people with “psychosis” up into the criminal adjudication system are caused by neurological disconnectivity with the real world, disinhibitions, anosognosia, and other neurological phenomenon like command hallucinations, and cognitive impairments (which should not be confused with intellectual disabilities).

That is beyond the imagination of you or the writer of this article. We can only conceptualize what “psychosis” is unless we have deficits that limit our depth of insight.

The stigma-busters, traumatologists, recovery movement and mental health awareness activists all want you to believe things about so-called mental illness that are “lies” by omission. The vast majority of people with a so-called mental illness will never hurt anyone, that is true, but it is only part of the truth.

When the media talks about “mental illness”, they spread ignorance far and wide. They conflate it with mental health and they use terms like ‘mentally disturbed’ or emotionally disturbed’ when reporting on crimes involving the so-called mentally ill. Those are all inappropriate terms to apply to people with grave medical disorders that involve neurobehavioral symptoms and neurogenic dysmentation. We don’t call people with Alzheimer’s disease “mentally disturbed”.

Don't be gaslit by the stigma-busters of the mental health industrial complex . You've seen cerebral illness surface in many of the tragic incidents of mass shootings. If you think there must be a connection, you are not wrong.

Next in the Series:

[How Physical Illness Became “Mental Illness” | by NASNIcares | Apr, 2021 | Medium](#)

Relevant Content

https://psychscene.com/wp-content/uploads/2018/03/Distinction-between-mental-and-physical-illness.pdf?fbclid=IwAR2D8gKAc7e3tEfD9ifLnYtv_PY6ol7yMJbscol9oWo_QHlJxuKRv2nA5Ho

<https://news.uci.edu/2020/09/02/schizophrenia-nurture-cannot-overcome-nature/?fbclid=IwAR34VHb2uGC8aU1DsV2Fiai6CZCGuUgO4qoFKv2AvzqzKKALEAcBZJU8jeQ>

https://n.neurology.org/content/90/15_Supplement/P5.305

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/neurologypsychiatry-divide-a-thought-experiment/2EB9BF3CBFoC9442B6300B11AF6C4378>

<https://www.stevenreidbordmd.com/history-of-psychiatry>

<https://www.medicalnewstoday.com/articles/294880#Mutations-may-contribute-to-other-disorders-such-as-autism-spectrum-disorder>

caveat: It is only because of 150 years of a troubled history of psychiatry and the demedicalization movements that in this day and age we continue to have scientists titling their research findings as if they are still on a quest to prove that “schizophrenia” has a biological cause. This needs to stop. They need to just report their discoveries but do not contextualize it as an endeavor to disprove psychosocial causation

Controversial Concept of Functional Neurologic Disorders:

<https://www.virology.ws/2019/12/30/trial-by-error-shaky-evidence-for-signs-of-functional-neurological-disorders/>

<https://forums.phoenixrising.me/threads/dr-david-tuller-some-more-thoughts-on-functional-neurological-disorders.78795/>

Anosognosia

<https://thetyee.ca/Opinion/2018/01/29/Fight-Mental-Illness-Dangerously-Flawed/>

<https://www.treatmentadvocacycenter.org/storage/documents/backgrounders/anosognosia-and-violent-behavior.pdf>

Criticality of Treatment of “psychosis” to Prevent Further Damage to the Brain

<https://www.bing.com/videos/search?q=henry+nasrallah+md&&view=detail&mid=D6088FC69D281C401F5ED6088FC69D281C401F5E&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dhenry%2Bnasrallah%2Bmd%26FORM%3DHDRSC3>

<https://www.wasatch.org/pdf/fep.pdf>

<https://www.bing.com/videos/search?q=henry+nasrallah+md&ru=%2Fvideos%2Fsearch%3Fq%3Dhenry%2Bnasrallah%2Bmd%26FORM%3DHDRSC3&view=detail&mid=BF4592C9A93631A2CC05BF4592C9A93631A2CC05&&FORM=VDRVSR>

