By definition, diseases are afflictions of the body. Hence, afflictions of the mind, called “mental illnesses,” are not real diseases. Organized psychiatry deals with that embarrassing fact by reasserting its age-old claim that “mental illnesses” are brain diseases and enlisting the power of the state to turn fiction into fact.

In October 2001 the Senate approved a bill, spearheaded by Senators Pete V. Domenici and Paul Wellstone, outlawing disparities between insurance coverage for mental and physical illnesses. Domenici, the papers reported, “has a daughter with schizophrenia, and Senator Paul Wellstone, Democrat of Minnesota, whose brother has severe mental illness, pleaded with House members to outlaw the widespread limits on treatment for psychiatric disorders.” Virtually without dissent, the media endorsed the cry for “parity.” Nevertheless, on December 18, House members of the conference committee rejected the Senate proposal by a party-line vote of 10 to 7, Republicans voting no, Democrats voting yes.

For all practical purposes, there was no public debate about the pros and cons of using the power of the state to compel insurance companies to sell, and the public to buy and pay for, insurance for psychiatric treatment. The Washington Times, however, published my critique of the then-pending legislation as an op-ed article (December 9, 2001). In part I said:

“All too often,” complained Sen. Pete V. Domenici, New Mexico Republican, “insurance discriminates against illnesses of the brain.” That statement—and the argument for so-called parity for mental illness it supports—is simply not true. Neurologists and neurosurgeons do not lobby for parity insurance for their patients because insurance companies have no special exclusions for patients with neurological diseases. Only psychiatrists lobby for such “parity.”

Advocating “parity for mental illness” is a hoax. The supporters of “mental health parity” do not want parity for mental patients: They do not seek equal “legal treatment” by legislators and courts for mental patients and medical patients. What they want is parity for psychiatrists: They seek equal “monetary treatment” by health insurance companies for psychiatrists and other physicians.

The phenomena we label as mental illnesses are not brain diseases, and everyone knows it. That is why psychiatrists protest that mental illnesses are bodily diseases, and why politicians proclaim the disease status of mental illness. Politicians say that mental diseases are brain diseases, but don’t mean it. Lawmakers regard mental diseases as quasi-crimes: They pass laws...
that authorize psychiatrists and judges to deprive innocent persons of liberty by confining them in mental hospitals. There are commitment laws for persons diagnosed with mental diseases; there are no such laws for persons diagnosed with brain, lung, or liver diseases. Mental patients are often treated against their will and they can plead mental illness (insanity) as an excuse for murder; medical patients cannot be treated against their will and cannot plead bodily illness (brain disease) as an excuse for murder. So much for parity for patients.

Sooner or later, we shall have to confront the nature of “mental illness” and the differences between the legal statuses of mental patients and medical patients. The longer we postpone this confrontation, the greater will be the injury inflicted on our health care system and on the moral fabric of our society.

In a letter to the editor of the *Times*, dated December 16, Richard K. Harding, president of the American Psychiatric Association (APA), responded:

A Dec. 9 Commentary column in *The Washington Times* focused on the parity of mental illness and questioned the reality of mental illness, ostensibly arguing against parity with the premise that mental illness does not exist as a medically treatable disorder. . . . I encourage anyone who doubts the reality of mental illness to talk with a parent of a child with schizophrenia or manic depression. Mental illnesses are real, treatable brain diseases that require diagnosis and treatment by trained physicians. The editorial is a slap in the face at those among us who have mental illnesses. It essentially says that people with mental illness do not deserve appropriate medical treatment.

. . . It is astonishing that people still revert to the Dark Ages to perpetuate the stigma associated with mental illness. It is time to recognize that mental illnesses are real and that they respond to appropriate medical treatment.

Assertion is not evidence. By urging “anyone who doubts the reality of mental illness to talk with a parent of a child with schizophrenia or manic depression,” Dr. Harding implies that parents of mentally ill children are experts on diagnosing brain diseases called “mental diseases.” If this is so, then those parents do not need doctors to determine if a child has a disease. They need doctors only to prescribe drugs to treat the illness.

Dr. Harding considers my piece “a slap in the face at those among us who have mental illnesses.” But where is the insult? Suppose Jones believes he has diabetes and is told he does not have the disease. He would feel relieved, not insulted. Similarly, there are countless persons, throughout the world, who are grateful for, not insulted by, my “denial of mental illness”: they do not want to be defaced by psychiatrists. The only people who feel slapped in the face by my views are individuals who want to profit—economically, existentially, or both—from using the concept of mental illness and claiming it is a disease like diabetes: psychiatrists, politicians, and “professional mental patients.”

Since Dr. Harding’s comments were, oddly, focused on children afflicted with mental diseases, it must be emphasized that children with medical diseases, such as diabetes or Hodgkin’s disease or lupus, are usually better behaved and more responsible than their healthy counterparts. The opposite is the case for children with “mental diseases.” No doubt inadvertently, Dr. Harding’s letter supports the view that a person with a psychiatric diagnosis is an individual whose behavior displeases or upsets persons who have power over him.