# The Idea of Mental Illness in Disability Certification

Senior Honors Capstone

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## INTRODUCTION

The Americans with Disabilities Act (ADA) was passed in 1990 to "establish a clear and comprehensive prohibition of discrimination on the basis of disability."[1] One main intention of this legislation was to help individuals with disabilities enter or remain in the workforce despite limitations due to their disability. For people whose disabilities are an undue hardship on the companies from which they seek employment, or whose disabilities are severe enough that they effect the ability to perform their job satisfactorily, there are two other options, both provided through the Social Security Administration (SSA). The two available options are Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

In determining what counts as a disability, both the ADA and SSI/SSDI include in their definitions mental illnesses as valid and legitimate disabilities, treating depression just like blindness and schizophrenia the same as multiple sclerosis. This legal parity

[1] United States. Cong. Americans with Disabilities Act of 1990. US 101st Cong., 2nd session. Washington: GPO, 1990.

between diseases of the body and diseases of the mind is used to legitimize the idea that mental illness is indeed a biological disease of the brain.

The State's argument for using and supporting this position will be presented in this paper, and the underlying factors which may lead some people to believe that mental illness qualifies as a disease and, subsequently, a disability, will be noted. I will then show that mental illness is not actually a disease, and therefore not a disability and argue that it should not be covered by either the ADA nor supported through the SSA. Further, the continuation of public policy based on the myth of mental illness is not only unfair to the American taxpayer, but also, more importantly and to a greater degree, to the people who are believed to be suffering from these "mental" diseases.

My thesis will be presented in four separate sections devoted to different aspects pertaining to my argument. The first section will deal with the facts about the ADA and SSI/SSDI, providing the objectives of the programs, the method of payment as well as the specific source of public funds for each, and important statistical data. Current popular misconceptions of the concept of disability will also be presented as a reference on which I will base my argument.

The second section will present the idea of mental illness as a myth, and will argue that mental illness is not an illness let alone a disability. I will then uncover underlying motives for keeping the current legal definition of disability status quo, and who really stands to benefit from the current arrangement. I will use the historical roots, inconsistency in diagnosis, lack of signs, and scapegoat theory of mental illness as evidence supporting my thesis, along with other facts and cases to exemplify the validity of my argument.

The third section will include logical conclusions that can be inferred from facts uncovered and presented in the previous sections, as well as the damaging effect of leaving the system status quo. I will use the language and rhetoric of the Department of Justice and the National Alliance for the Mentally Ill (NAMI) as the basis against which I will finally prove my case.

In the last section, a public policy will be presented that may be more appropriate under the given circumstances than the policies set forth by the government in recent years. A public policy that would maximize both individual liberty and justice, while stopping the government from lending apparent credibility to an unfounded theory that has been accepted as fact in civil society with damaging consequences both to individuals and society as a whole.

PART ONE

There are many ways in which the State tries to help disabled Americans cope with their disabilities and improve their lives. They provide this assistance through various means, such as legislation designed to combat discrimination, and public funds to help the disabled financially. The State will only provide these safeguards under two conditions. The first condition is whether or not someone who wants these benefits falls under a uniform definition of disability that must last more than a year or result in death. The second condition is proof that this disability either was a basis of discrimination[2] or a serious hindrance to their ability to make a living.[3]

The ADA was enacted as a way to ensure that people with disabilities are not discriminated against in the workplace, as long as doing so does not impose an "undue hardship" on their place of employment to hire or retain them. According to the Act, a disability is defined "with respect to an individual, [as] a physical or mental impairment that substantially limits one or more of the major life activities of such individual."[4]

The ADA is best known for requiring ramps under certain circumstances to make buildings handicapped accessible, and for making sure that physically handicapped people are given the same protection under the law that people of different races or genders are given. For people to fit the stereotype for being “disabled,” they would have to be in a wheelchair and unable to make use of many public facilities. The reality is that

[2] United States. Cong. Americans with Disabilities Act of 1990. US 101st Cong., 2nd sess. Washington: GPO, 1990.
[3]United States. Social Security Administration. What We Mean By Disability. 2003. <http://www.ssa.gov/dibplan/dqualify4.htm>.

a large part of the lawsuits filed under the ADA pertain to mental illness and not physical disability. Conditions such as anxiety and depression make up a large percentage of the caseload, with depression constituting 10 percent and anxiety another 5 percent of cases filed with the Equal Employment Opportunity Commission under the ADA.[5]

The ADA was heralded by many as helping people with disabilities overcome stereotypes and barriers, both physical and social, which hinder either their access to public places or their ability to earn a living. The idea was that employers would have to accommodate disabled individuals and judge them based on their ability to perform their jobs and nothing else.

The SSA is responsible for SSI as well as SSDI, both of which are designed to help disabled citizens as they seek employment through government payments. The SSA has a stricter definition of disability than does the ADA, but it still includes mental illness. To be considered disabled under Social Security rules, it is necessary that "you cannot do work that you did before and it is decided that you cannot adjust to other work because of your medical condition(s). Your disability must also last or be expected to last for at least one year or to result in death."[6] There are important differences in the eligibility requirements, however, that differentiate SSDI from SSI.

SSDI is a safety net through which the United States government provides extra income to people with a disability that is on the Social Security Administration's list of recognized disabilities to compensate for money their disability prevents them from

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[4] ibid.
[5] Mental Disabilities and Making Reasonable Accommodations. 1998. The Right Stuff Newsletter. <http://www.therightsplace.net/disability/docs/CDdocs1/RightsStuff/rs_mentaldis.html>.
[6] United States. Social Security Administration. What We Mean By Disability. 2003. <http://www.ssa.gov/dibplan/dqualify4.htm>.

earning. To be eligible for SSDI, however, one must have worked recently enough and for a sufficient period of time under the Social Security program.[7] The amount of money put into Social Security, and the how recently it was put in determines the number of work credits someone may receive. The number of work credits necessary to receive SSDI depends on when the disability started and the severity of the disability. If someone with an SSA recognized disability has not put enough money into Social Security recently enough to receive benefits through SSDI, however, they can still receive benefits through other Disability Insurance programs.

