

## **48 HOURS INTERVIEW WITH DR. JEFFREY SCHALER, PH.D.**

**25 OCTOBER 2006**

On October 25, *48 Hours* interviewed Dr. Jeffrey Schaler, professor in the department of justice, law and society at American University School of Public Affairs in Washington, DC about his views on psychiatry, schizophrenia and psychiatric drugs. Despite a three-hour interview, only about a fifteen-second clip was used on the show, although his comments would have explained a great deal about why coercive psychiatry is unworkable and a violation of the Bill of Rights. The same questions were often asked over and over in different ways to try and elicit a different response—one that suited the *48 Hours* agenda. While the full transcript would be too large to publish here, we have selected the questions and answers that reflect Dr. Schaler's views, without being repetitive.

PVS refers to Peter Van Sant who conducted the interview.

**PVS: In your opinion, does schizophrenia exist as a real mental illness?**

**JS:** Schizophrenia is a metaphorical illness. It's not a literal illness. That's why schizophrenia, depression, personality disorders and addiction are not listed in standard textbooks of diseases, because they don't meet what are called the nosological [the systematic classification or knowledge of disease] for disease classification. Simply put, a disease is something that a person has and is some form of cellular irregularity or abnormality. Schizophrenia is a label applied to certain socially unacceptable behaviors. Behaviors are not, and can never be, diseases. Behaviors are something that people do. Diseases are something that people have.

**PVS: In your opinion, does schizophrenia exist as a result of disease?**

**JS:** Schizophrenia does not exist as a real disease. Schizophrenia refers to certain kinds of abnormal or embarrassing or disturbing behaviors. Diseases are physical or cellular irregularities. The difference is significant.

**PVS: Is there such a thing as a mental illness?**

**JS:** There is no such thing as mental illness in the way that cancer, diabetes, or syphilis exist. Mental illness refers to socially unacceptable behaviors. There is no disease called mental illness, there is no disease called schizophrenia or depression in the way that diabetes and cancer exist.

**PVS: In the case that we're looking at involving Jeremy..., he heard voices, he had hallucinations, he was diagnosed as having**

### **schizophrenia. If it's not schizophrenia, what is it?**

**JS:** First of all, everyone hears voices. It's called thinking. We have a conscience. That's an inner voice. Now what Jeremy is claiming is that these voices are separate from him. I don't know what he actually experienced—no one can know exactly what he experiences. He's making certain claims about what he experiences and, he may be lying, he may have difficulty in differentiating between his own thought processes or what others call hearing voices. He demonstrates some kind of socially unacceptable behavior and that behavior is labeled as schizophrenia but there is no disease that Jeremy had called schizophrenia. This is an attempt by psychiatrists and other mental health professionals to explain why he did what he did.

### **PVS: What's wrong with the practice of psychiatry in today's society?**

**JS:** There's several things . . . that are wrong with the practice of psychiatry today. One: involuntary commitment. That is, a person is forced to take certain drugs or forced into a mental hospital, is essentially deprived of liberty, without due process of law. That's a violation of a fundamental constitutional protection. The second thing that's wrong with psychiatry is that it's a pseudo science. There is no physiological reason why people behave the way they do that gets them labeled as schizophrenic. The other thing is that certain drugs allegedly are given to correct a putative chemical imbalance, when in fact there is no chemical imbalance that has yet to be identified. This is not to say that drugs don't have particular effects on behavior. From my point of view, I believe in psychiatry between consenting adults. If somebody wants to go to a psychiatrist, and believe they have a disease, by all means they should be as free to do that as they are as free to go to the church or worship in the manner they seek. My objection is when they're forced to take certain drugs or deprived of liberty and deprived, essentially, of due process of law.

### **PVS: Do you think schizophrenia is a fake illness?**

**JS:** It's a socially constructed illness in the sense that certain kinds of behaviors are so socially unacceptable that certain powerful others want to label this as different than normal behavior . . . calling a person's behavior a disease allows the state and others to do certain things that ordinarily the person might not be able to do. For example, if someone says that a crime, a criminal act, is a product of an illness, then the person might be found not guilty of the crime because, theoretically, the illness produced criminal behavior. Another thing is that when we say that someone has a mental illness, people are justified then, certain psychiatrists and other mental health professionals, into circumventing basic constitutional protections. In other words, ordinarily when a person is deprived of liberty, sent to jail, you are entitled to a trial. First, you have to have

an indictment by a grand jury. If you don't have legal representation, the court will appoint that, and a judge oversees a fairness in terms of the adversarial process between prosecutor and defense attorney. Now all of that is circumvented when a psychiatric diagnosis is made. When a person is declared dangerous to himself and/or others, then this whole due process protection—that's a key part of the Bill of Rights—is basically avoided and irrelevant.

