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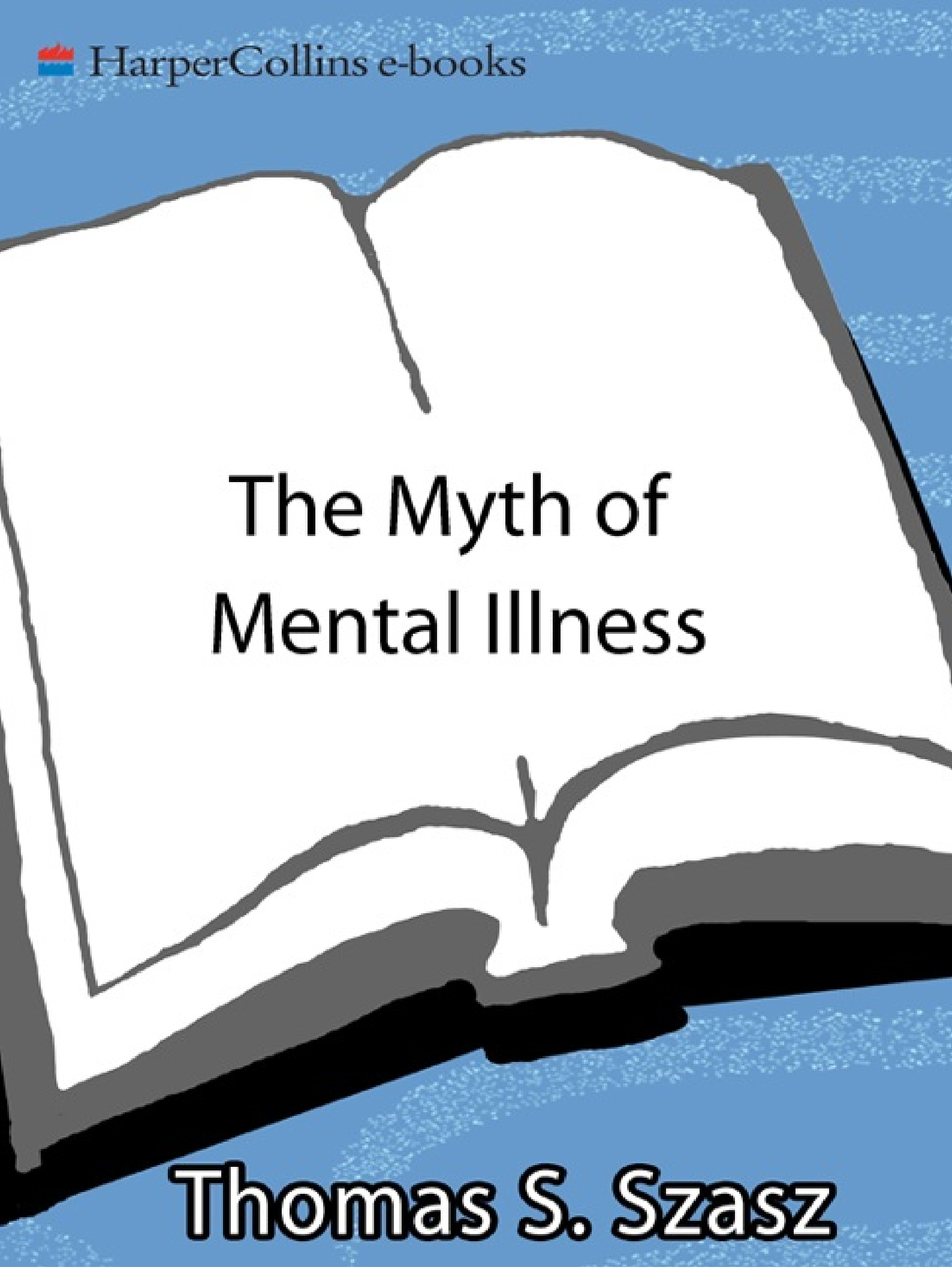

The Myth of Mental Illness

Thomas S. Szasz

THE MYTH OF

MENTAL ILLNESS

Foundations of a Theory of Personal Conduct

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Preface:

Fifty Years After *The Myth of Mental Illness*

Good intentions will always be pleaded for every assumption of authority. It is hardly too strong to say that the Constituti was made to guard the people against the dangers of good intentions.

