

## Does Mental Illness Exist?\*

By David D. Burns, MD

Hi Shane,

Thanks for your kind words and great questions. I'm so happy you're enjoying Feeling Good!

I am not aware of any convincing or consistent evidence that low levels of serotonin, or any neurotransmitter substances in the brain, cause depression, or any psychiatric disorder. The cause of depression is unknown. These "hydraulic" models of psychiatric illness were proposed roughly 50 years ago, and have never born fruit. There is now a lot of exciting research on the brain, and how the brain works, and this research will lead to all kinds of exciting new discoveries. But few young neuroscientists are researching "chemical imbalances" in the brain.

These theories of imbalances of this or that have occurred in most new forms of science throughout human history, and then get discarded as worthless when science becomes more sophisticated. For example, in the middle ages people tried to explain the world as balances of the four humors—earth, air, fire, and water. But this kind of thinking led nowhere, and eventually the theory was discarded as nonsense.

The same thing happened in medicine. A couple hundred years ago, doctors thought of physical disease as the result of imbalances in four bodily humors—blood, yellow bile, black bile, and phlegm. So when George Washington had a throat infection, he was bled, as they thought he had too much blood. Bleeding was a treatment" that actually caused his death.

All we can say for certainty is that all current theories of causality of psychiatric problems, whether they be biological or psychological, are likely to be false. One day we will know the cause of depression, but we're just not there yet.

People speculate that there may be genetic contributions to depression, and just about everything that is human, such as IQ, personality, shyness, phobias, and so forth, There are likely to be environmental factors as well, having to do with learning, family life, traumatic experiences, and social forces as well. But these are just general notions, and we still have little specific or valid information on any of the causes.

Mental illnesses do exist, such as schizophrenia. The symptoms of schizophrenia are not things the average person every experiences, or even could, experience—such as hearing voices coming from outside of your head, paranoid delusions, hallucinations, and other unusual experiences such as believing you are receiving special messages from television, or the belief that thoughts are being inserted in your brain, and so forth. Schizophrenia is a horrific brain disorder that is likely the result of a very fundamental disorganization of brain wiring, and genetic causation, at least in part, is very likely.

Bipolar 1 Manic Depressive Illness is also a true brain disorder of unknown etiology. The symptoms of severe mania, once again, are not the kinds of things that the average person has ever experienced, or could ever experience.

However, the majority of the “mental disorders” listed in the DSM5 (the Diagnostic and Statistical Manual of the American Psychiatric Association) are simply “made up” disorders that do not really exist as such.

I will try to explain, but some people may not be able to grasp or accept what I am about to say, even though it is really obvious to me. Let’s consider “Generalized Anxiety Disorder (GAD),” one of the most common emotional problems. In workshops for mental health professionals, I often ask, “How many of you worry about things from time to time?” All the hands go up.

Then I ask, “How many days of continuous worrying are required before you can be diagnosed with the so-called ‘mental disorder’ called of Generalized Anxiety Disorder?”

Most of them cannot remember, but the correct answer is 182.5 days. The diagnostic criterion for this “disorder” is 6 months of continuous worrying on more days than not about two or more things, like healthy, family, career, children, or whatever. So on midnight of the 182<sup>nd</sup> day, you suddenly have a “brain disorder” that you did not have five minutes earlier.

Does that make sense? It sounds like Alice in Wonderland, and much of the DSM5 is like that. Why?

Here is the problem, as I see it. Most of the feelings we have, such as sadness, depression, anxiety, worrying, or shyness, exist on a continuum, and statisticians call this the “bell-shaped curve.” In layman’s language, this simply means that if you take any feeling, like worrying, most people will experience this to some degree, some more and some less. Some people will worry very little, others will worry an average amount, and some will worry a great deal.

But there is no valid “cut off” point for a “brain disorder” called GAD. So let’s think for a moment about the 15% of the population who worry about things the most. They are simply the ones who do the most worrying, but the APA wants us to think they have a “brain disorder.” But they don’t! They just have a tendency to worry a lot. The diagnostic criteria for GAD are entirely arbitrary and simply made up by the APA.

For example, you don’t have to have pneumonia for a certain number of days before you can be diagnosed or treated for pneumonia. Pneumonia is a real lung disease that can be diagnosed with a history, physical exam, and chest X-ray. But the criteria for psychiatric “disorders” are all simply made up. For example, 14 days of depression are required for the diagnosis of Major Depressive Disorder, along with several additional criteria. Why not 17 days? Or 6 days?

For most emotional or human problems, the suffering is real, and can be accurately measured, and effectively treated in most cases. I can treat your worrying, your shyness, your phobia, your depression, or whatever. And now, with TEAM-CBT, recovery can often occur much more rapidly than in the past.

But we gain nothing when we convert depression into a “mental disorder” such as “Major Depressive Disorder,” or when we convert worrying into “Generalized Anxiety Disorder,” or when we convert shyness into “Social Anxiety Disorder.”

Why does the APA do create a bewildering array of “mental disorders?” In my opinion, psychiatry (and I am a psychiatrist) has always been viewed as perhaps the most questionable or dubious branch of medicine. For example, Freud’s psychoanalysis dominated for decades, and for a long time everyone was treated with one treatment—free association. But now, psychoanalysis is viewed by at least some experts as lacking in scientific validity.

Then psychiatry shifted in the middle of the 20<sup>th</sup> century, and the fad became biological psychiatry, and psychiatrists tried to view human suffering as a series of diagnostic entities that could be quickly diagnosed and treated with drugs, in much the same way that an internal medicine doctor might diagnose and treat diabetes. This shift to biological psychiatry perhaps gave psychiatry a feeling of greater stature, and made us feel more like real doctors. In fact, some psychiatrist may even think that the only true and valid treatments for depression and other emotional problems involve medications, and that individuals who do psychotherapy are more like hand-holders who are not treating the real causes.

That’s my take on it, and I know that many will disagree, some perhaps quite ferociously! And please take it with a grain of salt, because I can only share my own thinking and bias—I am not trying to promote any kind of ultimate truth!