

# The “Mental Illness” Paradigm: Itself An “Illness” That Is Out Of Control

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For those of you who haven't read [this story in the New York Times](#), I highly recommend it. It is essentially a woman's (Linda Logan's) rich and moving autobiographical account of her struggle with “bipolar disorder.” The main message that I imagine most people will take away from this story is that the current mental health care system has some real problems—especially with regard to the often cold and dehumanizing way that “patients” are treated—but that the general paradigm from which this treatment model has emerged is simply not to be questioned. In other words, Linda has clearly adopted the “mental illness as a lifelong brain disease” paradigm and has personally identified as someone who has such a “mental illness.”

Anyone who knows my work will know that I have a real problem with this paradigm, believing that it generally causes much more harm than benefit (though I don't discount that some people do believe that they experience some benefit from it). So, what is it then about this story that grabbed me? I recognized that if we read Linda's story while holding a different paradigm (i.e., a different basic set of assumptions) than what she intended, then this story reveals in plain sight what I believe are some of the most fundamental issues at the heart of this epidemic of “mental illness” that so pervades our society.

What is this basic shift of assumptions? Linda clearly frames her story within the “mental illness as a lifelong brain disease” paradigm (what I'll refer to simply as the “mental illness” paradigm). What if we shift to a significantly different and in many ways more “common sense” paradigm? What if we let go of the concept of “mental illness” altogether and adopt a very different set of assumptions: (a) Human beings (and indeed all living organisms) strive continuously towards a healthy, enjoyable existence; (b) moving towards and maintaining such an existence requires that we find relative peace with certain dilemmas that are inherent within our existence (e.g., death, loss, personal identity, balancing autonomy and relationship, balancing freedom and security, finding meaning, etc.); (c) the more difficulty we have in finding relative peace with these dilemmas, the more we suffer; and finally (d) some individuals, for various reasons and at different points in their lives, are particularly vulnerable/sensitive/aware of/challenged by these dilemmas and are therefore more prone to experiencing intense suffering associated with them. In other words, I'm suggesting that we return to Linda's story after trying on a different lens—one that allows us to see those conditions we generally refer to as “mental illnesses” as instead the natural manifestations of an individual's struggles with the fundamental dilemmas inherent in simply being alive. So we make the shift from a “mental illness” paradigm to an “overwhelmed by natural human experience” paradigm. What I find particularly interesting about Linda's story is that she's clearly narrating it from the “mental illness” paradigm, and yet allusions to this latter paradigm are practically bursting through the seams.

So with this paradigm shift in mind, let's look more closely at some of the overarching themes in Linda's story and compare just how different the methods of support and outcomes are likely to be when acting from each of these different paradigms.

The “mental illness” paradigm creates a self fulfilling prophecy of actual brain disease: Linda gives a rich account of a descent into increasingly overwhelming thoughts, feelings and perceptions, and she provides an equally rich account of the intensive psychiatric “treatment” she received in parallel with this descent. This journey into increasing disability began with a blend of feeling overwhelmed by the life she had created for herself (giving birth to 3 children while simultaneously pursuing a Ph.D.) and powerful existential insights, especially into personal identity, death, and loss. Feeling overwhelmed by the intense “psychic pain” associated with all of this, she turned to the only support mainstream society really encourages for this kind of thing—she accepted that she had a “mental illness” and checked herself into a psychiatric hospital.

From this point forward, we learn that two major streams of events play out in parallel with each other—Linda surrenders her mind and body to doctors who “experimented with about 100 different combinations and dosages of medications,” becoming essentially a living test tube in their hands; and she experiences a downward slide into increasing physical and mental disability and even periods of florid psychosis (profound disconnection from consensus reality). And yet, incredibly, Linda never draws a link between these two—the intensive drugging on the one hand, and the increasing disability and chaos on the other. She does describe

some disturbing "side effects" of various drugs, but she has clearly bought the mainstream narrative that all of her overwhelming experiences were merely symptoms of her "illness," and that even though there are some unpleasant "side effects" to all the drugs she's been given, they almost certainly prevented her from becoming much more "ill." In other words, the possibility that the intensive drugging itself may have seriously worsened her condition doesn't even seem to be a consideration.