**PVS: What do you think about psychiatrists testifying in a court of law?**

**JS:** I believe that a psychiatrist has no place as an "expert" in a court of law. First of all, psychiatry is not a science. There are differing opinions. This is one of the reasons why something called the *Durham* Rule was abandoned years ago. In the *Durham* Rule, a jury was instructed to make a decision as to whether a criminal act was a product of a mental illness, but the fact of the matter is, judges became increasingly aware that psychiatrists were inventing diseases over a weekend, that there were radically different opinions regarding the mental illness, and no one could understand what the "product" of a mental illness actually meant. You see, when you have a real expert in court, for example, a toxicologist, the opinion of different toxicologists should be similar. In other words, there's either arsenic in the bloodstream or there's not. When it comes to psychiatry though, you have what's called a low reliability. Basically, what that means is agreement among psychiatrists. So one psychiatrist may say that a person has no mental illness, another person may say he has multiple personality disorder, another person may say that he's depressed—there's no consistency.

For example, let's say you went to a doctor, you had some troubling complaint and one doctor said you had diabetes, another doctor said you had tuberculosis, and a third one said you had ventricular tachycardia . . . if you had that kind of difference of opinion, you would be very cautious and probably stay away from the doctors. You want to see some consistency in diagnosis. That's the whole basis of seeking a second opinion. Well, psychiatry is notorious for having different opinions about whether a disease actually exists, what type of disease it actually is and so on and in that sense it really is not very scientific. Psychiatry does not abide by the basic principles of scientific practice.

**PVS: In terms of mental illness, the notion has been that the brain can get sick like any other organ in the body. Why don't you agree with that?**

**JS:** I agree with that. We have to differentiate between the mind and the brain. Of course, the brain can be diseased. There are many brain diseases. For example, Parkinson's disease is a brain disease. Dementia of the Alzheimer's Type is a real disease. Dementia from AIDS—these are all real

diseases, and strokes...Schizophrenia has no physiological, cellular irregularity. It is only hypothesized.

**PVS: You can't see it on an X-ray. You can't see it in a blood test.**

**JS:** You cannot see schizophrenia in a PET scan or an MRI or an X-ray. Another way to look at this is as follows: If there really was a bad brain that produced bad behavior we should be able to tell who is schizophrenic and who is not simply by looking at PET scans of their brains, at CAT scans of their brains and we should be able to say, "This brain belongs to that person we call schizophrenic and this brain belongs to a person we call normal." Now the fact of the matter is we cannot tell whose brain belongs to whom by looking at pictures. That's a fact—that is not an opinion. So being able to predict who is schizophrenic and who is not simply by looking at pictures of the brain is not possible.

**PVS: So when you learn that a psychiatrist examined Jeremy... and the psychiatrist said, "This is schizophrenia," you say what?**

**JS:** I say we cannot know anyone's state of mind in the past. The only thing we can know about their state of mind in the present is whether they're awake or asleep, whether they're paying attention to us or not and, remember, just because someone claims that he's hearing voices, that doesn't mean that he has to *obey* those voices. For example, if I were to tell you to go and kill someone you have a choice as to whether you want to do what I ask you to do or not. Similarly, if you hear a voice in your head that tells you to kill someone, that doesn't mean that you have to obey it. A third thing is very important yet somewhat disturbing and that is that people have hallucinations all the time. Hallucinations are essentially self-reported imaginings. For example, if I claim that there are pink elephants walking on the ceiling upside down, that would be a self-reported imagining or a hallucination. You can't confirm that. Now, what if you were to say that Jesus entered your heart or that angels watch over you? That's a self-reported imagining too, however, that's what we call a socially-acceptable hallucination. It's called "valued religious belief." But if you believe that there are pink elephants, if you claim that Martians are beaming messages to you in the fillings of your teeth, then because that's a socially-unacceptable self-reported imagining, a person is liable to be diagnosed with schizophrenia.

The difference is not physiologically based. The difference is based on a value judgment and what is considered socially acceptable or socially unacceptable. That's a very, that's a very important difference because when we diagnose cancer, we don't make a value judgment. If you have an X-ray of your lungs and a doctor finds tuberculosis he's not telling you that this is good or bad or the product of your being good or bad—it's an objective assessment. Not so when it

comes to psychiatric diagnoses. Always with a psychiatric diagnosis the diagnosis is based on symptoms and a value judgment made by a psychiatrist.