—Daniel Webs

1

"My aim in this essay is to raise the question 'Is there such a thing as mental illness?' and argue that there is not." That was the opening line of my essay "The Myth of Mental Illness published in the February 1960 issue of *The American Psychologist.* The book of the same tit appeared the following year.[1]

In the 1950s, when I wrote *The Myth of Mental Illness,* the notion that it is the responsibili of the federal government to provide "health care" to the American people had not y entered national consciousness. Most persons called mental patients were then considere "chronic" and incurable and were confined in state mental hospitals. The physicians wh cared for them were employees of the state governments. Physicians in the private secto treated voluntary patients and were paid by their clients or the clients' families.

Since that time, the formerly sharp distinctions between medical hospitals and ment hospitals, voluntary and involuntary mental patients, and private and public psychiatry hav blurred into nonexistence. Virtually all medical and mental health care is now th responsibility of and is regulated by the federal government, and its cost is paid, in full or part, by the federal government. Few, if any, psychiatrists make a living from fees collecte directly from patients, and none is free to contract directly with his patients about the term of the "therapeutic contract" governing their relationship. Everyone defined as a "ment health professional" is now legally responsible for preventing his patient from bein "dangerous to himself or others." In short, psychiatry is medicalized, through and throug The opinion of official American psychiatry, embodied in the American Psychiatr Association, contains the imprimatur of the federal and state governments. There is no legal valid nonmedical approach to "mental illness," just as there is no such approach to measles melanoma.

This is why, fifty years ago, it made sense to assert that mental illnesses are *not disease* but it makes no sense to say so today. Debate about what counts as mental illness has bee replaced by legislation about the medicalization and demedicalization of behavior. O diseases such as homosexuality and hysteria disappear, while new diseases such as gamblin and smoking appear, as if to replace them.

Fifty years ago, the question "What is mental illness?" was of interest to the general publ as well as to philosophers, sociologists, and medical professionals. This is no longer the cas The question has been answered—"dismissed" would be more accurate—by the holders political power: representing the State, they decree that "mental illness is a disease like an other." Political power and professional self-interest unite in turning a false belief into

"lying fact."[2]

In 1999, President William J. Clinton declared: "Mental illness can be accurate diagnosed, successfully treated, just as physical illness."[3] Tipper Gore, President Clinton mental health adviser, stated: "One of the most widely believed and most damaging myths that mental illness is not a physical disease. Nothing could be further from the truth. Surgeon General David Satcher agreed: "Just as things go wrong with the heart and kidney and liver, so things go wrong with the brain."[5] A White House Fact Sheet on Myths and Fac about Mental Illness asserted: "Research in the last decade proves that mental illnesses a diagnosable disorders of the brain."[6] In 2007, Joseph Biden—then senator, now vi president—declared: "Addiction is a neurobiological disease—not a lifestyle choice—and it about time we start treating it as such.... We must lead by example and change the names our federal research institutes to accurately reflect this reality. By changing the way we ta about addiction, we change the way people think about addiction, both of which are critic steps in getting past the social stigma too often associated with the disease."[7] At the sam time, Biden introduced to the Senate a bill titled the Recognizing Addiction as a Disease Ac The legislation called for renaming the National Institute on Drug Abuse as the "Nation Institute on Diseases of Addiction," and the National Institute on Alcohol Abuse an Alcoholism as the "National Institute on Alcohol Disorders and Health." In 2008, Congre required insurance companies to provide people with mental illnesses "the same access affordable coverage as those with physical illnesses."[8]

The claim that "mental illnesses are diagnosable disorders of the brain" is not based o scientific research; it is a lie, an error, or a naive revival of the somatic premise of the lon discredited humoral theory of disease. My claim that mental illnesses are fictitious illnesses also not based on scientific research; it rests on the materialist-scientific definition of illne as a pathological alteration of cells, tissues, and organs. If we accept this scientific definitio of disease, then it follows that mental illness is a metaphor, and that asserting that view asserting an *analytic truth, not subject to empirical falsification.*

My great, unforgivable sin in *The Myth of Mental Illness* was calling *public* attention to th linguistic pretensions of psychiatry and its preemptive rhetoric: Who can be against "helpi suffering patients" or "treating treatable diseases"? Who can be for "ignoring sick people" o worse, "refusing to give patients life-saving treatment"? Rejecting that jargon, I insisted th mental hospitals are like prisons, not hospitals; that involuntary mental hospitalization is type of imprisonment, not medical care; and that coercive psychiatrists function as judges an jailers, not healers. I suggested that we view and understand "mental illnesses" an psychiatric responses to them as matters of law and rhetoric, not matters of medicine science.

This sort of rhetorical preemption is, of course, not limited to "mental health." On th contrary, it is a popular political stratagem. For example, my late friend, the developme economist P. T. Bauer, saw the same sort of deceptive rhetoric controlling the debate abo foreign aid: "To call official wealth transfers 'aid' promotes an unquestioning attitude. disarms criticism, obscures realities, and prejudges results. Who can be against aid to the le fortunate?"[9]

Although it is intuitively obvious that there is no such thing as a disease of the mind, th

idea that mental illness is *not* a medical problem runs counter to public "education psychiatric dogma defining psychiatry as a branch of medicine and mental disease as bra disease, and relentless medical-political propaganda. Thus, when a person hears me say th there is no such thing as mental illness, he is likely to reply: "But I know so-and-so who w diagnosed as mentally ill and turned out to have a brain tumor. In due time, with refinemen in medical technology, psychiatrists will be able to show that all mental illnesses are bodi diseases." This contingency does not falsify my contention that mental illness is a metapho It verifies it: The physician who discovers that a particular person diagnosed as mentally suffers from a brain disease discovers that the patient was misdiagnosed. The patient did n have a mental illness; he had, and has, a physical illness. The physician's erroneous diagnos is not proof that the term "mental illness" refers to a class of brain diseases.

In part, such a process of biological discoveries has characterized the history of medicin one form of "madness" after another being identified as the manifestation of one or anoth somatic disease, such as beriberi, epilepsy, or neurosyphilis. The result of such a discovery that the illness ceases to be a form of psychopathology and is classified and treated neuropathology. If all the "conditions" now called "mental illnesses" proved to be bra diseases, there would be no need for the notion of mental illness and the term would becom devoid of meaning. However, because the term refers to the *judgments of some persons abo the (bad) behaviors of other persons,* the opposite is what actually happens: the history psychiatry is the history of an ever-expanding list of "mental disorders."

2

The thesis I had put forward in *The Myth of Mental Illness* was not a fresh insight, much less new discovery. It only seemed that way, and seems that way even more so today because w have replaced the old religious-humanistic perspective on the tragic nature of life with modern dehumanized pseudomedical perspective on it.

The secularization of everyday life—and, with it, the medicalization of the soul and suffering of all kinds—begins in late-sixteenth-century England. Shakespeare's *Macbeth* (161 is a harbinger. Overcome by guilt for her murderous deeds, Lady Macbeth "goes mad": Sh feels agitated, is anxious, unable to eat, rest, or sleep. Her behavior disturbs Macbeth, wh sends for a doctor to cure his wife. The doctor arrives and quickly recognizes the source Lady Macbeth's problem.

Doctor [to Gentlewoman] : Go to, go to! You have known what you should not.

Gentlewoman: She has spoke what she should not, I am sure of that.[10]

The doctor tries to reject Macbeth's effort to medicalize his wife's disturbance:

Doctor: This disease is beyond my practice.

…Unnatural deeds

Do breed unnatural troubles. Infected minds

To their deaf pillows will discharge their secrets.

More needs she the divine than the physician ….

I think, but dare not speak.

Macbeth rejects this "diagnosis" and demands that the doctor cure his wife. Shakespea then, in the following dialogue, has the doctor pronounce his immortal words, exactly th opposite of what psychiatrists and the public are now taught to say and think.

Macbeth: How does your patient, doctor?

Doctor: Not so sick, my lord,

As she is troubled with thick-coming fancies

That keep her from her rest.

Macbeth: Cure her of that!

Canst thou not minister to a mind diseased,

Pluck from the memory a rooted sorrow,

Raze out the written troubles of the brain,

And with some sweet oblivious antidote

Cleanse the stuffed bosom of that perilous stuff

Which weighs upon her heart.