SSI, specifically, is a federal cash benefit program that is designed to aid low income individuals who are either over 65 years of age, blind or have a recognized disability. The medical requirements for SSI are the same as those for SSDI as is the process through which disability is determined, but there are still slight differences in who can receive benefits.[8] Unlike SSDI, SSI is not taken from the government's Social Security fund, nor is it based on the amount of money someone has put into Social Security or the amount of time one has worked. Instead, it is solely a need based program, and is funded by the government through general tax revenues.[9]

As shown, there are many courses of action people can take if they suffer from a disability. From the beginning, the goal of the ADA is to protect people from discriminatory practices when seeking employment or advancing within a career. If, however, the disability that affects them is too severe and either negatively affects their ability to perform their job or is an undue hardship on their employer to accommodate,

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[7] United States. Social Security Administration. Benefits for People with Disabilities. 2003. <http://www.ssa.gov/disability/>.
[8] United States. Social Security Administration. Supplemental Security Income. 2003. <http://www.ssa.gov/notices/supplemental-security-income/>.

they can seek SSDI as a source of income while they try to reestablish themselves in the workplace. If SSDI is not an option available to certain disabled individuals because they did not meet the requirements of contribution to the Social Security fund or they have not been employed long enough, there is still a last resort. Even if the ADA fails to protect them and they do not qualify to receive SSDI benefits, there is still SSI. Whether they are unemployed or employed at a job that keeps them in or near poverty, they will be able to qualify for government subsidies through SSI by showing that they are certifiably disabled and are genuinely needy.

All of these government assistance programs are designed to help disabled individuals through tough times that are a result of their disability and reemerge as a productive member of society. All in all, Disability Insurance rose to almost $80 billion in 2003, doubling from the $40 billion spent in 1995.[10] Of that $80 billion, $11 billion was spent on SSDI payments to 1.3 million individuals, and $11 billion was spent on SSI to 2 million individuals to cover disabilities that were a result of mental illness.[11]

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[9] ibid.
[10] United States. Social Security Administration. Disability Insurance Benefit Payments. 2004. <http://www.ssa.gov/OACT/STATS/table4a6.html>.

[11] "Omnibus Mental Illness Recovery Act." NAMI, 1999.

PART TWO

It is undeniable that the application of SSI/SSDI and the ADA to the "mentally ill" is seen by a large portion of the population as legitimate. There are more than a few special interest groups that advocate benefits for the mentally ill, and some even extend their views to say that more public money needs to be spent to support and "cure" the mentally ill so they can again be productive members of society. The New York State Supreme Court went as far as to unanimously declare that the involuntary treatment of mental illness is constitutional because it "enabled mentally ill persons to lead more productive and satisfying lives while also reducing the risk of violence."[12]

Why would the undeniable right to life liberty and the pursuit of happiness not extend to individuals who are seen as mentally ill? Even if they do not act as people deemed "normal" would act, should that matter? In this case, in my opinion, due process is not evenly afforded to all citizens. If a law is not broken and no one has been harmed,

[12] Caher, John. "Challenges to Kendra's Law Fail in State's Highest Court; Commitment Statute Withstands Due Process, Equal Protection Claims." *New York Law Journal* 231 (18 Feb. 2004)

the Constitution is supposed to protect a person's right to due process. This right to the pursuit of happiness, however, comes with responsibility. The government does not give money to people simply because they cannot find a job that they like that they are good at. Similarly, the government should not give money to people who cannot find or retain work simply because their behaviors

limit their ability to perform their job satisfactorily.

Distinctions Between Mental and Physical Illness

Another reason for the apparent legitimacy of public funding for the mentally ill is the popular misconception that mental illness is the same as physical illness; that a mental "disease" is the same thing as any other disease. As a whole this view goes unchallenged within American society, and criticism is often met with hostility and charges of discrimination.

To see how the concept of mental illness has evolved to gain an equal footing with physical illness, the notion of involuntary treatment can be used to illustrate the relationship between the two. For someone to receive treatment for a physical disease without giving consent, at least one of three requirements must be satisfied. The person receiving the treatment must be either a child, contagious or unconscious. To be more specific, the person must be either under the legal age of consent, physically contagious with a communicable disease that would pose an imminent threat to someone who came in contact with then, or physically unconscious and unable to consent to treatment. On the other hand, for someone to receive involuntary treatment against their will for a mental disease, a completely different set of rules are applied, but are given the facade of youth,

contagion and unconsciousness.[13]

Another important distinction between physical and mental illnesses is that physical illnesses are lesions present in the body that can be seen upon autopsy, mental illnesses are behaviors. For a physical illness to exist, a patient must exhibit both signs and symptoms. A person with AIDS will often exhibit symptoms associated with the disease, such as swollen glands, rapid weight loss, severe fatigue, fever, chills, and night sweats. Once they see a doctor, the doctor must test for signs of the disease since these symptoms are also common in other diseases. Signs include lower than normal T-cell counts and the presence of the Human Immunodeficiency Virus. The reason that signs are so important is because the AIDS virus shares symptoms with diseases like meningitis, West Nile virus, and hepatitis. The correct diagnosis would be crucial in order to help cure or treat the disease, and without signs a correct diagnosis would be far less likely.

Unlike physical illnesses, mental illnesses have only symptoms, no signs. The symptom of delusions could be a result of "delusional disorder," schizophrenia, schizoid personality disorder, paranoia, depression, or bipolar disorder. They also share a combination of the symptoms of paranoia, poor personal hygiene, social withdrawal, and difficulty concentrating.[14] With so many similar symptoms and almost no symptoms that are unique to any mental illness, how can a diagnosis be made with any reasonable certainty? This is a question that requires more attention in the public eye.

It is common for psychologists to label schizophrenia as a brain disease. A stroke is a brain disease, and the National Institute of Neurological Disorders and Stroke (NINDS) spends considerable time and money trying to find the causes of and cure for

[13] Szasz, Thomas. *The Myth of Mental Illness*. New York, New York: Dell Publishing Company, 1961.

this disease. If schizophrenia were a brain disease, why is it also not studied at the NINDS? Why does it fall under the jurisdiction of the National Institute of Mental Health (NIMH) instead of the National Institutes of Health, which is in charge of NINDS? When people suffer a stroke, the person runs the possibility of paralysis or even death, and they are rushed to the immediate medical care of a doctor. A person suffering from schizophrenia is in no inherent danger of paralysis, death or even bodily harm. Instead of being rushed to a doctor, they are taken to a psychiatrist who then will determine whether or not they are indeed schizophrenic. There are many problems with the theory that mental illness is actually a disease of the brain, and it is important to discuss them further.