**PVS: Just as an average guy, if you hear that someone is hearing voices and believes he's having conversations with President Bush in his head, believes there are aliens in his bedroom and thinks he's Jesus Christ, don't you think that person is sick, troubled: What word would you put out?**

**JS:** I could say that he's lying. I could say that he's pretending and I could say that he's engaging in what I may consider to be irrational behavior, but that doesn't justify my doing something to him against his wishes. Claiming that you hear voices—just like claiming that God exists in all the various forms—is not an illegal or necessarily dangerous activity. That's part of freedom of belief which Thomas Jefferson was very concerned about, as were the other founding fathers. . . . When they talked about religious freedom what they meant really was freedom of belief. . . . so the right to believe in aliens is just as important to protect as the right to believe in Jesus or in Mohammad or to believe in the Jewish faith, whatever.

**PVS: We know in this case what Jeremy saw, what he thought he was perceiving, which included an "evil eye" with his mother. He acted upon and he killed that evil.**

**JS:** He did not kill that "evil," *he expressed anger at his mother* for any number of reasons. Many times we have feelings of anger, strong sexual desire, but we are expected to control ourselves. If because he says he could not resist the impulse to kill his mother, then don't you think we have to exculpate rapists because they said they could not control their strong sexual urges? And clearly a strong sexual urge is biologically based. What would we say? That one's genitals made him commit the act of rape? Of course not. Even if there are physiological changes that go on in someone's body—and there's a physiological change that goes on with everything we think and do—that's not the same thing as saying our brains and our bodies *make* us do something. We are expected to conform our behavior to the dictates of law, that's a hallmark of a free society. We must exercise responsibility for our behavior in order to enjoy freedom. When psychiatry gets into the act and says that bad behavior comes from bad brains, it's attempting to reduce personal responsibility and there's one thing that will result from that and that is deprivation of freedom. What psychiatrists and their allies want us to believe is that somehow we can be free by reducing responsibility. But that is patently false. That's an idea that George Orwell would roll over in his grave hearing. It's what he called "doublethink" or "doublespeak." The fact of the matter is we enjoy freedom in our free society because we exercise personal responsibility. The more freedom we have, the more

responsibility we must exercise.

**PVS: Do you feel in some ways the fact that Jeremy... did not go through a trial that he got away with this?**

**JS:** I think in this particular case, we know that he committed a crime and what's happened, through the involvement of psychiatrists, is that a guilty person has basically been labeled as an innocent person. The flip side of this insanity defense is what's called involuntary commitment, where a person who has committed no crime is sent to a prison called a mental hospital for "treatment." But the bottom line is he's deprived of liberty. So, on the one hand with involuntary commitment we have innocent persons who are treated as if they're criminals. With the insanity defense we have true criminals treated as if they are innocent persons, and why this is so upsetting to so many Americans is because it undermines our most precious conceptions of what constitutes justice and that is that persons who are guilty of a crime should be punished or the rest of society should be protected from those individuals, and if a person is innocent of a crime he should not be punished.

**PVS: Do you believe there are crazy people in our society?**

**JS:** I think there are plenty of crazy people in the sense that they exercise behaviors that don't make sense to me and I would certainly include many politicians in that group, but does that mean that they have a mental illness? Of course not. There's crazy behavior. We call behavior crazy because it doesn't make sense to us. But that doesn't mean there isn't a reason for that behavior. . . . You see, if we say that bad behavior, what's called mental illness, comes from a bad brain then logically we must say that good behavior comes from a good brain. In other words, it can't be selective. Brains can't just produce bad behavior, they have to produce good behavior too. Now let's think for a moment about what the implications of that philosophy are. If bad brains produce bad behavior and good brains produce good behavior, what is left of what we call a person? Nothing. And in this sense, in the name of being humanistic, I think that psychiatrists and their cohorts are basically achieving some of the most dehumanizing acts that we've seen in centuries, because basically what they're doing is calling people who are mentally ill "three-fifths of a person." They are not full persons. Just as when the first Constitution was written, Negroes were termed "three-fifths persons." There were certain political reasons for why that was done. For example, it would not allow for more representation in Congress for southern states. Calling Negroes "three-fifths persons" helped to maintain the institution of slavery. Similarly, people we call mentally ill persons are not considered full persons. It's as if they're three-fifths of a person. It's as if the Bill of Rights had at the end a postscript that said, "P.S. For mentally healthy persons only." And of course that's not the case. A person can't be part of a

person. A person is either a person or a thing.

**PVS: Is psychiatry evil in your opinion?**

**JS:** It all depends on how you use it. If you go to a psychiatrist by choice and you find meaning in the interaction, then psychiatry is good. If you're forced to see a psychiatrist and you don't want to see one and you're forced to take certain drugs that you don't want to take, then psychiatry is bad. What the difference is . . . is it a choice? You see, in real medicine, real doctors only treat people by consent. In psychiatry that is not true. People are treated against their wishes.

