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The Rationality of Irrationality: Schizophrenia, Criminal Insanity & Neuroses

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Introduction

This book aims to challenge the scientific consensus behind contemporary theories of psychopathology and thereby resolve the longstanding theoretical crisis plaguing the field. It is a commonplace that schizophrenia is a severe neurological disturbance requiring prolonged clinical and pharmacological intervention. This in spite of the fact that no specific neurological abnormality or marker has ever been exclusively associated with the disease; the fact that many cases develop in the absence of all detectable brain impairment; that many cases achieve full recovery without drugs; and that the heterogeneity of symptoms observed across the patient population is vast and bewildering. Furthermore, widely-prescribed antipsychotic drugs, often considered a boon of modern medicine, come with an array of damaging side-effects and are linked with an increased risk of cardiovascular disease, cognitive dysfunction, and mortality. Yet so long as traditional psychological theories, and psychoanalysis in particular, are unable to explain the presence of statistical correlations between schizophrenia and brain impairments, the medical approach to the disease will remain predominant.

The book offers a novel theory of madness, called Psycho-Bizarreness Theory (PBT) that promises to end the chronic theoretical standstill by integrating the seemingly incompatible evidence pertaining to the development and treatment of behavioral disorders into a single theoretical framework. The major tenets of the theory are as follows:

Empirical Diagnostic Criteria for Bizarre Behaviors: PBT preserves Freud's original hypothesis that behavioral disorders can be divided into bizarre and non-bizarre deviant behaviors, and that all bizarre behaviors share a common etiology. To distinguish between these behaviors, PBT suggests five major and two secondary diagnostic criteria based on the latest clinical and research data.

Madness as a Rational Coping Mechanism: The axiomatic assumption behind traditional theories of behavioral disorders is that they are the consequence of irrational mechanisms, such as traumatic childhood events, neurological impairments or negative learning experiences. Contrary to this common thinking, PBT views madness as a rational coping mechanism, which individual may unconsciously adopt when confronted with intolerable levels of stress. Brain abnormalities observed in some schizophrenic patients constitute one major source of stress and incapacitation that may motivate individuals to adopt a specific madness. The major psychological function of these behaviors is repression, i.e., to block the accessibility of stress-related thoughts. Thus, contrary to psychoanalysis, repression follows madness rather than vice versa.

Madness as an Economic Decision: Like a consumer choosing between different goods, an individual seeking to alleviate their intolerable stress through bizarre behavior chooses their specific madness according to three basic economic principles: 1) The behavior must increase the individual's control over their stressor and/or provide social privileges, such as sympathy or monetary rewards. In times of war, for example, soldiers are likely to adopt conversion disorders such as paralysis, blindness or epilepsy rather than, say, anorexia nervosa. Similarly, people who blame themselves for their failures in coping with life's demands, and thereby suffer from low self-esteem, are likely to choose a mad behavior such as schizophrenia that can inflate their self-esteem by way of delusions; 2) The behavior must be present and available within the individual's conscious environment, as is determined by various channels of information (e.g., mass media, family, peer group, etc.); 3) The benefit induced by the specific madness must exceed its cost; in other words, the individual must intuitively feel that the behavior effectively relieves his/her emotional distress, and that doing so would be worth the toll taken by the symptoms.

The Development of Unawareness: While the choice of a specific mad behavior is unconscious, its manifestation and maintenance are conscious. Patients become unaware of their own Knowledge of Self-Involvement (KSI) and True Reason (TR) for acting bizarrely through a variety of cognitive processes that cause them to forget this information. They subsequently develop a self-deceptive belief that enable them attribute the cause of their symptoms to factors beyond their conscious control, stabilizing their KSI/TR-unawareness. This new concept of unawareness has numerous advantages over the Freudian concept of the unconscious: it avoids recent empirical challenges to the latter's validity; explains clinical evidence indicating the frequent coexistence of awareness and unawareness; and provides a precise account of the mechanisms

controlling therapeutic change, which in turn facilitates recovery.

A Comprehensive Therapeutic Approach: PBT is the only theory that integrates all therapeutic interventions proven to be effective in the treatment of mad behaviors under a single theoretical umbrella. An intervention is selected not on the basis of its original theoretical grounding but rather on the basis of the patient's unique symptoms, background, and needs. It equips clinicians with a set of principles that guide them to the right therapeutic approach for each patient, and thus facilitates and enhances the therapeutic outcome. In addition, PBT outlines a new intervention, termed "Rational-Insight Therapy," that aims to increase patients' awareness of their current stressors and the faulty behavioral methods they have used in response to their problems. Simultaneously, it strengthens the patient's coping skills through targeted training.

The book's recommendations for effective and lasting reform in the practice of psychopathology are as follows:

- In line with growing criticism of the APA and its financially-motivated theoretical bias, the current DSM must be abandoned as the major classificatory system for psychiatric professionals.
- Freud's original diagnostic categories of neuroses and psychoses must be reinstated, in accordance with PBT's diagnostic criteria.
- Patients suffering from psychotic disorders like schizophrenia and bipolar disorder must be treated in rehabilitation centers under the care of psychologists, rather than in hospitals administering a medication regimen.
- The use of psychiatric drugs must be limited to the most severe cases, namely those exhibiting therapy-resistant depression with a high risk of suicide.
- Criminal insanity must be diagnosed by empirical criteria, such as those offered by PBT. The criminally insane should be held fully accountable for their actions and punished accordingly, with regard for the stressful circumstances that may have encouraged their adoption of the disorder.

Robert Aumann (2016), the Nobel Prize-winning economist, noted in a letter of support for this book, that PBT

Fits in very well with the concept of rationality as understood in economics, where a person's behavior is considered 'rational' if under his circumstances, it advances his goals. In turn, this is well rooted in evolutionary theory; under the doctrine of 'survival of fittest,' the behavior of organisms has evolved in order to serve the organism's interest. Thus, Rofe's theory, revolutionary as it sounds, fits well into the frameworks of economics, game theory and evolution [1-9].

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