

American Psychosis or Mad Science?

Keynote Address

National Association for Rights Protection and Advocacy (NARPA)

Annual Meeting, Seattle, WA

September 5, 2014

DRAFT

David Cohen, PhD

Professor, Department of Social Welfare

UCLA Luskin School of Public Affairs

cohen@luskin.ucla.edu

American Psychosis is the latest book from E. Fuller Torrey, MD, psychiatrist and director of the Stanley Mental Health Research Institute, founder of the Treatment Advocacy Center, and Professor of Psychiatry at the Uniformed Services of the Health Sciences. Published this year, the book is sub-titled: *How the Federal Government Destroyed the Mental Illness Treatment System*. [1] The book seems timed and targeted to conform to a salient political trend of suspiciousness toward the federal government and being in favor of increasing states' rights. It presents not so much a "law and order" orientation but a "law-and-order-through-forcing-the-'seriously-mentally-ill'-to-take-their-medications" orientation.

Torrey weaves a number of stories in this book. First, there's the story of the Kennedy family's decision to lobotomize daughter Rosemary in 1942 after a history of perhaps mild mental retardation and flirting with men, embarrassing her family and worrying them that she might be preyed upon. The operation was an "unmitigated disaster" (p. 12), leaving Rose in an infant-like state unable to feed or dress herself (she was eventually sent to be cared for in a religious institution in Jefferson, Wisconsin, where she died in 2005 at the age of 86). Torrey argues, convincingly I believe from the sources he has consulted, that this episode created an immense and lasting guilt in the Kennedy family, "a sin that demanded expiation," especially in John Fitzgerald, who was perhaps closest to Rosemary.

There is then the story of a few individuals, especially Robert H. Felix, a psychiatrist and director of the National Institute of Mental Health (NIMH) from 1946 until 1962 who in the mid-1940s was dreaming of a world without mental hospitals and a psychiatry devoted to curing all the ills of humanity by detecting, treating, and preventing mental illness. By 1945, Felix was proposing the new involvement of the Federal Government (which was barely if at all involved) into all aspects of the mental illness treatment enterprise, especially by hiring personnel to staff new community clinics and to modify the environment (to prevent future cases of mental illness). Felix had in mind something a bit like we have today, where talk of "mental health" is everywhere, where teachers, journalists, social workers, everyone is concerned about mental illness and detecting it wherever they look, and working in some way or other to treat or "prevent" it. This, Felix argued, would lead to a peaceful society. Felix created an extremely

effective mental health lobby, consisting of a few allies like the journalist/lobbyist Mike Gorman, who went to work actively and enlisted the support of many legislators.

A third story is how, following John F. Kennedy's winning the presidential election in 1961, Felix and his associates put the new Federal program into action, effectively killing the state hospitals by transferring costs of discharged patients to the Federal government, and killing whatever few state programs were already in place to work with discharged patients in the community. They created, according to Torrey, not only an irresponsible depopulation of state hospitals, but one bordering on the criminal. (Torrey's view here is not original, it consists of one half of Thomas Szasz' view that expulsion from state hospitals followed involuntary detention into state hospitals, continuing the long cycle of coercing the mad.) These institutions had taken 100 years to develop to their present state. There were no really well-thought out plans of what to do, how to help inmates of total institutions (citizens of the only communities that they had in many cases known for decades) to transition into more ordinary lives, no real idea that these people might not want to follow the advice or take the drugs others expected them to. Also, no real money followed these "patients" into the communities. Much, though not all of this, is well-known, but Torrey does nicely summarize parts of it again, adding reminiscences and informative quotes from some key players and observers.

Other stories follow in the book, especially how, by the late 1970s, the entire treatment system was dysfunctional (if, of course, it had ever been "functional"), focusing on the worried well and having abandoned those Torrey calls the seriously mentally ill, with successive Federal administrations oblivious to the problems they had created. Today, these problems, according to Torrey, essentially amount to (1) many disturbed homeless people in the streets of American cities, (2) many disturbed people being shunted to jails and prisons, and (3) many "untreated schizophrenics" assaulting and killing the rest of us.

Over several pages, Torrey lists, from newspaper reports, names of individuals presumably "diagnosed with schizophrenia" or "with untreated schizophrenia," or who were "not taking their medications," who have killed other people. Torrey estimates that 10% of homicides in the US can be attributed to the seriously mentally ill, and that this has gotten worse over the years. Unfortunately, any critical examination of these incidents, even a few of these, is totally lacking in this book. Not one, as far as I could tell, is followed up to see if the interpretation has any basis in fact or could be interpreted differently. Of course, there is no mention of people taking their medications *and* being violent. This is no scholarly analysis, it appears to me as plain scaremongering.

