How Physical Illness Became “Mental Illness”

The Mental Hygiene, Consumer, and Recovery Movements that Demedicalized and Politicized Serious Neurologic Disorders.

First and foremost, do not conflate Mental Health with so-called Mental Illness. Everyone these days, including medical professionals (who should know better) are using the term Mental Health to refer to neurological conditions like Bipolar and so-called Schizophrenia (which NASNIcares has renamed Jacobi Fleming Nasse Syndrome(s)) — and this is wrong. So-called Schizophrenia and Bipolar are more accurately described as genetic encephalopathies but the medical establishment has permitted the discipline of psychiatry to run amok for a century, clinging to and perpetuating misleading nomenclature (like so-called Mental Illness) for these medical conditions and setting them apart (to the detriment of those living with these conditions) from general medicine. A psychiatrist is an MD and should have no involvement with non-medical interventions such as psychotherapies and the ‘Mental Health’ issues it is applicable to (arguably).

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Social justice movements are often built on a foundation of reframing societal conversations around the words we use to understand and talk about things. “Mental Illness” is a term that a cohort of the advocacy community has come to despise because it is a misnomer with the power to do a great deal of damage to people.

…When we use the term “mental illness”, not “brain illness”, do we put our patients in harm’s way? …Drs. Mary Baker & Matthew Menken 2001.

Demedicalization of brain function disorders began, or perhaps accelerated when psychiatry became a medical specialty (prior to this, neurology and psychiatry were not distinct specialties). Psychologization persists today as so-called mental illness has increasing been used interchangeably with the term ‘mental health’ . Mental Health is a metaphor that refers to how we all cope with the difficulties of life, self-esteem, and how we relate interpersonally with others. Everyone these days, including medical professionals that should know better are using the term ‘mental health crisis’ when what is really going on is a neurological crisis.

The four posts in this series assert that the conflation of mental health with serious cerebral illness and the demedicalization of these medical conditions has deranged public policies to the effect that they not only kill the so-called mentally ill as the late D.J. Jaffe suggested, they are killing other people who become victims of a system that has become disordered by design. Demedicalization not only kills, it leads to homelessness and re-institutionalization of people with serious cerebral illness in jails and prisons.

The idea that there is a ‘broken mental health’ system should not suggest that there was an intact architecture to that system or that it operated under rational public and institutional policies in the past. However, in that it is broken by design, there is a prospect that it can be remodeled so that it stops killing people.

An inspection of this broken system calls for a look back at sociopolitical movements and the history of psychiatry that forged this system and the ideologies that informed its design and operation. As for the belief systems of the individuals whose philosophies pioneered the modern

day ‘mental health’ system, the cautionary tale is “consider the source” and whether that source should be held as suspect.

Some people think that no one is positioned to understand “mental illness” better than someone with lived experience, but that is a gross fallacy. The way that so-called mental illness is misconceptualized feeds into that flawed notion. Someone who has the lived experience of trauma may be better able to empathize with others who are experiencing mental health problems, but brain health disorders are not ‘mental health’ problems. Someone that has battled cancer or diabetes may be able to empathize with and offer peer support to others going through similar difficult experiences. But so-called mental illnesses can involve unusual perceptions and spectrum issues that can affect the way “mental illness” is perceived. Properly conceptualizing cerebral illness requires good brain health. After all, some people with the most severe forms of cerebral illness do not believe that “mental illness” is real.

Many or perhaps most people believe that “mental illness” is a case of battling inner demons and that this inner mental turmoil causes distress. However, so-called “mental illness” is not an affliction of the spirit or soul, a psychological injury from past traumas or an inability to cope with the difficulties in life. It is not a defect or weakness of character; it is not a form of criminal-mindedness. If “mental illness” was any of those things, a growing movement of advocates that will be silent no more (such as the National Shattering Silence Coalition) would not be calling out society for the unjust punishment of their loved ones in jails and prisons. They want public safety as much as any gun control proponent, but achieving that goal of individual, family, and public safety requires that we protect their loved ones from a “mental health” system ultimately kills people either directly or indirectly by misclassifying serious brain function disorders as “mental illness”.

Severe so-called "mental illness" is not an affliction of the spirit or soul, a psychological injury from past traumas or an inability to cope with the difficulties in life. It is not a defect or weakness of character; it is not a form of criminal-mindedness — it is a brain function disorder.