Let's take a moment here and look at the research. Robert Whitaker (in *Anatomy of an Epidemic*) and others have compiled extensive literature reviews suggesting that the kinds of chronic "depression" and "bipolar disorder" that we see today were apparently much rarer before the introduction of psychiatric drugs. What we call "depression" was apparently transient in the large majority of cases, and "relapses" were also relatively rare. And the more extreme forms of "bipolar disorder" that seem to be so prevalent today were also much more rare. The prevalence of such disabling bipolar disorder was seen in only 1 of 5,000 to 20,000 individuals prior to the introduction of psychopharmacology, with 75% to 90% of these individuals going on to experience "good long-term functional outcomes." And now? We find that 1 in 20 to 50 individuals experience such disabling bipolar disorder, with only 33% going on to experience "good long-term functional outcomes." This is an increase of somewhere between 100 and 1,000 times the prevalence rate since the introduction of psychopharmacology, and among these individuals, a greatly reduced likelihood of full recovery. In addition, it's been shown that the use of antipsychotics can ironically increase the likelihood that someone will experience psychosis in the first place or move from a transient psychotic condition to a more chronic course (this is discussed in Whitaker's *Anatomy of an Epidemic* and in my own book, *Rethinking Madness*).

So, knowing all of this (this research comes from multiple peer-reviewed sources and is readily available), how can someone as educated as Linda not even entertain the idea that the "treatment" itself, which most likely included all of the aforementioned types of psychiatric drugs and more, may very well have played a major role in the radical deterioration of her condition? "100 different combinations and dosages of medications," she said. Think about that for a moment. By acting from this entirely unfounded assumption that Linda and others who experience such crises must have some kind of brain disease, we attempt to "treat" the brain, which is of course absurd since we don't even know what the heck it is that we're treating. So we flood an individual's brain with an array of highly toxic chemicals designed to make it through the brain's natural blood-brain barrier and impact this extraordinarily complex and fragile organ in a ridiculously blunt and haphazard manner, and we call this "treatment." Can we really be surprised that such treatment so often results in converting natural and transient crises into lifelong chronic "illnesses"? The terrible irony is that while it seems very likely that such crises are not the manifestation of a lifelong brain disease, the standard "treatment" actually ensures that this fantasy becomes a reality. After receiving such treatment, there's is no longer any question about it: Now, you do have a chronic brain disease.

Actually, I don't blame Linda for not making this connection. The tragic truth is that our society has become so entrenched in the "mental illness" paradigm that many (and perhaps most) people now consider alternative perspectives a kind of ignorant quackery. And yet, if we do make this little shift in perspective, moving away from the "mental illness" paradigm to the "overwhelmed by natural human experience" paradigm, I can't help but wonder just how much more easeful and enjoyable Linda's and many others' lives may have been... just how clear the absurdity of such treatment would become to anyone who took the time to consider it... just how much more frequently people would stand up to such treatment and say enough is enough... just how much rarer stories of such devastating demoralization, dehumanization, and intoxication would become.

So, if we act from this different paradigm that I'm presenting here, then how do we go about offering alternative support for someone who is in so much "psychic pain" that they're seriously considering taking their own life (as was the case for Linda) or possibly even causing serious harm to someone else. Well, the current m.o. is to apply the kind of "treatment" that Linda received—a person overwhelmed by feelings of hopelessness and powerlessness reaches out for support, and what do they get? They're stripped of any last remnants of hope and self-empowerment and provided with a new set of problems in the form of substance dependence and the particularly disempowering "mental illness" paradigm as a means for making sense of their troubles.

I admire Linda for recognizing her potential for self harm and finding the courage to reach out for support, and yet just imagine if she had a very different kind of support available to her—the kind of 24-hour “suicide watch” support she felt she needed but without all the dehumanizing, disempowering and intoxicating baggage that generally comes along with this. This is not a difficult thing for our society to make readily available—we already have successful models of peer-run residential homes and other types of homes that could function in this way (such as Soteria-style homes), and families and friends themselves could offer such support to loved ones in times of need. The cost of providing such places of refuge is certainly much less than the cost of psychiatric hospitalization—there are simply no excuses as to why we don’t have such places of refuge set up in every community and readily available to anyone who needs them.