(Despite listing dozens of incidents taken from newspapers, Torrey doesn't mention a well-known case in New York, that of David Tarloff, who apparently killed a psychotherapist and assaulted a neighboring psychiatrist in 2008, making national headlines. I wonder if Torrey omits him because Tarloff was not someone whom the system had neglected, but actually someone who had been for over 17 years repeatedly hospitalized and treated, usually involuntarily).

American Psychosis culminates in a list of 10 recommendations to improve the system. Some of these seem desirable or non-controversial, like this one: “4. Continuity of care, especially continuity of caregivers, is essential for good psychiatric care of individuals with serious mental illness” (p. 154), or this one: “6. To protect vulnerable mentally ill individuals living in nursing homes and board-and-care homes, there must be periodic, unannounced inspections by an independent state agency. Evaluations and corrections must be made public,” (p. 156). (Concerning the latter, Torrey doesn’t mention inspections of existing state mental hospitals.)

Other recommendations are more problematic from my point of view, especially as co-author, with Stuart A. Kirk and Tomi Gomory, of *Mad Science: Psychiatric Coercion, Diagnosis, and Drugs*, published in 2013. [2] In this book, we have looked at several of the same issues and the same history and even some of the same players as does Torrey, but we do not come to the same conclusions.

Allow me to discuss four of Torrey’s recommendations.

“1. Public hospitals cannot be completely abolished. A minimum number of beds, perhaps 40 to 60 per 100,000 population, will be needed. This is approximately four times more beds than we have available today.” (p. 146)

First, it’s important to note that the manner and the speed with which state hospitals were depopulated, without adequate resources and money in the community, was of course largely a move directed by establishment psychiatry, and the majority of other mental health authorities and experts rallied to it. (Torrey’s book is endorsed by two former American Psychiatric Association presidents, Jeffrey Lieberman and Alan Stone.) I feel that many authorities and experts could rally to Torrey’s views in an instant—though this would be no guarantee of their cogency.

In any case, Torrey just *assumes* that hospitals will do the job that’s assigned to them well. He does know what a “total institution” is, and he includes mental hospitals in that list (p. 155), but he seems unaware that even in the post-trans-institutionalization era, mental hospitals have been regularly involved in perpetrating abuses on their residents. [3] In any case, he mentions in passing here and there that it would be nice to provide asylum to the helpless and wretched, but doesn’t define what asylum is supposed to mean in practice—he simply morphs the idea of *asylum* into an obvious, self-evident need for *psychiatric hospitals*, medically-run and medically-activated settings for people Torrey considers to suffer from brain diseases. (I’ll return to this last point in a moment).

In sum, Torrey doesn’t examine the case that psychiatric hospitalization improves the lives of patients, he just *knows* it does. An extensive review by Charles Kiesler and Amy Sibulkin [4] of randomized controlled studies conducted from 1967-1985 comparing mental hospitalization to some alternative intervention found no differences, or the alternative outperforming hospitalization, on outcomes of readmission, psychiatric symptoms, employment, social functioning, and patient satisfaction. To my knowledge no similar comprehensive systematic

review has been published since Kiesler and Sibulkin's. However, more recent research we've reviewed until 2009 [5], comparing inpatient psychiatric hospitalization to day hospital/crisis respite care, a Soteria-like alternative residential program, a consumer-managed residential program, and a variety of community-based services, also failed to demonstrate superior outcomes for inpatient hospitalization as compared to less-restrictive and usually consumer-preferred alternatives. None of this is discussed by Torrey.

2. "Lack of awareness of illness (anosognosia) must be considered when planning any mental illness treatment system and provision made for the implementation of some form of involuntary treatment, such as assisted outpatient treatment (AOT) or conditional release for approximately 1% of all individuals with severe mental illnesses who are living in our communities." (p. 148)

Everything significant that E. Fuller Torrey has to say about why people who are considered afflicted with "serious mental illness" pose any problem to themselves or society is that *they're not taking their medications*. He mentions in eight words that "Side effects of the medication are one reason" (p. 146). He writes: "The most important reason, however, is that illnesses such as schizophrenia, bipolar disorder, and severe depression with psychotic features often affect the parts of the brain we use to think about ourselves... Individuals with damage to these parts of the brain lose their awareness of illness and insight into their own needs. [This is] the result of disease-related anatomical damage to specific brain areas" (p. 146-147).