Some sources say that up until the end of the 18th century, illnesses that caused "insanity" or "madness" were generally thought to be no different than other physical illnesses. Of course, there were always people who psychologized and spiritualized afflictions of the human body, especially those affecting the mind. Yet, Hippocrates, who was born in 460 BC believed that all pathologies of the mind arose in the brain. Kraepelin, born in 1856, believed the chief origin of psychiatric disease to be biological and hereditary malfunction. The somatic school of psychiatry (generally referring to a group of nineteenth-century German psychiatrists who believed in biological root causes of so-called mental illness) included psychiatrists such as Carl Jacobi, Christian Friedrich Nasse, and Carl Friedrich Fleming. This cohort of psychiatrists discredited the "physiological school" which subscribed to the nonsensical belief that psychological and emotional difficulties in life, i.e. 'mental pain', produced so-called mental illness.

Because some of the post-mortem studies that went on in those times did not reveal some of the pathological changes in the brain characteristic of other brain diseases, because of some fantastical claims of "madness" being cured coming to the attention of the general public, because of developments inside of the societies of psychology and psychiatry, and due to influences of the philosophy of cartesian dualism, the notion of these conditions being 'diseases of the mind' or so-called mental illness began to take a hold.

There was a dynamic that was similarly influential after WWII where symptoms such as hypervigilance, paranoia, depression, and memory impairments were construed as "mental

illness" and used by elements in the mental health industry as further evidence of their theories about so-called mental illness being caused by trauma.

Antagonists of the so-called medical model (a contemptuous slur against the belief that "mental illnesses" are biological disorders) even today reason that failure of science to find biomarkers for "mental illness" proves that they are not medical disorders. Medicine has terms for conditions, mostly neurologic, in which there are manifestations of disorder for which the cause or pathophysiology is unknown — MUS (medically unexplained) or functional disorders (as in FND or functional neurological disorder) and even codified this nonsensical idea with the term 'conversion disorder' (a modern-day rebranding of female hysteria and other bizarre psychoanalytical ideas). Functional means that some bodily or mental function appears to be disordered by outward signs and reported symptoms but no underlying causative disease process can be identified. Despite the lament among many in a cohort of the advocacy community that psychiatry split off from neurology in Freud's era, neurology is just as guilty as psychiatry in explicitly or implicitly psychologizing neurologic symptoms.

It is hubris , arrogance, and frankly, intellectually deficient for the discipline of medicine to relegate signs and symptoms to "functional" (which is euphemistic for psychogenic) just because science does not understand the mechanism of biological disfunction or the etiology of it. Science may not yet have the technology to discover these unknowns at this time. Consider that some dysfunctions could not be correlated with specific pathophysiologies before the advent of functional MRIs. Even functional MRIs do not necessarily help scientists and clinicians understand how or why. They show correlation in many cases. Just because an area of the brain lights up on an MRI, it doesn't explain what is going on with the the seeminly unfathomable complexity of the brain and the systemic functions of the body involved with brain function.

If there is something akin to observations that inform a so-called medical model it is this: There are a host of medical disorders that can manifest what are known as “psychiatric’ symptoms”. At one time, Parkinson’s, epilepsy, certain chronic encephalopathies, and other conditions were thought to be “mental illness”. Many disorders were reclassified as neurologic as soon as technologies or advances in biosciences allowed researchers and clinicians to gain new insights into phenomenon that they did not understand. Advances in medical knowledge and technologies rescued some people from the segregated ‘mental health’ system and left others behind to be victimized.

Any manifestation of hallucinations (especially command hallucinations), delusions, dysmentation, identification disorders (subjective and objective), disordered states of consciousness (resembling characteristics of the REM state), such as in so-called schizophrenia, should carry an explicit neurobiological classification even if they have to be qualified as ideopathic. For the medical community to continue to allow illnesses such as “schizophrenia” (a term that should be abolished because it’s a misnomer) or bipolar or neurologic so-called depression to be called mental disorders is negligence. Medical journals are replete with discoveries about the neurobiology of these medical disorders even if science is still looking for answers to many unknowns.