Doctor: *Therein the patient*

Must minister to himself.[11]

Shakespeare's insight that the mad person "must minister to himself" is at once profoun and obvious—profound because witnessing suffering calls forth in us the impulse to help, "t do something" for or to the sufferer, yet also obvious because understanding Lady Macbeth suffering as a consequence of internal rhetoric (the "voice" of conscience, imaginatio "hallucination"), the remedy must be internal rhetoric (self-conversation, "intern ministry").

Shakespeare's rhetorical understanding of "mental illness" is portrayed most clearly an most dramatically in *Othello,* in which the title character is "driven mad" by a combination Iago's malicious words and his own destructive and self-destructive self-conversatio (jealousy).

Iago: Work on,

My medicine, work! Thus credulous fools are caught.

… Othello shall go mad;

And his unbookish jealousy must construe

Poor Cassio's smiles, gestures and light behavior,

Quite in the wrong.[12]

By the end of the nineteenth century, the medical conquest of the soul is secure. On writers are left to discern and denounce the tragic error. Søren Kierkegaard (1813–185 warned:

In our time it is the physician who exercises the cure of souls…. And he knows what to do. [Doctor]: "You must travel to watering-place, and then must keep a riding-horse … and then diversion, diversion, plenty of diversion …." [Patient]: "

relieve an anxious conscience?" [Doctor]: "Bosh! Get out with that stuff! An anxious conscience! No such thing exists a more."[13]

Today, the role of the physician as curer of the soul is uncontested.[14] There are no mo bad people in the world; there are only mentally ill people. The "insanity defense" annu misbehavior, the sin of yielding to temptation, and tragedy. Lady Macbeth is human n because she is, like all of us, a "fallen being"; she is human because she is a mentally patient who, like humans, is inherently "healthy"/good unless mental illness makes h "sick"/ill-behaved: "The current trend of critical opinion is toward an upward reevaluation Lady Macbeth, who is said to be *rehumanized* by her insanity and her suicide."[15]

3

Everything I read, observed, and learned supported my adolescent impression that th behaviors we call "mental illnesses" and to which we attach the hundreds of derogato labels in our lexicon of lunacy are not medical diseases.[16] They are the products of th medicalization of disturbing or disturbed behaviors—that is, *of the observer's construction ar definition of the behavior of the persons he observes as medically disabled individuals needi medical treatment.* This cultural transformation is driven mainly by the modern therapeut ideology that has replaced the old theological worldview, and the political and profession interests it sets in motion.

I should mention here one of my childhood experiences that influenced me strongly ar played an important part in my writing of *The Myth of Mental Illness.* Growing up in Budape in the 1920s, I learned about the famous nineteenth-century Hungarian obstetrician Igna Semmelweis (1818–1865) and his tragic fate. His statue stood, and still stands, in a sma park in front of the city's old general hospital, not far from the gymnasium I attended f eight years.

Semmelweis discovered the cause of puerperal (childbed) fever before the discovery bacteria as causative agents of diseases. As he accurately but impolitely put it, the cause w the doctors' dirty hands. Semmelweis also developed a method for preventing the terrifyi epidemics of puerperal fever, endemic to mid-nineteenth-century hospital maternity ward hand-washing with chlorinated water.

I was deeply moved by the story of Semmelweis's life, the rejection of his discovery ar remedy by the medical profession inconvenienced by it, and his incarceration and death in a insane asylum. It taught me, at an early age, that being wrong can be dangerous, but bei right, when society regards the majority's falsehood as truth, could be fatal.[17] This princip is especially relevant to the false truths that are a basic part of an entire society's beli system and that support economically and existentially important common practices. In th past, fundamental false truths were religious in nature. Today, they are mainly medical nature. The lesson of Semmelweis's fate served me well.

Once I grasped the scientific concept of disease, it seemed to me self-evident that man persons categorized as mentally ill are not sick, and depriving them of liberty ar responsibility on the grounds of a nonexistent disease is a grave violation of basic huma

rights. In medical school, I began to understand clearly that my interpretation was correc that mental illness is a myth, and that it is therefore foolish to look for the causes and cur of the imaginary ailments we call "mental diseases." *Diseases* of the body have causes, such a infectious agents or nutritional deficiencies, and often can be prevented or cured by dealin with these causes. *Persons* said to have mental diseases, on the other hand, have reasons fo their actions that must be understood; they cannot be treated or cured by drugs or othe medical interventions, but may be helped to help themselves overcome the obstacles the face.

The societal need to deny embarrassing truths, sometimes called the "Semmelweis reflex is described as "the reflex-like rejection of new knowledge because it contradicts entrenche norms, beliefs, or paradigms … the automatic rejection of the obvious, without though inspection, or experiment."[18] A deep sense of the invincible social power of false truth enabled me to conceal my ideas from representatives of received psychiatric wisdom unt such time as I was no longer under their educational or economic control and to condu myself in such a way that would minimize the chances of being cast in the role of an "enem of the people" (Henrik Ibsen).

Unaware of the evidence and reasoning summarized above, interviewers unfailingly as "How can a psychiatrist say there is no mental illness? What experiences did you have tha led you to adopt such an unusual point of view? When and why did you change your min about mental illness?" I try to explain—usually without much success—that I did not hav any unusual experiences, did not do any "research," did not discover anything, and did no replace belief in mental illness with disbelief in it. Instead, I exposed a popular falsehood ar its far-reaching economic, political, and social consequences and showed that psychiatry res on two profoundly immoral forensic practices: civil commitment and the insanity defens Consistent with those conclusions, I rejected the mendacious rhetoric of diagnoses-disease treatments, eschewed the massive coercive-excusing apparatus of the institution calle "psychiatry," and limited my work to psychiatric relations with consenting adults—that i confidential conversations conventionally called "psychotherapy."

4

The birth of modern *scientific medicine* is usually dated to the publication, in 1858, of *Cellul Pathology as Based upon Physiological and Pathological Histology,* by the German pathologi Rudolf Virchow (1821–1902). Emanuel Rubin and John L. Farber, authors of the textboo *Pathology,* state: "Rudolf Virchow, often referred to as the father of modern pathology . propos[ed] that the basis of all disease is injury to the smallest living unit of the body namely, the cell. More than a century later, both clinical and experimental pathology rema rooted in Virchow's *Cellular Pathology."*[19]

The standard American pathology text, *Robbins Basic Pathology,* defines disease in terms what pathologists do: "Pathologists use a variety of molecular, microbiologic, an immunologic techniques to understand the biochemical, structural, and functional change that occur in cells, tissues, and organs. To render diagnoses and guide therapy, pathologis identify changes in the gross and microscopic appearance (morphology) of cells and tissue

and biochemical alterations in body fluids (such as blood and urine)."[20]

The pathologist uses the term "disease" as a predicate of physical objects—cells, tissue organs, and bodies. Textbooks of pathology describe disorders of the body, living or dead, n disorders of the person, mind, or behavior. René Leriche (1879–1955), the founder of mode vascular surgery, aptly observed: "If one wants to define disease it must be dehumanized.. In disease, when all is said and done, the least important thing is man."[21] For the practice pathology and for disease as a scientific concept, the person as potential sufferer unimportant. For the practice of medicine as a human service, in contrast, the person patient is supremely important. Why? Because the practice of Western medicine is informe by the ethical injunction—*Primum non nocere!*—and rests on the premise that the patient free to seek, accept, or reject medical diagnosis and treatment. Psychiatric practice, contrast, is informed by the premise that the mental patient may be "dangerous to himself others" and that it is the moral and professional duty of the psychiatrist to protect the patie from himself and society from the patient.[22]

According to pathological-scientific criteria, disease is a material phenomenon, the produ of the body, in the same sense that urine is a product of the body. In contrast, diagnosis is n a material phenomenon or bodily product: it is a product of a person, typically a physician, the same sense that a work of art is the product of a person called an "artist." Having disease is not the same as occupying the patient role: not all sick persons are patients, and n all patients are sick. Nevertheless, physicians, politicians, the press, and the public confla and confuse the two categories.[23]

Given the demonstrated usefulness and conceptual stability of the pathological definition disease, how do psychiatrists support their claim that the human conflicts and unwante behaviors they call "mental illnesses" are diseases in the same *material* sense as bodi illnesses? They do so by means of the self-contradictory claim that mental diseases are bra diseases and by declaring the Virchowian model of disease to be passé, a patent error. Th work of the late Robert Kendell (1935–2002)—professor of psychiatry at the University Edinburgh and one of the most respected experts on psychiatric diagnoses in the world— illustrative. Over two decades, he wrote:

1981: "By the 1960s the 'lesion' concept of disease … had been discredited beyond redemption …."[24] He did not say how th was done.