Now, only E. Fuller Torrey seems to know this, because no other credible expert speaks with such certainty. For example, David Kupfer, the head of the APA's DSM-5 Task Force could write, "We're still waiting for biomarkers" of mental illness [6]; the Director of NIMH Tom Insel can agree that we haven't found these long-awaited biomarkers and need a new research program to find them, and also stated that "despite five decades of antipsychotic medication... there is little evidence that the prospects for recovery have changed substantially in the past century" [7, p. 130]; the psychiatric brain researcher Nancy Andreasen can finally and formally acknowledge that the most frequently seen brain shrinkage among people diagnosed with schizophrenia is likely caused by antipsychotic drugs [8]; and no "disease-related anatomical damage to specific brain areas" that Torrey matter-of-factly states exists is ever used as a biomarker or outcome measure of any sort in any known drug or treatment study—again none of this is mentioned by Torrey.

It's obvious that Torrey has phrased "the problem" he's concerned about in a way most appealing to the vast majority of Americans who have been nursed into the myth-of-mental-illness and the brain disease paradigm: impersonal entities take hold of unlucky people and make them do awful things to others and to themselves. We need to control these people by forcing them to take medications or locking them up in hospitals, or both. Torrey's view has striking parallels with the 17th-century chaining of the mentally ill to tame the wild beasts inside them.

Torrey reviews with glowing praise various studies that show that involuntary treatment in the community dramatically reduces rehospitalization, victimization, and incarceration in jails and prisons. He doesn't hint at any problems with these studies nor does he cite any contrary evidence.

It's important here to note that even within conventional, orthodox psychiatry, there are quite contrary views and acknowledgements of the evidence concerning involuntary treatment in the community. We were reminded of these other views in the *Los Angeles Times*' interview with University of Oxford psychiatrist Tom Burns, published July 22, 2014 [9]. As Burns points out, there are only three solid randomized studies of community involuntary treatment orders, and all of them reach the same conclusion: *adding compulsion to care doesn't make a difference to any outcomes you're measuring*. But care appears to be better than no care. Thus it's access to basic care that's more important. Burns goes further in his interview, making what I think is a comment with profound implications: "If you're going to use compulsion to make me feel better about my job, the compulsion should be on me, not the patient." If we need to constrain someone when we're trying to help, constrain the behavior of the *helper*, not the client! We urgently need such reminders, and other reminders and implications, of an ethic of *care* (rather than an ethic of compulsory emergency public health).

But Torrey seems to want to soften the blow by formally suggesting that only 1% of the "severely mentally ill" require "some form" of involuntary treatment. The "severely mentally ill" (basically those diagnosed with schizophrenia, bipolar disorder, and depression with psychotic features) are estimated by the National Institute of Mental Health to make up about 5.3% of all American adults (or about 12.3 million people today). The 1% are Torrey's wild beasts, with no knowledge or awareness of what they could possibly need because of their "disease-induced brain damage," and they would number about 123,000 adults (who may already be in hospitals, jails, or other institutions). He obligingly provides a breakdown of this number state by state, based on known Census estimates of the number of American adults.

Throughout his book, Torrey gives the impression that many such people are running amok and need to be restrained. But he doesn't hint that we are coercing troubled people at an alarmingly high level already, in the community too. It's unfortunate that no national data regarding involuntary hospitalization or even unduplicated counts of the numbers of individuals hospitalized psychiatrically in a single year exist. One is forced to rely on extrapolations from state and local data for any such estimates. Based on data released by California and Florida in 2010, my colleagues and I conservatively estimated in *Mad Science* that 1.4 million American adults are subjects to involuntary hospitalization each year. This constitutes possibly 62% of all psychiatric hospitalizations (but doesn't include those deemed voluntary though the hospitalized know they would be forced if they do not submit).

When you add in estimates that 44 to 59% of individuals receiving public mental health services sampled in five US cities were subjected to at least one of four coercive measures in the community [10], and when you add in the approximately 330,000 estimated individuals diagnosed with serious mental illness in prisons and jails, you could conclude that, of the

approximately 9.5 million patient mental health care episodes in 2002 in the US, 3 to 4 million of our citizens are subjected to coercion in the name of mental health in a single year. Torrey is silent on this (though he expresses sympathy for those abused and neglected in jails, board and care homes and nursing homes). One might argue, as we do in *Mad Science*, that the mental health system runs largely on coercion, but you wouldn't know it from reading *American Psychosis*.

“3. Community treatment of mentally ill individuals will only be successful if carried out by community mental illness centers, not in community mental health centers. The change of one word is crucial to the success of any such program. Mental illness centers may be freestanding or integrated as part of medical centers.” (p. 152)

This seems like a point with only cosmetic implications but it is the crux of the matter. Torrey's view of the situation is that these people causing “the problems” are ill, they suffer from a brain disease. In our book *Mad Science*, we try to deconstruct that notion and show that it is as empty as it is seductive. As a proposition, its major asset is that it only needs to be asserted, never demonstrated. It feeds on a widespread belief in American society, and indeed much of the world, that seemingly incomprehensible problems of distress and misbehavior can be made more reassuring and manageable if we call them illnesses and treat them as illnesses, regardless of the consequences.

For me this is an ideological view, not a genuinely scientific view (at best, it's a hypothesis, though the way it has been proposed in mental health, it remains unfalsifiable—think of how long it's been proposed and how many reforms have been based on it and how many institutions rest on it, and we're still proposing new large research programs to make baby steps, merely hoping to find first wisps of evidence for it... while everyone just *knows* it's true...). It is convenient to hold such a view today, and indeed it is an act of courage and independence for anyone to think critically about it given the forces arrayed today against such critical thinking. It is convenient for many people and for society generally not to have to understand the different pathways into what we call psychosis, not to have to grapple with the fact that there has always been conflict, tragedy, abandonment, murder, displacement, and that these unfortunate circumstances can be explained by understanding people's histories, motives, opportunities, and roles. Sometimes there are no discernible explanations. It is tempting, very tempting, when we don't *know someone* (admittedly a very difficult and laborious thing to do), to blame their errant brain chemistry (or, these days, their circuitry) for their bad actions or omissions, or for their only possible actions given their awful circumstances. (Especially if we find it distasteful to hold them responsible as *persons*.)

“9. In selected cases, psychiatric information on mentally ill individuals who have a history of dangerousness should be made available to law enforcement personnel, because they are now the frontline mental health workers.” (p. 161)

Let me state here right away: I believe that mental health status should not be an excuse to shelter someone's dangerousness, if it's credibly established. There should be one law for everyone. This is of course the Szaszian position, and it is threatening to many people, in and out of the system.

I'm singling out this recommendation because an often-mentioned but rarely documented aspect of the contemporary situation that Torrey, to his credit, tackles in *American Psychosis* concerns the relatively new roles of police officers and police departments throughout the country, and this part of the book is worth reading carefully because of some of the astonishing figures Torrey provides, and also to help us think through the consequences of these newer roles of law enforcement officers.

Torrey estimates that "at least one-third, and perhaps as many as one-half, of all officer related shootings" in the US are of people with a history of mental illness or substance abuse. If valid, this is an extraordinarily worrying estimate. What exactly does it mean? Torrey blames these shootings, ambiguously, on "the failed mental illness treatment system" (p. 121). He has been stressing throughout his book that the system has failed to treat disturbed or disturbing people involuntarily, and that has led, in some pathway that he does not specify, to them being shot by police in our city streets.

I think it's fair to entertain another hypothesis than what Torrey means by a "failed treatment system." I think that precisely because police have been taught to view mentally unbalanced or distressed persons as in the grip of impersonal forces that give them a *larger-than-life* dangerousness, precisely for that reason might seasoned police officers shoot bullets into people who are visibly unarmed but might make some threatening gesture toward them. In other words, I suggest a different explanation for the troubling figures that Torrey provides about police shootings of distressed, misbehaving persons considered mentally ill: it's a direct consequence of teaching police officers the unproven "medical model." Dr. Torrey, of course, doesn't go there.

But there may be an area upon which Torrey and I might agree. In *Mad Science*, my co-authors and I argue that coercion and care must be decoupled. In other words, members of the helping professions who wish to coerce non-consenting adults into some form of treatment or care should work as members of the police or the military, the arm of society that legitimately monopolizes the use of force against others—they should not work for the health care or mental health care system, which must value and uphold *consent*. Torrey's related suggestion in this regard is not one of his ten recommendations, but he presented it as a possible experiment:

"Another experiment might involve completely abolishing the state or county department of mental health and giving all Medicaid and other mental illness-related funds to the state or county department of corrections. Because the police and sheriffs have de facto become the frontline mental health workers and the jails have become the primary psychiatric inpatient units, why not let

corrections take complete responsibility, along with the funds, and measure the outcome? What would most likely happen is that corrections personnel would focus resources on the most severely ill patients, which would almost certainly be an improvement over the present system.” (p. 166).