Mental Illness as a Disease of the Brain

The theory that mental illnesses are actually diseases of the brain has grown to be very popular in recent history. The assumption of this theory is that preferences, thoughts and behaviors that the majority of people find strange or not understandable, that there is a chemical imbalance in the brain that causes this to occur. Conversely, if we can find a way to normalize their brain functions, then they will supposedly return to normality and stop wanting, thinking or doing such strange things.

Schizophrenia is often cited as being a brain disease by psychiatrists. But as Mary Boyle wrote in an article in *Clinical Psychology* in 2002,

> One of the more intriguing aspects of the "schizophrenia" literature is the discrepancy between the strength of the belief that "schizophrenia is a brain disease" and the availability of direct supporting evidence; even those who hold the belief admit that there is no direct evidence for it. This raises the question of why the belief seems so reasonable and credible. Or, to put it another way, how is the presentation of "schizophrenia as a brain disease" managed in such a way that the absence of direct evidence will not be noticed or not seem important?[15]

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[14] Misdiagnosis Home. Adviware Pty Ltd. <http://www.wrongdiagnosis.com>.
[15] Boyle, Mary. "It's All Done with Smoke and Mirrors. Or, How to Create the Illusion of a Schizophrenic Brain Disease." *Clinical Psychology*, April 2002.

Just because those who work with schizophrenia claim it is a disease of the brain, does not mean that someone should believe that there is any evidence to support this claim. Even many people who support this theory admit that this is simply not the case.

Advertisements on television frequently show images of brain scans with a wide array of colors representing brain activity.[16] Numerous psychology textbooks prominently display them on their covers as well. Brains portrayed as healthy and sick are shown side by side as evidence that mental illness is indeed a brain disease. Psychiatrists seem satisfied with the idea that the correlation between different brain states proves the existence of mental illness. Few people seem to acknowledge the problem of confusing correlation with causation, to prove conclusively what is responsible for causing what. There is no proof that the alleged mental illness is actually the *cause* of the altered brain state, just that the two are correlated.[17] Does the altered brain state cause the preferences, thoughts and behaviors which are seen as manifestations of mental illness, or do the manifestations cause the brain state? Does a lack of serotonin cause depression, or does depression cause a lack of serotonin? This question has yet to be answered, and is very important.

Another problem inherent in the argument that mental illness is a brain disease is the problem that not all brain activities are seen as illnesses. If a deep red color in a brain scan correlates to the desire to commit suicide and a light blue color correlates to the desire to eat spicy food, why is one of those rather uncommon desires considered perfectly sane and the other insane? Even the brain disease theory reverts back to the fact

[16] Caplan, Bryan. The Economics of Insanity,
<http://www.gmu.edu/departments/economics/bcaplan/inecon.htm>
[17] ibid.

that mental illness is a social construction that adheres to the notion of what is socially acceptable and what is not. As Bryan Caplan stated, in The Economics of Insanity, "a lot of the well-established links between biology and 'behavorial disorders' boil down to unusual incentives and constraints."[18]

On a legal note, if mental illnesses are brain diseases, why does the Department of Labor define brain diseases and psychological diseases separately even when they are trying to say that the two are one and the same? According to the Department of Labor, "neurological impairments are conditions or diseases involving the nervous system, including the brain, spinal cord, ganglia, nerves, and nerve centers. Psychiatric impairments involve biological, social, or psychological dysfunction."[19] Without definitive proof that there is any biological basis of mental illness, it can be assumed than that it is predominantly social abnormalities that are being classified as mental illnesses.

The Evolution of the Concept of Mental Illness

Throughout history, many unexplainable phenomena have been declared by those believed to be experts as manifestations of diseases. As recently as twenty years ago, homosexuality was considered by the masses to be a mental disease, and inherently something that could be fixed or "cured." In fact, the American Psychiatric Association only removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders Third Edition (DSM-III) in 1973 after intense debate[20], and the World Health Organization didn't remove the designation of homosexuality as a mental illness until

[18] ibid.
[19] United States Department of Labor, Office of Disability Employment Policy. Dispelling Myths about the Americans with Disabilities Act. July 1996. <http://www.dol.gov/odep/archives/ek96/lawmyth.htm>.
[20] "Gay and Lesbian Issues." American Psychiatric Association (1996). <http://www.psych.org/public_info/homose~1.cfm>.

almost two decades later, in 1993.[21] Was this reversal of scientific "truth" the result of further scientific findings or research? Unfortunately, the reversal can be viewed more as a political move in response to public outrage at the unfair designation than as the result of any objective fact-finding process.

As recently as February 2004 the British Medical Journal ran an article entitled *Lessons from Medicine's Shameful Past* that explores the "social construction of the diagnosis of homosexuality."[22] This would seem to influence the idea that psychiatry is reflective of morality, which weakens the claim that psychiatry has a scientific foundation.

A similar situation arose with battered women's syndrome. The use of battered women's syndrome as a defense for murder led to the inclusion of "masochistic personality disorder" in Diagnostic and Statistical Manual III. The American Psychiatric Association (APA) voted to get rid of masochistic personality disorder in future revisions of the DSM, "under pressure from feminists who wanted to retain the option of using the syndrome for legal defense purposes but did not want to 'blame' women who stay in abusive relationships."[23] In 1987 masochistic personality disorder was changed to "self-defeating personality disorder" and proposed as a category that required further study. In this case, a powerful interest group directly influenced and borderline dictated what was to be constituted as an illness and the conditions under which it was to do so. The instances of the APA bending under pressure and revising medical "truth" don't stop

[21] "China More Tolerant Toward Gays." CBS News 07 Mar. 2001. <http://www.cbsnews.com/stories/2001/03/07/world/main277027.shtml>.
[22] "Lessons from Medicine's Shameful Past." Ed. Rhona MacDonald. British Medical Journal (2004).
[23] Hendershott, Anne. *The Politics of Deviance*. San Francisco, CA: Encounter Books, 2002. 61.

there, and date back to the beginning. When the APA was deciding what to include in the DSM-III "... a veteran's group successfully lobbied for a syndrome they wanted to call 'Post-Vietnam Combat Disorder.' Feminist women forced a change in the category called 'Sexual Sadism,' which they argued would excuse rapists from responsibility for their acts."[24] The APA even sided with the powerful feminist lobby in shaping mental illness to exonerate women who murder their spouses but condemn rapists for the same act.

