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FROM THE DIRECTOR

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The conventional mental health industry goes to great lengths in an attempt to perpetuate the myth of mental illness and to control people's lives. One way the industry does this is by conflating real illnesses with the so-called mental ones. A [recent article about PANDAS](#) (pediatric autoimmune neuropsychiatric disorders associated with streptococci) is an excellent example of how real illness processes are described in psychiatric terms solely because some of the symptoms of that real illness happen to be mental or behavioral. But such reasoning is a sleight of hand trick. If there are demonstrable or reasonably hypothesized physiological defects that create mental symptoms, then the problem is rightly considered illness, not mental illness. Saying that PANDAS causes ADHD, OCD, depression, or any other *DSM* diagnosis, would be like saying intermittent explosive disorder is caused by blunt force trauma to one's little toe, or, that schizophrenia is caused by urinary tract infections since one of the symptoms of urinary tract infections is confusion and strange thoughts. It is equally preposterous to say that streptococcal bacteria causes those things, or that

Lyme's disease causes bipolar disorder, hypothyroidism causes depression, or lead poisoning causes ADHD. We must keep real disease and fake disease separate. ISEPP's goal is to dispel the myth of mental illness. But as long as emotional and behavioral struggles are considered illnesses, whether purportedly caused by mental things or physical things, the myth will continue.

This same strategy of conflating real and fake illnesses is seen in the *DSM*. Scattered among the hundreds of mental illness diagnostic categories, the manual includes: neurocognitive decline due to Alzheimer's, Parkinson's, and HIV; intoxication and withdrawal from chemical substances; breathing-related sleep problems; and chemically-induced depression and anxiety. None of these things belong in the *DSM*. Each is a real illness (i.e., bodily defect) that has mental symptoms. Those *DSM* diagnoses are not referring to the existential struggles that commonly accompany the suffering of those real illnesses. Rather, they are about the direct chemical and physiological effects that those real disease processes have on functioning. Peppering them throughout the *DSM* creates an illusion and falsely implies the other *DSM* categories are about real illness too.

A recent article in [The Cut](#) gives another good example, but from a lay perspective, of this attempt to conflate real and fake illnesses. The author writes: "There's still this strange divide in thinking about mental illness, where much of society seems to dismiss those illnesses as somehow less 'real' than ones that are considered 'physical.' But aren't our brains part of our physical bodies? If a mental illness is making it impossible for someone to get out of bed, to walk even short distances, and to eat properly, how is that not a physical ailment?" She is confusing a lot of issues. First, I don't think many would dismiss as unreal the problems labeled with mental illness diagnoses. Of course they're real problems; they're just not illnesses. Second, the fact that brains are part of our bodies is not evidence supporting the assertion that those problems are real illnesses. Mental illness is not about defective brains. Thinking otherwise is a slippery slope. What other things could we call illness? Political ideas? Sexual preference? Religious views? These also "emanate" from our brains and they can cause quite a bit of distress in trying to live them openly and authentically. Last, mental illnesses do not cause us to do anything. They aren't alien entities residing inside us that

make us act, feel, and think in specific ways. Mental illnesses are the names we give to people who do those things. Her assertion that they make us do things is like saying an internal non-self entity called Christianity makes us believe in the doctrine of that faith. The tail is wagging the dog.

There are many real illness conditions that affect mental functioning. This is why it is important for mental health practitioners to consider the impact of poor health, nutrition, exercise, and sleep, and to encourage clients to see their primary care physician in order to rule out these issues that can mimic mental illness. But in none of these situations are the problems mental illnesses. The problems we've dubbed mental illnesses are about inter- and intra-personal, spiritual, existential, economic, and political matters, not real disease. Mental health professionals have no business treating real bodily malfunctioning. In fact, [94% of all mental health professionals](#) are not medical specialists anyway. In the same vein, medical professionals *qua* medical specialists have no business handling the problems dubbed mental illnesses. The medical profession has no scientific expertise in handling those problems of living. Thus, that profession has historically relied on the only thing they have left, and that is moral judgment about a person and the "right" way to live, but they hide this moral judgment behind a medical disguise and call it the "healthy" way to live.

When we allow this charade of mental illness to continue unchallenged, it gives the mental health industry the power over our actions in the name of medicine. It is a grand deception of using moral, not medical, standards in judging behaviors and experiences and then controlling them without regard to due process of law or basic human rights and self-determination. In this way, conventional mental health professionals have become the present day priesthood masquerading as medical specialists.

Announcements

~ISEPP's 21st Annual Conference - October 19-21, 2018

Come join us this October in Toronto, Canada! Preparations are underway for this year's conference titled "Empowering Individuals and Communities: An Ethical and Holistic Approach to Wellbeing." The [Call for Papers](#) has been sent out and we are receiving submissions from speakers. The location for the conference is the [Novotel Toronto Centre Hotel](#). You can beat the rush by [making hotel reservations now](#). More information and the conference schedule and registration will be uploaded to the ISEPP webpage soon.



~Consider Becoming an ISEPP Member



Join Us Now

We are always looking for new members. We are especially interested in finding mental health professionals out there who are tired of the medical model's failed

assumptions and inhumane ways of treating people who are struggling with very real life problems. If you are a professional or know of any who would be interested in joining a group of like-minded people who want to continue helping those in need, but not within the medical model, please consider [joining us!](#)

~Laura Delano's New Program

I want again to mention Laura Delano's new site dedicated to helping people who do not want conventional mental



**INNER COMPASS
INITIATIVE**

services. The [Inner Compass Initiative](#) and the [Withdrawal Project](#) were launched in January to provide resources that facilitate more informed choices regarding psychiatric drugs and diagnoses. Take the time to review the site and spread the word among your families, friends, and colleagues!

~ISEPP Has Two Web Addresses

Our web address has been www.psychintegrity.org, but recently we were able to add another that will bring the up same site. This is isepp.com. This is a domain name we purchased some time ago but had never used it. Now you can give out and use either of these two addresses to get to ISEPP's website.

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