Conclusion

American Psychosis is a scary book because its author has found a simple but misleading way to argue for the changes he believes are desirable. The huge problems of homelessness and crime that he decries, he thinks are largely driven by a small minority of brain-diseased individuals who do not know or understand that they need to take medications. Let’s identify them based on their diagnoses and misbehavior, and let’s force them to take these medications or institutionalize them, he urges. What a wonderfully simple policy proposal, what an amazingly seductive solution, especially for those people who avoid tested evidence, critical thinking, and complexity. Despite Torrey’s qualifiers that “not all” the seriously mentally ill are dangerous, it’s hard to think of a clearer example than *American Psychosis* of scaring the masses to stereotype people with certain (or any?) psychiatric diagnoses as uniformly dangerous, unpredictable, needing restraint.

But Torrey’s view, though I’m certain it could gain the assent of many, many citizens and legislators, must be contrasted with the recommendation of another psychiatrist, Tom Burns, a professor of social psychiatry in one of the world’s most venerable universities and an experienced clinician as far as I know, and furthermore an orthodox psychiatrist who seems fully committed to the disease model of distress and misbehavior. (The only problem is that Burns is from the UK, so his views can be more easily dismissed here in the US...) Here’s what Burns states in his *Los Angeles Times* interview:

“The long-term treatment of very severely mentally ill people — consistent, steady, low-grade outreach which is flexible and which goes on for months and years and which is based on ensuring the person gets their medicine, ensuring their social life is stabilized as best we can — that reduces the rate of relapse substantially.” [9]

Burns doesn’t say that one must ensure that people “take” their medicines, just ensuring that they “get” it (remember that he’s arguing against the use of compulsion). He describes the rest of the work as patient, persistent *persuasion*, even “nag[ging].” Persuasion means relating, not imprisoning. It flows from an ethic of care, not coercion.

There is no simple solution à la Torrey for people Torrey (and Burns) call “the seriously mentally ill.” But Torrey’s book does describe a lesson in failed experiments, failed grand experiments based on ideas that specific therapeutic programs can solve society’s tragedies. If anything, the dreamers of the grand community mental health program did entertain such ideas. I’m not convinced that reforms based on metaphors like “mental illness” and “mental health” can ever

substitute for genuine economic or political or legal reforms when social progress, equality, even safety are the goals.

At the same time, it's sobering to think (though Torrey doesn't say so in these words but would have to admit), that nothing "works" in psychiatry. We discuss this point in *Mad Science*: if the history of psychiatric treatments shows anything, it's that *no existing psychiatric treatment can compete with coercion*. The bottom line that we have seen and been told repeatedly is that the "most seriously ill" *always* need coercion. We cite in our book professor of psychiatry Jeffrey Geller, who wrote, revealingly: "*the notion that we can eliminate all coercive interventions by using our current arrays of psychopharmacologic agents, psychotherapies, and rehabilitation interventions is without precedent*" [11, p. 494]. If so, then, to achieve what psychiatry wants to achieve with those it believes need it most, psychiatry must first coerce. We'll leave discussing the implications of this idea for another time (e.g., what this implies both about the nature and the future of that profession).

Torrey's book in my view, and of course other similar and related developments such as the proposed House Bill 317, the "Murphy Bill," are a call to action, our action. They're reminders of the need for eternal vigilance, if those of us here today needed to be reminded of that need. At the very least, we must come up with our own 10-point program and proposals.

For example, we can't be upset with Torrey that he doesn't flesh out the idea of asylum (shelter, haven, refuge, oasis, retreat, protection, sanctuary). After all, who else has fleshed it out in a manner relevant to today's society? Obviously, whatever else awful that they did, and regardless of the fact that many of their inmates were effectively slave-laborers, the state mental hospitals used to protect society, and used to protect some people from being preyed upon by predators in the community. What sorts of asylum, if any, is needed by abandoned people on our streets who are obviously distressed and sometimes misbehaving and often annoying? Who could take the initiative to create and administer public asylum today, in what form, and under what conditions of admission and stay? And funded by whom, if a questionable mental disease justification is irrelevant? Wouldn't millions of people line up and clamor to get free room and board (or whatever else asylum might offer)? I don't know which voices in "our camp" have offered serious proposals for this option.