Excerpting from jscimedcentral.com

Advances in neuropsychiatry are increasing our understanding of brain-behavior relationships. With this knowledge, the classification of illnesses as psychiatric and neurologic appears increasingly out –dated

A survey of medical literature across various specialties, but particularly neurology, reveals the corrupting influence of psychiatrization of neurologic phenomenon and how it creates cognitive

disruption and fallacious constructs when researchers, academics, and clinicians try to sort out distinctions between a red herring (called psychiatric) and known neurological disorders. You see distorted constructs, such as these excerpts from medical journal articles on the topic of "psychosis" in epilepsy patients:

"epileptic equivalents for mental disorders"

"Neurologic symptomology mimicking psychiatric illness"

"The interictal "schizophrenia-like" psychoses of epilepsy"

"Psychiatric comorbidities in patients with epilepsy are frequently seen"

"Encompassing a wide spectrum, these disorders often fit awkwardly into neuropsychiatric categories".

Advances in medical knowledge and technologies rescued some people from the segregated 'mental health' system and left others behind to be victimized.

Medical students are taught the doctrine of what medicine calls "primary psychiatric". Symptoms such as delusions, paranoia, hallucinations, and cognitive impairments can be caused by a host of medical conditions, yet doctors are taught that when the process of differential diagnoses does not discover any underlying "general medical condition" (the oddball term seen in psychiatry literature) that could be causing the "psychiatric" symptoms, then a provisional or fairly conclusive determination can be made that the symptoms are caused by a "primary psychiatric" condition.

Inarguably, differential diagnosis can be a matter of life and death. Failure to diagnose a metabolic crisis, for example, can lead to a fatality. But given the deep-seated misconceptualizations of so-called psychiatric disorders, medical literature almost invariably conveys the implication that certain so-called psychiatric conditions are not medical. That is a gross fallacy that a doctor of medicine should never perpetuate by the often-stated contrast between 'primary psychiatric vs medical'.

The Emergence of Public Service or Psychosocial Psychiatry and the Rise of the Mental Hygiene Movement

In the 17th century Europe, the "insane" were criminalized, held captive in dungeons with so-called delinquents, thieves, murders, the disabled, and other outcasts of society. In these institutions of punishment, they were beaten and chained. In the 1800s, there was some movement toward treating people with "mental illness" with compassion. Dorothea Dix (1802-1887) is credited with the establishment of institutions for the care and housing of the "insane", extricating many from jails and prisons.

Many readers are probably familiar with Dorothea Dix as an advocate for more humane treatment of the "insane". Dix , who was instrumental in the establishment of many of the government-funded US asylums, lobbied for passage of the *Bill for the Benefit of the Indigent Insane*, put before Congress in 1854, which proposed to provide federal land and funding for the development of new mental institutions. The bill was passed by Congress but was vetoed by President Franklin Pierce, who held the position that 'the issue of social welfare should be the responsibility of each individual state, rather than that of the federal government.

Nearly a 100 years later, Congress would exact carnage on people with so-called mental diseases by attaching the criminally discriminatory IMD exclusion to the 1965 Medicaid bill on the

premise that the states should care for people with so-called mental disorders, thereby saving federal dollars. Did they revisit this exclusion after states turned the “mentally ill” out of these facilities and shut them down? The answer is no and because legislators and the general public still profoundly misunderstand the illnesses of the people who were turned out, they still do not seem to grasp the horrific consequences of keeping the IMD exclusion in place to this day.

Dorothea Dix meant well, but her misconceptualization of “mental disorders” put her purported beneficiaries in the next century on the pathway toward ending up exactly where they were before she set out on her mission — transinstitutionalized in jails and prisons. The mental health industry with their war on stigma intersecting with the prison industrial complex both have an interest in claiming that so-called mental illness has little to do with the massive numbers of the “mentally ill” in jails and prisons. Research papers have been produced that propose that so-called mental illness is just a criminogenic factor and that there are primary psychosocial and behavioral determinants that lead to “justice-involvement”.

Ms. Dix is quoted as saying “All experience shows that insanity seasonably treated is as certainly curable as a cold or a fever.” She subscribed to the idea of “moral treatment” for the “mentally ill” such as fixed schedules, development of routine habits, calm and pleasant surroundings, proper diet, some medications, physical and mental activities carried out in a kindly manner with a minimum of physical restraints. She thought her cause was a righteous one, but she did not understand the medical afflictions of the people in those institutions and they are still misunderstood because of the mental health movement which she was very much a pioneer of.

