

# Mental Disorders Do Not Exist

Source: No More Fake News

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To say that a person should have a right to consider himself mentally ill and to take a drug is one thing. This is an argument from the principle of individual freedom.

To say that such a person knows what he is doing by some objective standard is quite another thing.

Objectively speaking, mental illnesses and disorders do not exist.

Officially, all mental disorders are said to be chemical imbalances in the brain. Not just any imbalances, but specific ones. But, this assertion is unproven. There is no evidence for it.

For example, for any of the 297 so-called mental disorders listed in the official publication of the American Psychiatric Association, there are no defining physical tests. No blood tests, no urine tests, no saliva tests, no laboratory tests of any kind.

[This is a fact.](#)

Since it is a fact, it is odd that all psychiatrists are medical doctors. What are they doing that is medical?

Well, they are prescribing drugs. Yes. But I could prescribe drugs if I had a license to do so and a prescription pad.

The profession of psychiatry asserts that these drugs erase or alleviate “the brain chemical imbalances” that form the basis

for all mental disorders. Yet the brain-imbalance hypothesis is unproven. It may “make sense” to some people, but that doesn’t constitute evidence.

People, of course, are free to believe the brain-chemical-imbalance hypothesis is true. Belief doesn’t make it true.

People are also free to believe the hypothesis that strange behavior emanates from the Devil or a Karmic curse.

A person says, “I was diagnosed with clinical depression and I took Prozac, and ever since then I’ve felt much happier.”

Yes. Fine. I have no interest in challenging that statement. I merely point out that there are people who have felt depressed and took a crystal they claimed was sacred, rubbed it on their heads, and felt better from then on.

There are people who have joined a church and prayed and felt better.

Why is the Prozac experience more compelling than crystals or prayer?

I’m not talking about what a person says makes him feel better. I’m talking about what psychiatrists claim is science. And when you scratch the surface of that, you come up with: *no compelling evidence*.

Yet, in courts and in doctors’ offices and at academic conferences and in the pages of professional journals and in political gulags, the science of discrete and separate and definable mental disorders is treated as settled, confirmed, verified, certain. That is a baldfaced lie.

All 297 official mental disorders, listed in the (DSM) publication of the American Psychiatric Association, *are defined and approved by committees of psychiatrists*. Whether it is schizophrenia or autism or ADHD or clinical depression or bipolar disease, *the definitions consist wholly of*

*described behaviors. That's all.*

Psychiatrists will tell you these symptomatic behaviors are signs of underlying chemical imbalances or genetic aberrations, but again, *they have no tests to back up this assertion.* Therefore, all they left with are the behaviors and their own menu-like collections of those behaviors.

Yes, people suffer in life, and they experience confusion and doubt. They have problems. They have trouble with relationships. They feel sad. They feel all sorts of things. They feel pain. They don't know how to move ahead with plans. They sometimes feel their lives are at an impasse. Yes.

This is far different from claiming they have a specific and detectable chemical imbalance which can be tested for.

"Well," many psychiatrists say, "the hypothesis of chemical balance is confirmed if the drugs work, because the drugs are, in fact, based on the idea that chemical imbalances underlie mental disorders."

Let's examine that approach. Take, for example, Ritalin.

The 1994 Textbook of Psychiatry, published by the American Psychiatric Press, contains this review (Popper and Steingard): "Stimulants [such as Ritalin] do not produce lasting improvements in aggressivity, conduct disorder, criminality, education achievement, job functioning, marital relationships, or long-term adjustment."

Not a ringing endorsement.

How about, say, the antidepressants prescribed to children?

A shocking review-study published in The Journal of Nervous and Mental Diseases (1996, v.184, no.2), written by Rhoda L. Fisher and Seymour Fisher, called "Antidepressants for Children," concludes: "Despite unanimous literature of double-blind studies indicating that antidepressants are no more

effective than placebos in treating depression in children and adolescents, such medications continue to be in wide use.”

Here is a link to the official psychiatric definition of autism disorder. It’s worth reading:

<https://www.cdc.gov/ncbddd/autism/hcp-dsm.html>

Notice that all the criteria for a diagnosis are behavioral. There is no mention of laboratory tests or test results. There is no definitive mention of chemical imbalance or genetic factors.

Despite public-relations statements issued by doctors and researchers, *they have no laboratory findings to establish or confirm a diagnosis.*

But, people say, this makes no sense, because children do, in fact, withdraw from the world, stop speaking, throw sudden tantrums. Common sense seems to dictate that these behaviors stem from serious neurological problems.

Let’s briefly examine that. What could cause the behaviors listed in the official definition of autism disorder:

- \* a vaccine injury;
- \* a head injury in an accident;
- \* an ingestion of a neurological poison;
- \* an environmental chemical;
- \* a severe nutritional deficit;
- \* perhaps the emotional devastation accompanying the death of a parent...

However, in that case, why bother to call it “autism?” Why not just say vaccine injury or head injury? The answer should be clear: *By establishing a label like autism, medical drugs can be sold. Studies can be funded. An industry can be created.*

In fact, when it comes to the [US government’s vaccine injury compensation program](#) for parents whose children have suffered

vaccine injury, the government can engage in a con game. The government can say, "In order to establish a cause for autism, we must find a single underlying factor that applies to all cases of autism. Since we know that some children who are diagnosed with autism have not received vaccines, or have not received vaccines containing a neurological poison (mercury), we do not compensate parents whose children are vaccine-injured on the basis that they have autism."

But, of course, what is called autism (merely a label) is not one condition caused by one factor. It is a loose collection of behaviors that are caused by various traumas.

*The official mental disorder called autism disorder does not exist.*

People find such statements very unsettling. They argue, "My child's life was stolen away from him. He must have autism."

This proves that a label provides some measure of relief for the parents. It doesn't prove that the label actually means something. In fact, the label can be a diversion from knowledge that would actually help the child. Suppose, for example, that after receiving the DPT vaccine, the child went into a screaming fit and then withdrew from the world. Calling that autism tends to put the parents and the child in the medical system, where there is no effective treatment. Outside that system, there might be some hope with vaccine detox or, say, hyperbaric oxygen treatments.

What is stated here about autism applies to all 297 official mental disorders. They are labels. *There is **no reason** to suppose that, for each label, there is a single cause.* There is no reason to suppose that the labels name actual conditions. Research that attempts to find a single cause for a label stands no better chance of succeeding than research designed to prove a man on the moon is selling land leases to citizens of Fiji.

Again, people have every right to believe they have been helped by a psychiatric diagnosis and a prescribed drug. But they also have the right to reject that paradigm and seek knowledge and help elsewhere. *The whole thrust of official psychiatry and its allies is to monopolize their self-appointed territory and use all necessary means to eliminate the competition. This approach has nothing to do with science. It has everything to do with profit and fascist control.*

“But my cousin was depressed. He took Zoloft and felt much better.”

Read this article again. It neither denigrates your cousin nor makes your cousin's experience the basis of actual far-reaching science. This article is about science.