In specific reference to the DSM-IV, Loren Mosher, a long-time psychiatrist and member of the APA for over thirty-five years, wrote in his resignation letter to the APA,

> Why must the APA pretend to know more than it does? DSM-IV is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more a political than scientific document. To its credit it says so -- although its brief apologia is rarely noted…What do the categories tell us? Do they in fact accurately represent the person with a problem? They don't, and can't, because there are no external validating criteria for psychiatric diagnoses. There is neither a blood test nor specific anatomic lesions for any major psychiatric disorder.[25]

Historically, masturbation was a sin and a disease that had many serious side effects. It was popular opinion in the eighteenth and nineteenth centuries that masturbation led to "general debility, consumption, deterioration of eyesight, disturbance of the nervous system, and so on… [and was] polluting and debilitating for the individual…. It had a destabilizing effect on society, as it prevented healthy sexual desire from fulfilling socially desirable ends - marriage and procreation, which was the foundation of the social order."[26] A study was conducted on 500 patients at the Iowa State Psychopathic Hospital as recently as 1932, to see if masturbation was a cause of

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[24] Coleman, Daniel. "Who's Mentally Ill?" *Psychology Today*, January 1978. 34-41.
[25] Mosher, Loren R. Letter to Rodrigo Munoz, M.D., President of the American Psychiatric Association (APA). 4 Dec. 1998. Letter of Resignation from the American Psychiatric Association.
[26] Moscucci, Ornella. "Clitoridectomy, Circumcision, and the Politics of Sexual Pleasure" In: Eds: Andrew H. Miller and James Eli Adams. *Sexualities in Victorian Britain.* Indiana University Press, Bloomington and Indianapolis 1996: 63-65

insanity. In the end, the authors of the study, Malamud and Palmer, found that in twenty-two cases “masturbation was apparently the most important cause of the disorder.”[27]

Since this time, beliefs about masturbation have changed to being more beneficial than harmful and the idea of masturbation as a sign of mental illness has all but disappeared. In reality, masturbation, just like homosexuality, was a socially deviant behavior that was seen as uncivilized, immoral and just "not right." Today, people seen as schizophrenic or depressed have this same negative stigma attached to them that there is something wrong with them and that they are not fully human unless they can get better. Just like the Catholic Church deemed these acts "sins,"[28] it is Psychology that deems them "diseases" and not Medicine.

So what do masturbation and homosexuality have in common, besides the fact that they were once considered manifestations of disease? In an abstract sense they were both considered abnormal acts that were the product of abnormal thought processes. Psychiatry subscribes to the fact that "abnormal thought processes are a symptom of abnormal brain processes, and that the remedy for the mental patients bad life lies in good chemistry."[29] But the problem is how do we know what constitutes normal thought and what constitutes abnormal thought? The answer lies not in science, but in social interpretations to the meanings we attach to the words and actions of people.

As discussed earlier, the idea of mental illness can be plastic, and is shaped over time to reflect society’s beliefs and morality. The idea goes beyond this, however, to having multiple standards depending on what society's opinion of any given case may be.

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[27] Hare, E.H. "Masturbatory Insanity: The History of an Idea." *The Journal of Mental Science* 108 (1962).
[28] "Gay and Lesbian Issues." American Psychiatric Association (1996). <http://www.psych.org/public_info/homose~1.cfm>.
[29] Szasz, Thomas. *Insanity: The Idea and Its Consequences* . New York: Wiley, 1987.

Take, for example, the case of Mrs. Isola Ware Curry, who stabbed Rev. Martin Luther King in a department store in 1958. Upon arrest, she was sent to Bellevue Hospital in New York rather than being put on trial. There she was declared incompetent to stand trial and was instead ordered to be held in a mental institution indefinitely.[30]

Why was she quietly tucked away in a mental institution, being declared insane, when James Earl Ray was sentenced to 99 years in prison for allegedly shooting and killing the same man? It was because Martin Luther King was an African-American leader in the fight against segregation, and Mrs. Curry was a black woman. It was understandable when a white man shot and killed a black leader, even though, just like in the previous case, it was an attack on Dr. King's life in broad daylight. It was relatively reasonable to think that maybe a white man like Ray was a segregationist or a racist; you could even say that, to an extent, it conformed to the social norms of the day in the American south. But how could a black woman trying to kill Martin Luther King be seen as anything but just plain crazy? My response would be to ask how that is objectively any more "insane" than racism. The answer to this question is two-pronged.

First of all, racism was much more socially acceptable in the 1960's than it is today. Racism was not something that was seen as abnormal or deranged, even if it was officially frowned upon. Instead of being seen as a manifestation of insanity, Ray shooting Dr. King was regarded as a political crime. As a result, legally Ray may not have been seen as irrational for doing what he did, but his actions did demand consequences and because of this he was afforded a trial by jury, unlike Mrs. Curry.

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[30] Szasz, Thomas. *Law, Liberty, and Psychiatry; an Inquiry into the Social Uses of Mental Health Practices*. New York: Macmillan, 1963.

The other reason Mrs. Curry was found to be "insane" and incapable to stand trial was the fact that a black woman did what thousands of white segregationists prayed for on a daily basis. The attention the case would have gotten in a trial setting was something the government wanted to avoid, and the government did under the guise of mental illness. This historical case shows that what some believe to be scientific fact is often, like in the case of Mrs. Isola Ware Curry, just a matter of social acceptance and political convenience.

In the United States "we are more likely to interpret a difficulty in an individual's fulfilling social role expectations as a disturbance in capacity, i.e., as illness, than is true in other types of societies with other types of value systems."[31] An excellent demonstration of this is Oppositional Defiant Disorder (ODD). ODD is characterized in the DSM-IV by

> …a recurrent pattern of negativistic, defiant, disobedient, and hostile behavior towards authority figures that persists for at least six months and is characterized by…: Losing temper, arguing with adults, actively defying or refusing to comply with the requests or rules of adults, deliberately doing things that annoy other people, blaming others for his or her own mistakes or misbehavior, being angry and resentful or spiteful and vindictive.[32]

According to the APA, this is a mental illness afflicting children. According to Simon, however, they are nothing more than a moral code for children's behavior based on adult perception.[33] Words like *defiant* and *deviant* are inherently moral in nature because they reflect the ways in which society believes children should behave towards parents and

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[31] Parsons, Talcott. *Social Structure and Personality*. New York: Free Press of Glencoe, 1964. 289.
[32] Diagnostic and Statistical Manual of Mental Disorders. Fourth Ed. Washington, DC: American Psychiatric Association, 1994.
[33] Simon, Lawrence. *Psychology, Psychotherapy, Psychoanalysis, and the Politics of Human Relationships*. Westport, CT: Praeger Publishers, 2003. 89.

elders. With symptoms like losing temper and deliberately disobeying rules, the mental illness of ODD could easily be interpreted as adolescence.