The launch of the Mental Hygiene Movement is commonly attributed to Clifford Beers. Beers experienced several years of psychiatric hospitalization where he experienced what he depicted in an autobiographical account as abuse. There is no question that patients in those institutions were subjected to abusive conditions and interventions. After discharge, in his early 30s, he

became an activist, founding the Connecticut Society for Mental Hygiene and then The National Committee for Mental Hygiene, adopting the term Mental Hygiene at the suggestion of Adolf Meyers. The reforms championed by the Mental Hygiene movement strongly influenced the social and legislative policies that are still in effect today and destroying so many lives. Beers' movement, which very sensibly focused on curtailing abuses of people who he thought were ill enough to be institutionalized. Adolf Meyers hijacked Beers mission, converting it to a movement proselytizing his false beliefs about what caused so-called mental illnesses.

Excerpting from a paper published in ncbi.nln.nih.gov titled "The roots of the concept of mental health":

What today is broadly understood by "mental health" can have its origins tracked back to developments in public health, in clinical psychiatry and in other branches of knowledge

"...more than a scientific discipline, mental health is a political and ideological movement..."

According to one source, 'the basic ideas of mental hygiene were derived from the dynamic psychiatry of Adolf Meyer (1866–1950). Meyer believed that "mental illness" resulted from environmental factors, such as family interactions and failure to be resilient to life's challenges. Freud acquired the same beliefs and developed his strange psychotherapeutic approaches to 'treating' moderately serious forms of so-called mental disorders. Freud also believed that adverse childhood experiences could result in 'mental illness' later in life. Freud studied as a neurologist under Jean-Martin Charcot with a concentration on "hysteria" as a form of neurosis. In the 19th century, "hysteria" was considered a diagnosable physical illness in females. In the 20th century, it shifted to being considered a "mental illness"

The reforms championed by the Mental Hygiene movement strongly influenced the social and legislative policies that are still in effect today and destroying so many lives.

Prior to Freud, neurology and psychiatry were not separate disciplines. Starting around the mid-nineteenth century, psychiatrists in asylums were referred to as "alienists." According to one source, "It was the alienist's job to study, understand, care for, and assist patients in overcoming their "mental alienation" or illness".

On March 4, 1878, at a meeting of the New York Neurological Society, Edward C. Spitzka delivers a blistering attack on psychiatry, basically dismissing all alienists as incompetent and indicating that "the study of insanity should be considered a subdivision of neurology." This address was published in the Journal of Nervous and Mental Disease in 1878

At that time, people with all sorts of neurologic, neurocognitive disorders, traumatic injuries, seizures disorders, dementia, brain tumors, and metabolic disorders that had serious mental symptoms were housed in these sprawling facilities, many of them designed following an architectural template envisioned by Dr. Thomas Story Kirkbride (the Kirkbride plan) to be conducive to healing the tortured souls of the "mentally ill".

Over a 100 years later, Paul Rudolph's Erich designed the Lindemann Mental Health Center building in the brutalist style of architecture, mockingly named Concrete Therapy in a critique in which it is stated that "Rudolph made the building 'insane' in order to express the insanity within"… a 1960s vision for progressive mental health. The article goes on to cite critic Philip Noble for placing 'blame squarely on Rudolph's shoulders — going so far as to suggest the building's "insidious" spaces can be held responsible for patient deaths'. This passage may seem like a tangential subject — on architecture, but it is intended to illustrate the strange ideas that

people have of “mental illness” that can be deleterious to the wellbeing of the vulnerable people they believe they are helping.

Freud, when he led the split off from neurology and concocted his bizarre psychoanalytical theories, established clinical practice and trained other followers in his “therapies”. He mostly treated subjects suffering from what were called neurosis and not so much with people afflicted with so-called psychotic illnesses, yet his ideas of psychogenesis and certain defense mechanisms have been assigned to the more severe “mental disorders”.

Freud’s theories have been relegated to the ludicrous and discredited. According to one source “virtually no institution in any discipline would dare use him as a credible source”. Competent medical doctors practicing or teaching under the credential of psychiatrist shun his theories (emphasis on competent because there is a cohort of psychiatrists, many of them prominent, and psychologists that continue to pay homage to him).