I'm all for psychiatry between consenting adults. What I oppose is coercive psychiatry where someone is forced to see a psychiatrist, and often when we see a psychiatrist killed by a patient we rarely hear anyone say, "Did that patient *want* to see that psychiatrist or was he forced to see him?" And I suspect that more often than not, we'll find out, upon a little investigation, that the patient did not want to see the psychiatrist. He was forced to see him "for his own good." Another way to look at this is how many psychiatrists are killed by their patients who chose to see the psychiatrists? I think it's very rare.

**PVS: Getting back to Jeremy...was it a smart choice in your opinion [for his parents not to seek antipsychotic medication for him]?**

**JS:** I think they must respect the wishes of their adult son. If they forced him to see somebody that he did not want to see, I think that would have been a very bad decision. I am all for trying to persuade someone to seek help. I see nothing wrong with that. What I object to is forcing someone. So in that particular case, if they respected his wishes then they did the right thing. Could they predict that he would have killed someone? Absolutely not. And any psychiatrist or mental health professional who claims that he or she can predict who is going to be dangerous and who is not is simply lying. There is no scientific evidence that shows we can tell who is going to harm someone else and who is not, with an accuracy beyond that expected by chance. In other words, by guessing, we'll be just as accurate as if we try to use some kind of allegedly scientific method.

**PVS: Can psychiatrists treat violence?**

**JS:** They cannot treat violence because violence is not a disease. Violence is not a public health problem. Violence is a criminal activity and that violence belongs within the realm of the criminal justice system. It is not a medical phenomena.

**PVS: I have the \$64,000 question for you. Do you believe that Ellie...would be alive today if her son had seen a psychiatrist and put on medication?**

**JS:** I don't believe she would be alive today, necessarily. He may still have killed her and he may have also killed the psychiatrist who was "treating" him.

**PVS: Jeremy, himself, told his court appointed attorney that had he been on medication, he wouldn't have killed his mom.**

**JS:** I think this is a classic example of a manipulation by a murderer to try to get himself off the hook. I don't think there's any evidence to support that claim. There are plenty of people who have been on these and related medications and still commit murder or suicide. I think that this is nonsense and I don't think we ought to believe what he says at all.

**PVS: There is a notion out there that...psychiatrists are so beholden to the pharmaceutical industry and so profit from that, that their opinions tend to be somehow skewed. What do you think about that?**

**JS:** I think we would do well to remember an old saying and that is, "He who pays the piper calls the tune." In this particular case, there is a very strong economic relationship between pharmaceutical companies and psychiatrists who administer the drugs. So just as we've seen, in *The New England Journal of Medicine* and other publications, where psychiatrists who argue that certain mental illnesses exist and that they are treatable with certain drugs, we found that there is an economic relationship with pharmaceutical companies. In other words, there are stakeholders, there are people who have an investment, economically, in holding particular views, so just like people who build prisons have an investment in making sure that marijuana remains a prohibited substance. You have pharmaceutical companies who certainly want psychiatrists to prescribe particular drugs. Is there an economic relationship? Absolutely.

**PVS: Can the field of psychiatry be objective or is it always influenced by money and its relationship with pharmaceutical companies?**

**JS:** The psychiatric relationship after all is a business relationship. Psychiatrists don't offer their services for free. So, certainly their relationship is influenced by money . . . . I think more and more psychiatrists are leaving the field and I think one thing that's important to look at is why the suicide rates among psychiatrists are so high. In the medical profession, suicide rates among psychiatrists are second only to dentists. Now we have to ask ourselves, why is this? Why are

psychiatrists so depressed that they're going to commit suicide? And I think there are a couple of reasons for this. Usually people say it's because they're dealing with very depressing scenarios with patients, but I don't think that's the case, because many doctors who treat cancer patients, especially among children, don't have high suicide rates. I think that psychiatrists recognize that what they've invested in is essentially a fraudulent endeavor and what can you do, once you recognize that you've spent five or six years in training as a doctor to basically prescribe for a nonexistent Valium and Haldol deficiency? Well, you can leave the profession, but that's difficult because you made a major investment. No one wants to admit that they made a mistake. You can practice purely contractual psychiatry and be ostracized or shunned by your peers; or you can believe more strongly in the faith. And psychological research shows when people engage in what's called "cognitive dissonance" believing more strongly in something they recognize is false is often an avenue that they take. Did you know that they had a high suicide rate?

**PVS: What is your relationship with the Citizens Commission on Human Rights?**

**JS:** I was given an award in January of 2006 by the Citizens Commission on Human Rights and I believe that the title of the award was "For Outstanding Contributions In The Struggle Against The Therapeutic State." I was honored to receive this award. It was very generous . . . . There's an old saying, "The enemy of my enemy is my friend." I have been a critic of institutional psychiatry for many, many years and the Church of Scientology [that established CCHR] appears to share an interest in informing the public and protecting people from the harms that have been committed by institutional psychiatry. So in that sense, the enemy of my enemy is my friend.

[End.]