Who Stands to Gain from the Medicalization of Mental Illness

It has been asserted that "the disease-based classification system became dominant…because of the interests of a variety of extraprofessional groups."[34] Two of the main extraprofessional groups (those other than professional psychiatrists and doctors) that exert a strong influence over the disease-based classification of mental illness are special interest groups and pharmaceutical companies.[35] One particular interest group that stands above the rest with a wide base of support and political influence is NAMI.

One thing that stands out about NAMI, however, is that many of the studies from which they derive their facts which they present to the government and the public in general are paid for by unrestricted grants from Eli Lilly and Co.[36] This is because both Eli Lilly and NAMI have a lot to gain from studies telling the world that mental illnesses are real diseases that need real medications to cure them. According to a NAMI study funded by Eli Lilly, the cost to society for hospitalization and medication of the mentally ill is $67 billion dollars every year.[37] It is also specifically noted within NAMI's proposed legislation that most severe mental illness requires medication.[38] In this case, the National Alliance for the Mentally Ill and Eli Lilly are scratching each other's backs.

[34] Horwitz, Allan V. *Creating Mental Illness*. Chicago, Illinois: University of Chicago P, 2002. 211.
[35] ibid.
[36] "Omnibus Mental Illness Recovery Act." NAMI, 1999.
[37] ibid.
[38] ibid.

It goes beyond just NAMI and drug companies, however, to the APA which would call into question the validity of the APA and the DSM. The DSM-IV today is the benchmark textbook of mental illnesses, and many psychiatric evaluations are based directly and indirectly on its contents. Loren Mosher also wrote in his resignation letter,

> At this point in history, in my view, psychiatry has been almost completely bought out by the drug companies. The APA could not continue without the pharmaceutical company support of meetings, symposia, workshops, journal advertising, grand rounds luncheons, unrestricted educational grants etc. etc. Psychiatrists have become the minions of drug company promotions…In addition, the APA has entered into an unholy alliance with NAMI such that the two organizations have adopted similar public belief systems about the nature of madness. The shortsightedness of this marriage of convenience between APA, NAMI, and the drug companies (who gleefully support both groups because of their shared pro-drug stance) is an abomination. I want no part of a psychiatry of oppression and social control.[39]

What does NAMI have to gain from the classification of social and moral problems as diseases? Like many advocacy groups that argue that mental illnesses are brain diseases, NAMI pushes the idea that the mentally ill are not responsible for their actions and should be seen as the victims, and not the agents, of their conditions.[40] This alleviates all notions of blameworthiness from the affected individual. Everybody is more comfortable when they are told that something unpleasant is in no way their fault. The theory of mental illness as a brain disease can also "explain underachievement, excuse misbehavior, or provide an alternative to punishment."[41] This gives incentive for people to claim mental illness in order to escape responsibility for poor performance, behavioral problems or even criminal acts, which is a dangerous policy to advocate.

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[39] Mosher, Loren R. Letter to Rodrigo Munoz, M.D., President of the American Psychiatric Association (APA). 4 Dec. 1998. Letter of Resignation from the American Psychiatric Association.
[40] Horwitz, Allan V. *Creating Mental Illness*. Chicago, Illinois: University of Chicago P, 2002. 212-214.
[41] ibid.

NAMI may publicly be advocating the disease model of mental illness under the pretext that the mentally ill cannot be blamed for their illnesses. Covertly, however, the parents and relatives that make up the majority of NAMI members are removing responsibility from themselves as well. If mental illness is a disease, it cannot be said that the irrational behaviors of the mentally ill are a result of bad parenting or events that may have shaped the lives of the patient that could be seen as the fault of any family member. While removing blame from themselves and their children, they are also taking control of their kids via legally enforced dependency.[42] Whether it is because they see their children's behaviors as embarrassing, immoral or irresponsible, by taking control of them legally, the parents can control their behaviors and their actions. This is a big reason why NAMI, who works more for the parents of the mentally ill than they do the actual individuals[43], presses the disease model of mental illness.

What do pharmaceutical companies have to gain from the same medical classifications of behaviors? The answer to this is what Bruce E. Levine has called the Pharmaceutical-Industrial Complex.[44] Since, by law, pharmaceutical companies can only gain approval for and openly market drugs that are specifically for the treatment of diseases, it is very important to the pharmaceutical industry that mental illnesses be seen as diseases. Viagra cannot be marketed as a sexual performance enhancer, but it can be marketed as a way to treat "erectile dysfunction." Ritalin cannot be marketed for calming bad behavior or staving off boredom, but it can be advertised as helping control the

[42] Mosher, Loren R. Letter to Rodrigo Munoz, M.D., President of the American Psychiatric Association (APA). 4 Dec. 1998. Letter of Resignation from the American Psychiatric Association.

[43] ibid.

[44] Levine, Bruce E. *Commonsense Rebellion: Debunking Psychiatry, Confronting Society*. New York, New York: The Continuum Publishing Group, 2001. 61.

symptoms of Attention Deficit Disorder. The basis on which Paxil is prescribed best exemplifies the medicalization of behavior. Paxil is legally used as a treatment for Social Anxiety Disorder, but is not a cure for shyness.[45] Despite the fact that all of these behaviors are synonymous with their medical counterpart, they are not legally treatable with medications.

In this case neither NAMI nor Eli Lilly is as concerned with the welfare of the American public as much as there are their own interests and back accounts, respectively. Just like bars fought to the death to prevent the smoking ban because it was bad for business, psychiatrists and drug companies will fight to the death to protect mental illness, no matter how much it costs the American people, both monetarily and otherwise. As much as people would like to believe the contrary, it is a result of the advantages of classifications to professionals and special interest groups, and not any advances in science, that have engrained the disease model of mental illness into our collective conscience.

