Mental Illness and the Mind-Body Problem

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"There is no mental illness," writes Thomas Szasz in a recent article in Reason, repeating for the nth time his mantra of the past four decades. "Bodily diseases—pneumonia, cancer, and so on—are real," he told the interviewer, "but mental diseases are metaphoric diseases, in the sense of a 'sick' joke. They are problems, but they are not medical problems in that they do not involve somatic, organic etiologies and are not amenable to a somatic, organic resolution. They are essentially conflicts within oneself and conflicts between oneself and other people."²

Dr. Szasz seemed unimpressed by recent MRI and PET data indicating physical brain disorder in schizophrenic and manic-depressive states, apparently because the tests lack sufficient specificity. However, if schizophrenia were eventually proven to arise from some kind of neurological defect, Szasz admitted that this would not change his view of mental illness. Part of his reason appears to be that having a physical disease (which category would then include schizophrenia) should not absolve one of responsibility for one's actions.

The ruminations of an aging iconoclast find ready acceptance in libertarian journals, probably because he tacitly assumes the existence of free will, and also because he concludes that governmental coercion should not be used against the "mentally ill" by reason of their non-existent illness. However, some forms of intimidation seem acceptable in the Szaszian world view, such as capital punishment for a delusional schizophrenic who has, quite irresponsibly, committed murder.

Szasz's unique perspective is useful to orthomolecular physicians for the same reason that pathology benefits medical students and mutations aid geneticists: the bizarre, warped and unexpected define the boundaries of that which is normal or at least preferable. Szasz's views invite us to reconsider the definitions of "mental" and "illness", and to recast the ancient mind-body problem in modern terms. They also touch upon the issue of biological determinism vs. free will, but I shall defer the latter discussion to a future essay.

One can scarcely doubt that mental and physical phenomena exist in the world, and that these categories exist largely separately from one another. Physical things include water, electricity, the human body, pencils, mass; mental things include pain, love, belief, rage, intentionality and kindness. How are the two categories related, and how do mental things fit into our general world view? That is the nub of the mind-body problem, which Schopenhauer rightly referred to as "the world knot."

The philosopher Michael Huemer has summarized the various philosophic approaches to this classic issue.³ First there is parallelism, the view that both types of phenomena exist but are utterly independent of one another. Then there is Cartesian dualism: body and soul co-exist and interact with one another causally, though it is not known how. Property dualism holds that mental properties represent a distinct aspect of certain physical objects (for instance, people) although not requiring a distinct entity (soul) to harbor the mental ones. Epiphenomenalism says that physical events cause mental events and physical events cause behavior, but mental events themselves don't cause anything.

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The first and last of these seem quite
counterintuitive to a writer whose mental
events are presently causing symbols to
materialize on a computer screen.

To round out the list there are two
extreme views—either physical phenomena
do not exist at all, or there are no mental
phenomena—and one moderate view, the
mind-brain identity theory. In the latter,
mental phenomena are considered to be a
subset of physical phenomena; namely, they
are states of the central nervous systems
of animals. “Pain,” for example, refers to a
certain kind of mental state, and “depres-
sion” to another.

Szasz would appear to be approaching
the problem from one of the dualistic view-
points or perhaps parallelism. (One would
need to read a lot more Szasz than one has
time or appetite for, in order to be sure
about that.) He cannot, in any case, be a
proponent of the mind-brain identity
theory that underlies, at least tacitly, bio-
logical psychiatry, and more particularly
orthomolecular psychiatry.

Under the mind-brain identity theory,
mental illness not only exists, it is in prin-
ciple definable with considerable precision
in physical terms. Mental illness is a form
of behavior with which we take issue (a nod
to Szasz, here), intimately associated with
aberrant central nervous system function,
conveniently defined (for now, at least) by
biochemical parameters lying outside spe-
cies norms.

It may come as a surprise to the read-
ers of Reason, though not to those of this
Journal, that mental illness has been de-
scribable in this manner for many years,
longer in fact than the duration of Dr.
Szasz’s doubting-Thomas status. The bio-
chemical view goes back to the pioneering
work of Hoffer and Osmond in the late
1950s, and was strongly reinforced by
Pauling’s seminal 1968 paper on orthomo-
lecular psychiatry. Surely even the most
pedestrian parallelist ought to have stum-
bled over Pauling’s rather large milestone.

It may be that understanding mental
illness in physical terms would be deplored
by Szasz’s disciples as supporting the
“therapeutic state” and “pharmacrasy”, but
there is nothing inherently anti-libertarian
about it. It is merely an attempt to explain
how things work. From this position it does
not automatically follow that the mentally
ill should be treated against their will. (On
the other hand, the position does not ex-
clude coercion; but at least, if a government
psychiatrist were to mandate my institu-
tionalization, I would prefer having niacin-
aminde shoved down my throat rather than
phenothiazines.)

The mind-brain identity theory may or
may not be true. It cannot be proven for-
mally any better than the alternatives. If
true, it conflicts with some widely held,
reasonable assumptions, such as reduc-
tionism, with its implication that the whole
is no greater than the sum of its parts. If
reductionism is true, and people are made
entirely of atoms, and no atoms possess
mental properties, then people cannot have
mental properties. Since they obviously do,
at least one of the preceding premises must
be false. The converse of reductionism is
emergentism, the idea that complex sys-
tems possess properties that are not pre-
dictable from knowing everything about
the component parts. Emergentism is in-
herently attractive to holistic practitioners,
and it does permit human beings to be
made of non-sentient atoms, but it brings
its own set of philosophic headaches.

Fortunately, as the history of science
has amply demonstrated, a theory does not
need to be perfectly true in order to be
useful, that is, to provoke thought and
stimulate research. The mind-brain iden-
tity theory has done just that. We may
never know exactly what stuff our minds
are made of, but we know how to use them.
Using them in the framework of the brain-
mind identity theory has yielded an under-
standing of mind-body interactions that
has had the practical result of making us
better doctors.

In addition to giving physicians sharper tools, another consequence of viewing mental phenomena as subsets of physical phenomena is blurring of the distinction between mind and body. Findings from the nascent science of psychoneuro-immunology, such as the pervasive non-neurologic relevance of neurotransmitters, underscore the artificiality of the mind-body distinction. In recent years, more than a few orthomolecular psychiatrists have widened their compass to the point of calling themselves orthomolecular physicians. Even the title of this Journal, which used to be *Journal of Orthomolecular Psychiatry*, reflects the trend.

That trend will accelerate as we become more informed on how mental and physical phenomena influence each other. We might come to regard Schopenhauer’s “world knot” as an entertaining but fairly irrelevant diversion for philosophers. Ironically, we could even end up agreeing with Szasz about mental illness, but not for his reasons: the qualifying word “mental” might someday seem just too trivial and too narrow for discussing the health of the mind-body unit.

References: