

# Vaccine madness!

Do psychiatric disorders feed “anti-vax” belief?

By David N. Brown

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It is a ubiquitous complaint that those who blame vaccines for autism and/or reject vaccines for other pseudoscientific reasons are oblivious or actively hostile to sound reasoning and argument. This essay will consider the possibility that this is even more accurate than it is intended to be. What if the rejections of vaccines and pursuit of “quack” cures are diagnosable symptom of mental illness?

## *Obsessive-compulsive disorder*

A blatant theme in anti-vaccine media is fear of contamination, which happens to be a characteristic feature of phobias and rituals in OCD. The role of contamination phobia is particularly apparent in the emphasis on ingredients other than the biologically active ones in the vaccine. Disproportionate fear creeps in in a variety of ways. Ingredients with an unquestionable potential for harm, such as mercury and formaldehyde, are assumed to have effects well out of proportion to the quantities present in the vaccine. Ingredients that are probably harmless, such as aluminum, are assumed to have severe effects for no good reason. Most tellingly, some ingredients simply do not exist. One such feared non-existent ingredient is “anti-freeze”, an allegation apparently based on confusion between phenoxyethanol and ethylene glycol. Even more interesting is the allegation of “aborted fetuses” in vaccines. (“[Fetal Tissue and the Production of Vaccinations: Do Vaccines Contain Aborted Babies?](#)”, by one Christina Marie, gives a concise account and rebuttal of this notion.) This is undoubtedly evolved from well-documented use of fetal tissue in creating certain vaccines, and obviously reflects specific religious and social beliefs on the abortion issue. It cannot be doubted that there is also a deeper and more pervasive set of beliefs at work: the approximately universal taboo against cannibalism. It is only on this level that the reaction even makes sense: From a (bio)logical perspective, there is no harm in ingesting tissue from one's own species compared to any other (except for greater risk of contracting a disease if the tissue isn't well-prepared). Only on the moral or magical level is there a perceptible problem.

There are two further signs of OCD-like thinking in the anti-vaccine/biomed community. First, their proposed cures are commonly presented in terms which invert those of a contamination phobia: as free from poisons, and as cleansing the body of the harmful contaminants (mercury, yeast, etc.). Second, there is a tendency in evidence to assume that a contamination, once present, cannot be removed. Just as those with OCD wash their hands in repetitive rituals, so they continue “cleansing” treatments like chelation long after the problem, if it existed in the first place, would be solved. They are equally unresponsive when others try to oblige a superficially reasonable complaint: More than five years after thimerosal was removed from almost all vaccines, many antivax writers still speak of it as still present, largely by ignoring the facts that vaccines are perishable and that distributors can return them for a full refund.

## *Trypanophobia*

This is, quite simply, fear of having an injection, which is commonly accompanied by a strong feeling of disgust. In some cases is so severe that sufferers may avoid medical care altogether. Diagnostic

manuals have described it as one example of a broader category of blood-injection-injury phobia(s), thought to collectively occur in 3-4% of the population, with less pronounced manifestations in up to 15%. Obviously, those who suffer this disorder would be predisposed to reject vaccination, and accept scientific arguments validating that decision. It is also predictable that the same people would respond favorably to two significant ideological subtexts of the anti-vaccine movement: rejection of conventional medicine in general, and religious and mystical beliefs about blood. This has profound implications for public vaccination: At least 3% of the population will always be unhappy or entirely unwilling to be vaccinated, and another ca. 10% have sufficient tendencies toward phobia to reject vaccination with minimal encouragement.

### *Munchausen Syndrome by Proxy*

This has been raised as a criticism of parents who are particularly zealous and persistent in seeking biomedical “cures” for a child's autism, including Jenny McCarthy. I am not particularly happy with this line of argument, but it has come to my mind before encountering it from others, and a number of facts would support it:

1. McCarthy keeps her son secluded, to the point that his condition is difficult to evaluate independent of her own testimony.
2. Evan's reported symptoms are sufficiently unusual for his autism diagnosis to be disputed.
3. McCarthy is unable or unwilling to give a detailed and consistent account of her son's history.
4. Evan has repeatedly been reported “cured” on receiving treatments, *at which times his mother's influence and access would have been limited to some degree.*
5. McCarthy has continuously sought new treatments for her son, probably involving new physicians.

I am truly conflicted on this question. Even with the glaring contradictions in McCarthy's stories (see “Jenny McCarthy Must Get Her Stories Straight”), I see no reason to doubt that Evan McCarthy's diagnosis was legitimate. (Her account to CNN is a detailed, lucid and plausible account of recurring ASD symptoms and eventual diagnosis, in stark contrast to the story she gave to Oprah.) If what is known of his case does not fit comfortably within current definitions of ASDs, that can be put down to the need for flexibility and further development of those definitions. But one does not have to question Evan's diagnosis or (reported additional problems) to doubt the rationality (let alone effectiveness) of his mother's reaction: apparently continuous chelation, plus a stream of additional cures (HBOT, GF/CF diet, etc). That is all too consistent with a Munchausen-like need for attention from medical professionals independent of objective medical need.

I will add that, while I don't question MSbP as a valid diagnosis, I have reservations about how it is typically described. I would like to draw attention particularly to the issue of relationship dynamics. It seems to me that typical accounts, clinical as well as “popular”, assume knowing abuse against a passive, “innocent” victim. I would rather not jump to any conclusion about the role of intentional invention and inducement: Unconscious acts surely also play a part, and even something as overt as putting poison in food *might* not be a wholly conscious and voluntary act. I am also entirely skeptical about treating the victim as purely passive: Once the child recognizes that being sick or appearing so pleases the caregiver, it is not improbable that he/she will, on some level, try to comply with her wishes. At this point, the child becomes a codependent enabler to the abuse.

### *Capgras syndrome*

This is an obscure disorder (calling it a “syndrome” is a subject of debate) with connections to a pervasive mythic archetype. Sufferers believe that at least one close family member or friend has been

replaced by some kind of impostor or duplicate. It can be easily tied to “changeling” folklore, which in turn has many parallels in modern literature and cinema: the Thing, the Body Snatchers, the Terminator, and so forth. The “replacement” delusion can be regarded as a variation of that of possession, with a possible distinction: Where possession assumes a change in someone's personality and behavior, and intelligible as an attempt to describe and explain an objective phenomenon such as the onset of mental illness, those under Capgras delusion characteristically regard the “impostor” as acting the same as the “real” person. Psychologists believe that the delusion is triggered by the absence of emotions once felt for the person: Effectively, when the feelings are gone, the person is perceived as also gone. It is already ubiquitously commented that the anti-vaccine rhetoric of “stolen” children parallels the changeling myth. The further parallel with Capgras delusion offers further insight. In the case of McCarthy's Oprah interview, even if her account is taken at face value, there is nothing to support her claim that he “became” autistic, only the spectacularly unhelpful statement that “the soul was gone from his eyes”. If this is not merely a false memory or outright invention (possibilities difficult to discount!), then it is far more intelligible as Capgras-like emotional detachment that as an objective observation about her son. This could have been a trypanophobic reaction, displaced onto her son. It could have been a reaction to her delayed recognition that her son was autistic. Or, it could have occurred for no particular reason at all.

### *Autism*

The most ironic aspect of “vaccine blamers” is that their thoughts and behavior could easily meet the definition of autism, if not indeed egregious stereotypes about it. Certain characteristics are particularly notable: OCD tendencies, perseverative behavior, and the ability to gather large amounts of facts with often poor comprehension and synthesis. The culminating irony, of course, is that in trying to prove autism is a recent development caused by vaccines or some other recent factor, they may inadvertently provide especially strong examples of the role of heredity.

In closing, I will make the cautionary statement, that I do not intend to argue literally that individuals like Jenny McCarthy can be considered insane. No doubt some are, in proportions well beyond what would be representative of the general population. But, as I have often said in these essays, taking the simple explanation would mean overlooking the more disturbing possibility. I suggest that what has been illustrated here is less indicative of disorder *per se* than the ease and frequency with which apparently sound minds may show tendencies toward disorder. Call it the dark side of “neurodiversity”: If minds are considered as parts of the continuum, then even the most severe disorders may still have parallels in the range of the “normal”.

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