And what about other kinds of support? Well, if we operate from the “overwhelmed by natural experiences” paradigm and recognize the innate wisdom within all beings that continuously strives for health and wholeness, then we can let go of the “I’m an expert, I’ll take over and fix it” role and instead explore ways to support the person’s own inner resources and honour their own wisdom and self agency. This is akin to supporting the growth of a plant. We can’t force a plant to grow or even to heal, but what we can do is provide it with healthy soil, adequate water and sunlight, and then stand back and trust in its own innate wisdom. Likewise, when a person is in distress, we can work collaboratively with that person and explore the ways that this person may not be receiving adequate nourishment, and look for potential “toxins” in their environment that may be restricting their growth. And along with this, we don’t attempt to reduce their distress to problems in any one realm but recognize that many different realms work together to contribute to the wellbeing or distress of an organism—psychological, physiological, relational, environmental, spiritual, etc.

And who knows, there may be occasions where some psychoactive chemicals may provide some benefit, but rather than pretending to “correct a biochemical imbalance,” we name the drugs for what they really are—not “anxiolytic” or “anti-anxiety” medication but drugs that will numb you out for a while, maybe help you sleep; not “antipsychotic” medication or “mood stabilizers” but drugs that will tranquilize you and really numb you out and make it difficult to remember what your problem was (perhaps); and not “antidepressants” but... well... uh... occasionally effective placebos(?) Let’s face it. Drugs are drugs, whether illicit drugs or psychiatric drugs. And what have drugs been shown to do time and time again? When effective, drugs provide some degree of short term relief and benefit but nearly always at the expense of significant long term harm. Sometimes that short term benefit may seem to be worth it, but let’s be honest with ourselves and not forget to look at the big picture.

The “mental illness” paradigm interferes with our own natural resources and innate movement towards healing and growth: Linda’s story comes across to me as yet one more example (an excellent example, actually) of a person who experienced a natural though clearly precarious existential crisis—something that seems to be a hazard that goes along with being particularly sensitive and open in the midst of the “madness” of contemporary society. In her case, the existential dilemmas associated with death, loss, meaning, and personal identity appear to have been particularly potent.

The literature throughout human history is loaded with accounts of people who go through such crises as a gateway into a profound positive transformation and a much richer, more meaningful and more enjoyable life; and it’s also loaded with accounts of people who have a very difficult time integrating these profound truths and who go on to suffer greatly as a result of it. And when we look more closely at this literature, we find that certain models for understanding these experiences are more conducive to successful integration than others. In particular, honouring the deeper truths that are so often unearthed within such crises and acknowledging the potential for positive transformation resulting from them has clearly led to much better outcomes in general than perceiving such crises as the manifestation of a diseased brain (I discuss this in great detail in my own book, *Rethinking Madness*). And yet we continue to perpetuate the very harmful “mental illness” paradigm, with all the toxic treatments, hopelessness, and self fulfilling prophecies that so often go with it.

The emerging “anti-stigma” movement provides a particularly ironic and tragic example of just how entrenched the “mental illness” paradigm has become in our society. This movement is supposed to embody the spirit of offering a more humane kind of support for individuals struggling with such crises and reducing the stigma and hopelessness that these people generally experience. And yet this very movement

generally goes to great lengths to perpetuate the “mental illness” paradigm in spite of the strong evidence showing that this paradigm actually seriously exacerbates stigma—both stigma and fear from others as well as internalized stigma and the intense withdrawal and hopelessness that this so often entails (this is more thoroughly discussed and referenced in *Rethinking Madness*).

Even the “mental illness” paradigm, as harmful as it is, has a difficult time squashing our fundamental drive towards health and wholeness: One final aspect of Linda’s story that I was struck by was its offer of yet another excellent example of the resilience of the human spirit, something I never cease to be amazed by. I’m inspired by how far Linda has apparently come in reconnecting with her creativity and her aliveness in spite of all that she’s been through—in spite of her own intense struggles with the dilemmas of existence, in spite of the horrendous “treatment” she and her poor brain have received, and in spite of continuing to live with the “insidious tumour” of having taken on the identity as someone with a lifelong “mental illness.” I’m also inspired to see that in spite of having been inculcated into the “mental illness” paradigm, she’s developed creative ways to integrate some of the deeper existential issues that I believe were probably at the root of her distress in the first place—especially her sense of going through a kind of disintegration and reintegration of her “self” at a very core level. I’m grateful for Linda’s willingness to share her story of courage and strength in the face of such devastating confusion and deep personal insult.