The mental hygiene movement, as it was called, was criticized in some medical circles for its lack of an objective scientific basis for its proposals and its “unscientific” focus on sociological factors as being the key to the prevention of mental illness and preservation of health. The mental hygiene movement was torn by differences between psychiatrists devoted to treating the mentally ill through biological means and mental hygienists attempting to promote mental health by changing societal institutions. -”Origins of Mental Health”, jhsph.edu

Yet, the general overarching freudian ideas about adverse childhood experiences, maladaptation to life’s challenges and traumas causing so-called mental illness survive to this day. Today’s mental health movement is a mental hygiene movement ideology that is being aggressively promulgated — even by federal government agency SAMHSA.

You know the modern day mental hygiene ideology by its watchwords: childhood adversity, ACE scores, resilience, recovery (as in the recovery-movement's politicized definition), trauma-informed, lived-experience, and by its therapies and approaches: Cognitive behavioral therapy (CBT) and other psychotherapies, mindfulness training, peer empowerment, and other non-medical interventions".

The Consumer, Recovery, and Psychiatric Survivor Movements

The leading edge of this movement was the early 1970s. State hospitals were in the process of discharging patients and closing down and laws were being instituted to curtail involuntary commitment in hospitals. Some sources say this was a grassroots movement that sprung up from former patients coalescing around their shared traumatic experiences as inpatients.

A serious "mental illness" was considered to be a chronic condition with little hope for recovery. With this being the prognosis for their lives, they faced the lifelong threat of being committed to an institution against their will, activists formulated a socio-political action agenda to change the narrative. This activism became a social justice movement that appealed to progressive-minded legislators then and still does in the present.

It could be said that the aforementioned Clifford Beers, credited with starting the mental hygiene movement was a spiritual leader of the Consumer Movement. The "grassroots" activists might have just been conscripts, mobilized in an era of civil rights activism to lead a charge to remodel a violative system into a mental hygiene-informed model that would effect change in every domain of society that might touch the lives of the "mentally ill".

Beers' chief goals were to change how the "mentally ill" were perceived. He deemed himself to have recovered from "mental illness" and so could other people. "Mental Illness" was not a life

sentence to chronic and steady decline into madness with no hope of recovery. He set out to reform how patients would be committed to and managed while hospitalized to prevent the abuses he experienced, and Influence legislators to make involuntary commitment much more difficult. He succeeded, to the detriment of hundreds of thousands of lives up until the present.

Whereas serious so-called mental disorders were diseases of the body prior to the end of the 18th century, now these conditions would be recast as “mental illness” -a psychological injury and maladaptation to life’s difficulties, consistent with the overarching ideas of the discredited Freud.

The Psychiatric Survivor or Anti-Psychiatry Movement is even more antagonistic toward the system than the Mental Hygiene Movement which morphed into the modern-day Mental Health Movement and Consumer/Recovery Movements. This is the school of thought that disbelieves that mental illness is real and that a normal range of human qualities have been unjustifiably medicalized. They share disdain for pharmaceutical treatment with some of their psychosocial psychiatry brethren, but unlike the trauma-informed ethos of the psychotherapy subscribers, they have contempt for psychiatry altogether. The question is, what precisely do they disbelieve in?

The proposition that “mental illness” is not real is valid in the sense that the mind is an abstract thing and cannot be sick. The term mental illness is a metaphor and that is the reason why it is qualified throughout this article as so-called or enclosed inside quibble quotes. Many advocates, those in the camp that do not deny the connection between certain medical conditions and violence, disfavor the term “mental illness”. They would do away with it if they could, However, do the deniers of the antipsychiatry movement disbelieve that the symptomology of so-called schizophrenia, for example, exists? Set aside the term “mental or psychiatric illness” or “mental disorders” and what you’ve got is a constellation of symptoms that are seen in many medical

conditions. Do they disbelieve in the “psychiatric” symptoms of epilepsy, or delirium, or encephalopathies, or traumatic brain injuries?

The Consumer Movement brought about a politicized definition of recovery that has been exploited by state and federal governments to relieve themselves of the responsibility to provide for the needs of the most severely ill. It forces a model on a class of people with little regard for the individual needs of afflicted persons. The “Recovery Model” leaves behind the most seriously ill who cannot engage in self-directed engagement with “recovery services”. In medical illness, the term recovery is defined as remission of symptoms. In serious brain disorders misconceptualized as so-called mental illness, “recovery” is defined as:

The “process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

This politicized Mental Health Movement definition of recovery puts psychologists, who are non-medical professionals, and peer-specialists front and center in the wellness journey of people living with so-called mental illness or “mental health” conditions.

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