Torrey's book is a challenge: We need a summit of thinkers and doers who will generate clear ideas, draft important talking points, not merely to rebut dangerous notions that rest on medicalizing complex social, economic, and interpersonal problems, but to advance our case for a society that genuinely tries to improve the situation of our most distressed and dispossessed, and genuinely attempts to increase safety for all of us.

Thank you.

Works Cited

- [1] Torrey, E. F. (2014). *American psychosis: How the federal government destroyed the mental illness treatment system*.
- [2] Kirk, S. A., Gomory, T., and Cohen, D. (2013). *Mad science: Psychiatric coercion, diagnosis, and drugs*. Transaction Books.
- [3] See, for example: Grohol, J. M. (2008, May 5). "Texas mental hospitals: A haven for abuse." Retrieved August 9, 2014 from <http://psychcentral.com/news/2008/05/05/texas-mental-hospitals-a-haven-for-abuse/2224.html>; James, Susan Donaldson (2014, April 1), "Mom sues psychiatric prison, alleges son isolated for 6,300 hours, shackled to bed," Retrieved August 9, 2014 from <http://abcnews.go.com/Health/mom-sues-psychiatric-prison-alleging-abuse-schizophrenic-son/story?id=23133761>
- [4] Kiesler, C. A., & Sibulkin, A. E. (1987). *Mental hospitalization: Myths and facts about a national crisis*. Sage Publications.
- [5] Gomory, T., Wong, S., Cohen, D., and Lacasse, J. (2011). Clinical social work and the biomedical-industrial complex. *Journal of Sociology and Social Welfare*,
- [6] American Psychiatric Association. (May 13, 2013). Statement from DSM Chair David Kupfer, MD. APA Release 13-33.
- [7] Insel, T. R. (2009). Translating scientific opportunity into public health impact. *Archives of General Psychiatry*, 66(2), 128–133.
- [8] Ho, B., Andreasen, N. C., Ziebell, S., Pierson, R., & Magnotta, V. (2011). Long term antipsychotic treatment and brain volume: A longitudinal study of first-episode schizophrenia. *Archives of General Psychiatry*, 68(2), 128-137.
- [9] Morrison, P. (2014, July 22). Can Laura's Law help the mentally ill? [Interview with Tom Burns]. Retrieved August 9, 2014 at: <http://www.latimes.com/opinion/op-ed/la-oe-morrison-burns-20140723-column.html#page=1>
- [10] Swartz, M. S., Swanson, J. W., Kim, M., & Petrila, J. (2006). Use of outpatient commitment or related civil court treatment order in five U.S. communities. *Psychiatric Services*, 57, 343–349.
- [11] Geller, J. (2012). Patient-centered, recovery-oriented psychiatric care and treatment are not always voluntary. *Psychiatric Services*, 63(5), 493-495.

Psychosis is a condition of the mind that results in difficulties determining what is real and what is not real. Symptoms may include delusions and hallucinations. Other symptoms may include incoherent speech and behavior that is inappropriate for the situation. There may also be sleep problems, social withdrawal, lack of motivation, and difficulties carrying out daily activities. Psychosis can have serious outcomes. Psychosis refers to a loss of contact with reality, during which hallucinations or delusions may occur. It occurs with some mental illnesses. Treatment is available. Psychosis involves a loss of contact with reality and can feature hallucinations and delusions. It is a symptom of schizophrenia and bipolar disorder, but there are many other causes. In this article, learn more about psychosis, including what causes it and the treatment options available. Mad in America SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE. Editorial. MIA Reports. A colleague from another country e-mailed me with some questions after having read, E. Fuller Torrey's most recent book, American Psychosis. My initial response was to tell him that Torrey saw things through an ideological filter and to be cautious about taking what Torrey wrote at face value. But I got to thinking. I have made the mistake in the past of dismissing ideas based on assumptions or group think. I also think it can encourage less rigorous thinking if one only reads books that are bound to support one's world view. I digest a steady diet of such books. The scientists come into the room to visit you periodically. This is what it means to think outside the box, and this is what it means to be psychotic. The experiment presented here is particularly interesting because it presents a possible axiom for psychotic thinking. The level of investment a person has, outside the box, compared to inside the box, should correlate to the degree of disconnect from reality, because reality, is what is inside the box. The further from the box you go, you begin to rely more heavily on either abstract or predictive data, and the potential for error increases.