The positions held by The NAMI and the Department of Justice are nearly identical in their assertions of the existence and subsequent "facts" of mental illness, and this can be viewed as a direct effect of the influence of extraprofessional organizations like NAMI and the pharmaceutical industry.

[45] Horwitz, Allan V. *Creating Mental Illness*. Chicago, Illinois: University of Chicago P, 2002. 211.

PART THREE

NAMI is a far-reaching grassroots organization that functions on the national level but also has branches in all fifty states as well as the District of Columbia and Puerto Rico. According to their mission statement, "NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases."[46] It would be very difficult to argue against the fact that NAMI has a large sphere of influence, and, at least according to their mission statement, they believe in the biological basis and inherent existence of mental illness. They even claim to be "the nation's voice on mental illness."[47] These factors are the reason I will use them specifically as a vocal supporter of the notion of mental illness as a disease, and any opinions of their organization as the general opinions of the mental illness advocacy

[46] About NAMI. 2004. National Alliance for the Mentally Ill. <http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_NAMI/About_NAMI.htm>.
[47] "Omnibus Mental Illness Recovery Act." NAMI, 1999.

community.

NAMI puts great emphasis on their concept of mental illnesses as treatable diseases, and that society has a duty to help treat sick individuals that are either unable or refuse to help themselves. According to NAMI, "Mental illnesses are treatable. Most people with serious mental illness need medication to help control symptoms, but also rely on supportive counseling, self-help groups, assistance with housing, vocational rehabilitation, income assistance and other community services in order to achieve their highest level of recovery."[48] What is the connection between mental illness being treatable and the government being responsible for providing the mentally ill with jobs, housing and income? Why is it the responsibility of the American people to provide money and services to others?

NAMI claims that people with mental illness have to live with a negative stigma placed on them by society. This damaging stigma is based on the assumption that mental illnesses are not real, treatable diseases and this stigma has led to a sense of hopelessness within the mentally ill population as well as discrimination against it and has erected "attitudinal, structural, and financial barriers to effective treatment and recovery."[49] Since society was responsible for these barriers to recovery, society must pay to rectify their negative impact on the mental health community. In fact, the only real negative stigma that people accused of being mentally ill face is the stigma of being labeled as mentally ill.

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[48] About Mental Illness. 2004. National Alliance for the Mentally Ill. <http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Mental_Illness.htm>.

[49] ibid.

The point NAMI is shamelessly lobbying is that, because of a defect in the brain of a mentally ill individual, they are unable to conform to societal norms. Erving Goffman refutes, however, that it is the response of others that dictates deviance and conformity and not any defect within the individual regarded as deviant.[50] To Goffman, people internalize what other people think of them, and in this way the simple act of being labeled as mentally ill can actually make some people act accordingly. The cycle of mental illness starts when someone is stigmatized because of something they have thought or done. The consequence of that stigma is that the social status of the individual labeled as mentally ill is fundamentally altered, and the stigma of mental illness becomes that with which that person identifies himself.

NAMI says that they fight against negative stigma, but states also that mental illnesses are biologically based brain disorders that cannot be overcome through will power and that an individual is not responsible for any actions that he takes that are a result of a supposed mental illness. This is a damaging statement that fits in perfectly with Goffman's hypothesis. The label "mentally ill" has the potential to become a self-fulfilling prophecy, and a person labeled as mentally ill is blameless in his or her destructive behavior, while those labeling the behavior are actually causing the deviance.[51] The only hopelessness that people who are labeled as mentally ill must face is the hopelessness of being told that there is nothing they can do to fix their so-called problems.

> A psychiatric label has a life and an influence of its own. Once the impression has been formed that [someone] is schizophrenic, the expectation is that he will

[50] Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall, 1963.
[51] Hendershott, Anne. *The Politics of Deviance*. San Francisco, CA: Encounter Books, 2002. 32.

> continue to be schizophrenic…Such labels, conferred by mental health professionals, are as influential on the patient as they are on his relatives and friends, and it should not surprise anyone that the diagnosis acts on all of them as a self-fulfilling prophecy. Eventually, the patient himself accepts the diagnosis, with all of its surplus meanings and expectations, and behaves accordingly.[52]

A man who is told that he suffers from clinical depression is told he is sick and that he needs treatment if he is ever going to feel better. The fact of the matter is that the feeling of depression is normal under many circumstances in life, just like the loss of a loved one or having a lover leave you are situations where feeling sad is normal and expected. The effects of being told he has a disease that makes him depressed could cause more harm than his original condition. To better exemplify how psychiatric labels affect mental illness, the renowned sociologist Talcott Parsons claimed that a person being labeled as mentally ill is "a threat to his status as an acceptable member of society and its various relevant subgroups."[53] The relevant subgroups Parsons is referring to are any social institution, such as religion, various means of social interactions, relationships, family, and employment. By labeling such individuals as mentally ill the government is providing artificial barriers to the employment they claim to be safeguarding.

As Thomas Szasz states in Lexicon of Lunacy, once a man is considered mentally ill, "he is presumed to be incompetent until proven competent, and we are proud of this system, too, because it protects incompetent persons from being burdened with the responsibility that goes with competence."[54] By stripping these people of their responsibility to provide for themselves, you also inherently strip their moral responsibility and subject them to being second class citizens, who are incompetent to run

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[52] Rosenhan, David, "On Being Sane In Insane Places," *Science* Vol. 179 (Jan 1973). 254-255.
[53] Parsons, Talcott. *Social Structure and Personality*. New York: Free Press of Glencoe, 1964. 289.
[54] Szasz, Thomas. *A Lexicon of Lunacy: Metaphoric Malady, Moral Responsibility, and Psychiatry.* New Brunswick: Transaction, 1993.

their own lives. This creates a downward spiral, in which an individual seen as mentally ill is treated as though he is free of responsibility and almost less than human. This is a hugely negative stigma that could lead to dependence on government money for subsistence because he actually begins to believe that he cannot support himself because of his "disease," or could lead to future morally negligent acts, since he is morally exculpable for any actions he takes.