1991: "Szasz's famous jibe that 'schizophrenia does not exist' would have been equally meaningless had it been made regard to tuberculosis or malaria. The organisms *Mycobacterium tuberculosis* and *Plasmodium falciparum* may reasonably said to exist, but the diseases attributed to their propagation in the human body are concepts just like schizophrenia." Diagnoses of malaria and tuberculosis rest on the demonstration of pathogenic microbes in the patient's body fluids tissues; diagnoses of depression and schizophrenia rest on no similar objective evidence.

2001: "Not only is the distinction between mental and physical illness ill-founded and incompatible with contempora understanding of disease, it is also damaging to the long-term interests of patients themselves…. By implying that illnesses described are fundamentally different from all other types of ill-health it helps to perpetuate the stigma associated wi 'mental' illness."[26] The stigma of mental illness rests largely on mental health laws aimed at controlling persons said to mentally ill and dangerous to themselves or others.

Politicians, pandering to the public's ever-present fears of dangers, find the psychiatrist willingness to define deviance as disease and social control as treatment useful in their que to enlarge the scope and power of the therapeutic state.[27] Moreover, the belief that so-calle mental health problems stand in the same relation to brain diseases as, say, urinary problen stand in relation to kidney diseases is superficially attractive, even plausible. The argume goes like this: The human body is a biological machine, composed of parts called organs, suc as the kidneys, the lungs, and the liver. Each organ has a "natural function," and when one these fails, we have a disease. If we define human problems as the symptoms of bra diseases, and if we have the power to impose our definition on an entire society, then the are brain diseases, even in the absence of any medically ascertainable evidence of bra disease. We can then treat mental diseases as if they were brain diseases.

However, a living human being—a person—is not merely a collection of organs, tissue and cells. The pancreas may be said to have a natural function. But what is the natur function of the person? That is like asking what is the meaning of life, which is a religiou philosophical, not medical-scientific, question. Individuals professing different religious faitl have kidneys so similar that one may be transplanted into the body of another witho altering his personal identity, but their beliefs and habits differ so profoundly that they ofte find it difficult or impossible to live with one another.

5

The publication of *The Myth of Mental Illness* has given rise to a vast literature of criticism ar praise. Albeit unequally, both opponents and supporters of my views have helped to clari my thesis and to change the terms in which we think, speak, and write about mental illness and psychiatric interventions.

In an earlier preface to *The Myth* I explicitly stated that the book is not a contribution psychiatry: "This is not a book *on* psychiatry…. It is a book *about* psychiatry—inquiring, as does, into what people, but particularly psychiatrists and patients, have done with and to or another."[28] Nevertheless, many critics misread the book and missed that it is an effort t recast mental illness and psychiatry from a medical into a linguistic-rhetorical phenomenon.

Not surprisingly, the most sympathetic appraisals of my work have come fro nonpsychiatrists who felt unthreatened by my re-visioning of psychiatry and allie occupations.[29]

One of the most perceptive and well-informed comments about my work is the essay "Th Rhetorical Paradigm in Psychiatric History: Thomas Szasz and the Myth of Mental Illness," b professor of communication Richard E. Vatz and law professor Lee S. Weinberg. They wrote

After publishing a number of articles critical of psychiatric concepts and practice, in 1961 Thomas Szasz wrote his semin work, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct,* a book which challenged the medical identity psychiatry…. The historic role and potential consequences of Szasz's revolutionary reconceptualization of the field psychiatry can best be characterized as a major paradigm change…. In Szasz's new paradigm—which we will call rhetorical paradigm—psychiatry has no clear puzzle to solve. Szasz's rhetorical paradigm implies that the deviant behavio which constitute psychiatry's "puzzle" are, at least potentially, understandable, if not sensible or commendable, as gam

playing and symbolic action strategically chosen as responses to varying social situations…. In his rhetorical attack on t medical paradigm of psychiatry, Szasz was not only arguing for an alternative paradigm, but was explicitly saying th psychiatry was a "pseudoscience," comparable to astrology.[30]