Use of the term “mental illness” itself contributes to the entrenchment of the “mental illness” paradigm: So, considering its ongoing lack of validity and the enormous harm that it causes, why has the “mental illness” paradigm becoming so entrenched in our society? While I’m sure that there are many factors contributing to this (see the section below), I believe that the term “mental illness” itself is one of the largest culprits (as Szasz and others have previously pointed out). A concept that is more appropriately used as a metaphor (the mind being “ill”) has somehow become interpreted as a fact. Implicit in the term “mental illness” are two problematic assumptions: (1) that the mind (our subjective experience) is nothing more than an epiphenomenon of the brain, and (2) that unpleasant, disordered, or anomalous experiences occurring within one’s mind, especially when the catalyst for these is not so clear, must imply some disease of the brain. Looking more closely at the first assumption takes us down a bit of a rabbit hole that I don’t want to take the time to diverge into here, but the second assumption is where I believe we really get into serious trouble and is one that can easily be discredited. If someone experiences fear due to a threat, or sadness due to a loss, or confusion due to a new insight, of course we would find it absurd to consider these the manifestations of a diseased brain. But we also know that extreme and unusual subjective experiences can occur from causes that are less clear, such as what may arise from trauma, childhood abuse, or otherwise being overwhelmed by various core existential dilemmas. And unfortunately, it is these times when the catalysts are less clear that we are so quick to evoke the term “mental illness” and head down the path fuelled by the assumptions associated with this term (i.e., that the brain must be diseased in some way and then treated as such). And as discussed earlier, once we head down this path, the “treatment” is likely to actually create a genuine brain disease. So what we find, then, is a positive (self-reinforcing) feedback loop between the increasing use of a flawed and oxymoronic concept, “mental illness,” and the increasing prevalence and the illusory validation of the “mental illness” paradigm within our society.

The “mental illness” paradigm—an insidious cancer: I find it interesting to turn the “medical model” language of “mental illness” back onto itself and consider this entire “mental illness” paradigm as acting like an insidious cancer (the difference in my use of the term “cancer” here being that I’m readily acknowledging that this is just a metaphor). Cancer is essentially what occurs when a cell of an organism “forgets” its role as a member of a larger whole and turns against the organism, becoming consumed only with its own reproduction. Using this metaphor, we can say the “mental illness” paradigm fosters this turning one part of a whole against itself. We see this taking place interpersonally between members of our society as we develop ever increasing fear of those labelled “mentally ill,” and we see this taking place intrapersonally as we develop ever increasing fear and suspicion of our own “unusual” or “extreme” subjective experiences. We see signs of this cancer spreading throughout nearly every branch of contemporary Western society—our schools and education systems, our media, our government policies, our way of trying to make sense of ourselves and others’ experiences and behavior, and of course our health care systems. We also notice that this type of cancer thrives particularly well on a diet of greed, fear and ignorance—greed (enormous financial incentive to many in the pharmaceutical and mental health industries), fear (especially our fear of uncertainty, preferring an understanding that is clear although flawed to having to make some peace with mystery and the

unknown), and ignorance (just think of the daily bombardment by massive amounts of misinformation coming at us from almost every angle).

So what do we do about it? What will it take before we (collectively speaking) finally recognize the enormous harm being caused by this cancer that we have somehow set into motion? And once we do become aware of it, what do we do about it? Perhaps one good strategy is to attempt to starve this cancer of the ignorance, fear and greed that feeds it. We can strive to overcome our ignorance with education and critical thinking, and we can work towards developing qualities that act as effective antidotes to our fear and greed—qualities such as compassion for ourselves and others, a quality that naturally arises when we recognize the very challenging existential dilemmas with which we all must struggle; tolerance for perspectives, experiences, and behaviours that are different from our own; tolerance for our own challenging feelings and experiences; an appreciation of the interconnected web of which we are all a part; and an appreciation for the basic wisdom that exists within all of us that continuously strives towards health and wholeness.

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