According to the Department of Justice, "there are people with severe depression or people with a history of alcoholism who are judged by their employers, not on the basis of their abilities, but rather upon stereotypes and fears that employers associate with their conditions."[55] Just as NAMI was hypocritical in damning the “negative stigma” associated with mental illness, the U.S. Department of Justice was hypocritical in saying that companies unfairly discriminate against the mentally ill by subscribing to unfounded beliefs and prematurely passing judgment on their abilities. It is indeed the Department of Justice itself that is blindly following a theory that is not grounded in science and lacks sufficient scientific evidence.

The Problem of Diagnosis

It is commonly accepted that “a medical diagnosis is a judgment that some biological process has deviated from an established standard and that this biological deviation, stated in purely descriptive terms, is harmful to the person or organism so affected.”[56] Psychiatrists admit that this biological process or deviation has yet to be found, but they add that it is simply because they have not found it yet. Without a

[55] United States Department of Justice. MYTHS AND FACTS ABOUT THE AMERICANS WITH DISABILITIES ACT. 2003. <http://www.usdoj.gov/crt/ada/pubs/mythfct.txt>.
[56] Simon, Lawrence. *Psychology, Psychotherapy, Psychoanalysis, and the Politics of Human Relationships*. Westport, CT: Praeger Publishers, 2003. 86.

biological basis, the diagnosis of mental illness relies on the study of behavior, thoughts or feelings that someone found to be abnormal or unacceptable. In this case, "the psychiatric diagnosis, based as they are on behavior of one sort or another, represents by definition a moral rather than a medical judgment."[57] Diagnoses cease to be the result of something that someone *has*, and becomes the result of something someone *does*.

If we are to continue to pay out benefits for the mentally disabled then the method by which we determine mental illness must be objective, which begs the question, if sanity and insanity exist, how shall we know them?[58] The fact of the matter is that schizophrenia cannot be diagnosed the same as cancer. It has already been shown that signs and symptoms are used to create a diagnosis and there are no signs for mental illnesses. Without signs, reading only the "symptoms" is open to interpretation and opinion. This method of determining the presence of a disease is subjective and unscientific. Two doctors examining the same patient and testing him for AIDS will get the same result, be it positive or negative. The test for AIDS is the same no matter which doctor tests you or which hospital you are tested at. In the case of mental illness, however, separate psychiatrists of equal education and experience testify in court, one claming that the defendant is sane and the other that he is insane. How is this possible if mental illnesses are real, discernible diseases? What in disease theory could account for this very common discrepancy? Even if we were to grant mental illnesses the same status as physical illnesses, it would not be possible to distribute compensation based on their existence fairly.

[57] ibid.
[58] Rosenhan, David, "On Being Sane In Insane Places," *Science* Vol. 179 (Jan 1973). 250.

A more important question to David Rosenhan was, “do the salient characteristics that lead to diagnoses reside in the patients themselves or in the environments and contexts in which observers find them?”[59] According to Rosenhan, sanity and insanity are synonymous with normality and abnormality. Since normality, however, is not universal but situational, that makes even symptoms of mental illness difficult to assess.

Rosenhan performed a study in which eight individuals arranged hospital appointments in twelve psychiatric hospitals in five states on both the east and west coasts. These “pseudopatients” then complained of hearing voices and changed nothing else significant in their life stories. Relationships and feelings were described accurately and no there were no exaggerations. All but one of them were admitted into the hospitals, diagnosed with schizophrenia. Once into the hospital, the pseudopatients ceased simulating any symptoms at all and behaved as they normally would. The patients were kept in the hospital for up to 52 days before being cleared to leave with “schizophrenia in remission”; even at this point they were not sane, and in the view of the institution, had ever been sane.

To make matters more complicated, two hospitals that heard of the study refused to believe that anything of that sort could happen to within their institutions. Staff was then informed that at least one pseudopatient was going to be entering the hospital over the course of the following three months, and they were asked to rate each incoming patient as to how likely they were to be a pseudopatient. Evaluations were obtained on 193 patients admitted for psychiatric treatment over the course of the three month experiment. In the end, forty-one patients were thought with high confidence to be pseudopatients by at least one member of the staff. Twenty-three were suspected of being pseudopatients by

[59] ibid.

at least one psychiatrist, and nineteen were suspected by at least one staff member and one psychiatrist. In reality, no pseudopatients at all were introduced into the hospital during the specified time.[60]

The results of the two separate experiments have two very separate conclusions. When psychiatric professionals were in prolonged contact with the pseudopatients and failed completely to recognize their public “show” of sanity, it proved that it is impossible to determine beyond a doubt that someone is sane or mentally healthy. When psychiatrists and hospital staff claimed to be sure that certain patients were actually faking it when they were legitimate patients, it proved the complete opposite; that it is impossible to detect with a fair amount of certainty that someone is insane or mentally ill. So to answer Rosenhan’s earlier question, the patient’s environment is the most influential factor in determining diagnoses, along with outside factors and influences. The alarming rate of both false positives and false negatives firmly supports the notion that mental illness is a social creation that has no objective value, and thus cannot be applied uniformly to any given population.

Mental Illness as a Metaphysical Abstraction

By saying someone has a mental disability the point is being made that they literally have a disability of the mind. The problem is that the mind is not a bodily organ the same way the brain is. The mind is a "metaphysical abstraction invoked to enable contemplation and discourse on the myriad diversity of human thoughts, feelings, and actions."[61] Bodily organs can become diseased or disabled, metaphysical abstractions cannot. For something to be disabled it needs to have a specific function which it cannot

[60] ibid.
[61] Silverman, Irwin. *Pure Types are Rare*. New York, NY: Praeger Publishers, 1983. 9-15.

perform. For someone to claim a person is mentally disabled is to imply that they think this person's mind cannot perform its intended function. In believing this the observer is making a value judgment that someone thinks or acts in ways that are not socially acceptable or understandable to the observer.

There are disabilities of the brain, such as Down syndrome. Down syndrome is caused by an error in cell division that results in "trisomy 21," which has a third chromosome 21.[62] This biological process results in retardation, as the brain cannot perform its functions to capacity. However, this is a distinct difference from mental illness. Mental illness cannot be found within the chromosomes or genetic makeup of an individual and is not a brain disease. Down syndrome has physical signs as well as can be determined conclusively upon testing, and mental illness has neither. To put these both in the category of brain diseases and physical disabilities would be inaccurate.

Under the condition that the mind cannot become ill and cannot be disabled, it would seem nonsensical to have the State provide goods and services in the relief of a nonexistent disability. This is exactly the notion that the inclusion of mental illness in the ADA, SSDI and SSI is advancing.

The Issue of Justice

At the very least we cannot know for certain that mental disabilities fall objectively under the rubric of diseases or disabilities. If this is the case, how can the Department of Justice declare that the idea that "the ADA is being misused by people alleging mental and neurological impairments" is a myth?[63] Conversely, how can they say with certainty

[62] Facts About Down Syndrome. 03 Sept. 2002. National Institutes of Health. <http://www.nichd.nih.gov/publications/pubs/downsyndrome/down.htm#DownSyndrome>.
[63] United States Department of Justice. MYTHS AND FACTS ABOUT THE AMERICANS WITH DISABILITIES ACT. 2003. <http://www.usdoj.gov/crt/ada/pubs/mythfct.txt>.

that “the ADA covers individuals with psychiatric and neurological impairments that substantially limit major life activities because individuals with such impairments have traditionally been subjected to pervasive employment discrimination, not because they are unable to successfully perform job duties, but because of myths, fears, and stereotypes [that are] associated with such impairments" is a fact?[64] In short, they can’t and they shouldn’t try, since justice in this case is served for nobody.

The fact of the matter is that new mental illnesses are being invented and old ones being deconstructed on a regular basis to try and explain the same behaviors that people have exhibited since the dawn of time. All of these behaviors share the common trait that they are in some way or another undesirable and that is why they have been deemed diseases. If some of these undesirable behaviors affect an individuals work habits or productivity, how can that be seen as a stereotype? It is not the government’s place to intervene in business and give preference to less qualified workers because they have been labeled as mentally ill.

[64] ibid.

## POLICY RECOMMENDATIONS

The Social Security System is sinking fast, and to lift an unnecessary $11 billion dollar burden off of its back would at the very least help to sustain the system into the future, and at best help restructure it so people putting their money in today can someday still get a return. For a psychiatrist to prescribe medications to individuals freely seeking a professional opinion to help them cope with their feelings is more than acceptable. For the American taxpayers to be forced to foot the bill, however, because the reason someone doesn't want to go to work is because a psychiatrist decided without any signs and only a handful of alleged symptoms that he is sick, is not only unfair but borderline unconstitutional.

One very important step for the government to take would be to disentangle itself from complicated web of the Pharmaceutical Industrial Complex and what Tana Dineen calls the "Psychiatry Industry."[65] The idea that mental illness is biologically based is in vogue recently despite lack of evidence to support these claims. The State, however, chooses to blindly and uncritically follow the word of the APA. It is important to understand that the psychology is not medical science and the APA is subject to external

[65] Dineen, Tana. *Manufacturing Victims*. Montreal, Canada: R. Davies, 1996.

forces, such as special interest groups and organizations with something to gain from the medicalization of mental illness. The Psychiatry Industry goes beyond just reflecting the moral values of society and actively shapes and changes them.[66] This is a power that they now control that the government could strip of them, if the hands of politicians were not also in the pharmaceutical industry's pockets. Pharmaceutical companies donate large sums of money to numerous campaign funds and more registered lobbyists than there are members of Congress.[67] They are also the most powerful and well-financed lobby in Washington, spending $177 million between 1999 and 2000. That eclipses their nearest rivals in the insurance and communications industries by over $50 million dollars.[68] The American Government cannot keep playing favorites to the pharmaceutical and psychology industries, which have become one and the same and must instead fall back on facts and statistics when deciding domestic health care and social security policy.

The Psychiatric Industry has manipulated State policy to protect its interests and turn a profit, but the State has also used psychiatry for its own manipulative purposes. It has made psychiatry and politics synonymous in many respects, confusing psychological theory with fact and psychiatry with public policy. Thomas E. Patterson defines government as "the institutions, processes, and rules that are specifically designed to facilitate control of a particular area and its inhabitants."[69] The Constitution of the United States defines the parameters of government authority and leaves many aspects of individuals' lives outside the scope of State control. Due process and the pursuit of

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[66] Simon, Lawrence. *Psychology, Psychotherapy, Psychoanalysis, and the Politics of Human Relationships*. Westport, CT: Praeger Publishers, 2003. 137-139.
[67] Petersen, Melody, and Leslie Wayne. "Drug Industry Has a Muscular Lobby Tries to Shape Nation's Bioterror Plan." *New York Times* 04 Nov. 2001.
[68] ibid.
[69] Patterson, Thomas E. *The American Democracy*. New York, NY: McGraw-Hill, 2001.

happiness are two rights explicitly protected by the Constitution, but that have been overridden by psychiatry and psychiatric "truths."

The Constitution was a document written in order to secure the rights of people who were found to be either offensive or undesirable by society on the basis of their religion. This was so important to our founding fathers that the separation of State and religion was prohibited to protect religious minorities. It has come to be that, as Szasz has stated, psychiatry has become the heir to religion.[70] The same role that religion used to play in terms of social control has been replaced by psychiatry. Be appealing to the blind beliefs of the populace, the government has been able to get away with stripping rights away from people whose rights they claim to be protecting. Politics is "the process of deciding society's goals"[71] and the United States has committed themselves politically to Constitutional rights. The State will never again limit its power to the rights granted them by the Constitution, but they need to limit their powers by not taking away freedoms that are expressly granted to the people. Psychiatry is the same shield that religion was, and the people deserve to be equally as protected from it, while still being able to take part in it freely as they see fit.

By removing mental illness from social programs that deal with disability, it will force psychiatry to prove its case for the biological basis of mental illness and open itself again to alternative explanations of social deviance. It will set an example for the pharmaceutical industry that they cannot control what is science and what is medicine just because they believe that they have the financial resources to do so. It will force the

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[70] Szasz, Thomas. *The Theology of Medicine: The Political-Philosophical Foundations of Medical Ethics.* Syracuse, NY: Syracuse University Press, 1988.
[71] Patterson, Thomas E. The American Democracy. New York, NY: McGraw-Hill, 2001.

government to reconsider its stance towards psychiatry and social control the same way it did for religion over two hundred years ago. It will also free the American people from having to cover the cost of these programs simply because a network of powerful organizations finds it beneficial and profitable. Most importantly, however, it will free individuals condemned as mentally ill from the stigma that is associated with illness and allow them to take responsibility for their actions and control of their lives.

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