Vatz and Weinberg cogently noted that "accommodation to the rhetorical paradigm [on th part of psychiatry] is quite unlikely inasmuch as the rhetorical paradigm represents so drast a change—indeed a repudiation of psychiatry-as-scientific-enterprise —that the vocabulari of the two paradigms are completely different and incompatible":

Szasz argues that to understand both the behaviors called "mental illness" and the practices called "psychotherapy," one mu understand not medicine, but rhetoric and metaphor…. This focus on persuasive language in Szasz's rhetorical paradigm h significant ethical implications for both psychiatrists and mental patients. In rhetorical theory, language inescapably linked to responsibility, and, Szasz argues, the "entire psychiatric enterprise hinges on [the notion] that human bein diagnosed as 'mentally ill' have a brain disease that deprives them of free will." Szasz's rhetorical paradigm, howev portrays these behaviors as freely chosen and transforms "victims" propelled by their neurobiological environment into fr agents, perpetrators of actions for which they are fully responsible…. Just as Szasz insists that psychiatric patients are mo agents, he similarly sees psychiatrists as moral agents. The medical paradigm implicitly argues that psychiatrists are n morally culpable for the consequences of their psychiatric practice. In the rhetorical paradigm the psychiatrist who depriv people of their autonomy would be seen as a consciously imprisoning agent, not merely a doctor providing "therapy language which insulates psychiatrists from the moral responsibility for their acts…. The rhetorical paradigm represents significant threat to institutional psychiatry, for not only is Szasz arguing that psychiatry is nonscientific, and not only is th language inherent in the rhetorical paradigm foreign and unadaptable to psychiatrists practicing the "normal science," b without the medical model for protection, psychiatry becomes little more than a vehicle for social control—and a prima violator of individual freedom and autonomy—made acceptable by the medical cloak…. *The Myth of Mental Illness* is writt without the polemics of some of Szasz's later work, yet this first major book, according to Harvard psychiatrist Alan Stor "earned the lasting enmity of his profession."

Vatz and Weinberg's pinpointing the common misreading of my work is especially useful:

Among scholars the opposition to Szasz sometimes appears to ignore what he actually has written …. A frequently repeat criticism of Szasz rests on basic misunderstanding of his position to the effect that, as C. G. Schoenfeld argues, he "fails offer his readers detailed descriptions, case histories, and the like of a representative cross section of persons who psychiatrists usually judge to be neurotic or psychotic, but whom he has interviewed or examined as a psychiatrist, a whom he has demonstrated to be completely normal."[31] In one form or another many critics voice this objection. However, offering such a criticism Schoenfeld and others who make similar objections demonstrate a lack of understanding of t fundamental assertion of Szasz that the very use of the language of medicine—"neurotic or psychotic" versus "complete normal"—constitutes a type of category error. Schoenfeld's demands make perfect sense within the existing paradigm, but sense whatever from outside that paradigm…. [One reviewer] concluded, "The reviewer knows of no psychiatrist who agre with him, and is sorry to consider his book a total waste of time." … In a 1989 interview Harvard law professor Al Dershowitz said that while "Szasz has had an enormous impact on psychiatry and the law … if you've seen somebody who … troubled, you can't believe Szasz's arguments that there's no such thing as mental illness." One well-regarded text recen attributed to Szasz's *Myth of Mental Illness* the view that "mental illness did not exist at all but was the product hospitalization."

The late Roy Porter, noted English medical historian, began his posthumously publishe book, *Madness: A Brief History,* as follows: "In a brace of books, *The Myth of Mental Illne*

(1961) and *The Manufacture of Madness* (1970), Thomas Szasz denied there was any suc thing as 'mental illness': it was not a fact of nature but a man-made 'myth.'" Porter explaine further:

"Psychiatry is conventionally defined as a medical specialty concerned with the diagnosis and treatment of mental diseases submit that this definition, which is still widely accepted, places psychiatry in the company of alchemy and astrology a commits it to the category of pseudoscience." Why so? The reason was plain: "there is no such thing as 'mental illness.'" F Szasz, who has continued to uphold these opinions for the last forty years, mental illness is not a disease, whose nature being elucidated by science; it is rather a myth, fabricated by psychiatrists for reasons of professional advancement a endorsed by society because it sanctions easy solutions for problem people. Over the centuries, he alleges, medical men a their supporters have been involved in a self-serving "manufacture of madness," by affixing psychiatric labels to people wh are social pests, odd, or challenging. And in this orgy of stigmatization, organic psychiatrists have been no less to blame th Freud and his followers, whose invention of the Unconscious (Szasz alleges) breathed new life into defunct metaphysics the mind and theologies of the soul. All expectations of finding the aetiology of mental illness in body or mind—not mention some Freudian underworld—is, in Szasz's view, a category mistake or sheer bad faith: "mental illness" and t "unconscious" are but metaphors, and misleading ones at that. In reifying such loose talk, psychiatrists have either naive pictorialized the psyche or been complicit in shady professional imperialism, pretending to expertise they do not possess. view of all this, standard psychiatric approaches to insanity and its history are vitiated by hosts of illicit assumptions a *questions mal posés*.[2]

6

One of the most illicit assumptions inherent in the standard psychiatric approach to insani is treating persons called mentally ill as sick patients needing psychiatric treatmen regardless of whether they seek or reject such help. This accounts for an obvious but ofte overlooked difficulty peculiar to psychiatry, namely that the term refers to two radicall different kinds of practices: curing-healing "souls" by conversation and coercing-controllin persons by force, authorized and mandated by the state. Critics of psychiatry, journalists, a the public alike regularly fail to distinguish between counseling voluntary clients and coercin and excusing captives of the psychiatric system.[33]

In 1967, my efforts to undermine the moral legitimacy of the alliance of psychiatry and th state suffered a serious blow: the creation of the antipsychiatry movement by David Coope (1931–1986) and Ronald D. Laing (1927–1989). Instead of advocating the abolition Institutional Psychiatry, they sought to replace it with their own brand of psychiatry, whic they called Anti-Psychiatry. By means of this dramatic misnomer, they attracted attention themselves and deflected attention from what they did, which included coercions and excus based on psychiatric authority and power. Antipsychiatry is a type of psychiatry: th psychiatrist *qua* health-care professional is a fraud, and so too is the antipsychiatrist.[34]

Voltaire's famous aphorism "God protect me from my friends, I'll take care of my enemie proved to apply perfectly to what happened next: although my critique of the alliance psychiatry and the state antedates by two decades the reinvention and popularization of th term antipsychiatry, I was smeared as an antipsychiatrist and my critics wasted no tim identifying and dismissing me as a "leading antipsychiatrist."

For more than fifty years I have maintained that mental illnesses are counterfeit diseas ("nondiseases"), that coerced psychiatric relations are like coerced labor relations ("slavery or coerced sexual relations (rape), and I spent the better part of my professional li criticizing the concept of mental illness, objecting to the practices of involuntary-institution psychiatry, and advocating the abolition of "psychiatric slavery" and "psychiatric rape."

Not surprisingly, the more aggressively I reminded psychiatrists that individua incarcerated in mental hospitals are deprived of liberty, the more zealously they insisted th "mental illnesses are like other illnesses" and that psychiatric institutions are bona fi medical hospitals. The psychiatric establishment's defense of coercions and excuses th reinforced my argument about the metaphorical nature of mental illness and importance the distinction between coerced and consensual psychiatry.

Anyone who seeks to help others—whether by means of religion or by means of medici —must eschew the use of force. I am not aware of any antipsychiatrist who has agreed wi this principle or abided by this limitation. Subsuming my work under the rubric antipsychiatry betrays and negates it just as effectively and surely as subsuming it under th rubric of psychiatry. My writings form no part of either psychiatry or antipsychiatry ar belong to neither. They belong to conceptual analysis, social-political criticism, civil liberti and common sense. This is why I rejected, and continue to reject, psychiatry ar antipsychiatry with equal vigor.

The psychiatric establishment's rejection of my critique of the concept of mental illness ar its defense of coercion as cure and of excuse-making as humanist mercy posed no danger my work. On the contrary, contemporary "biological" psychiatrists tacitly recognized th mental illnesses are not, and cannot be, brain diseases: once a putative disease becomes proven disease, it ceases to be classified as a mental disorder and is reclassified as a bodi disease—or, in the persistent absence of such evidence, a mental disorder becomes nondisease. That is how one type of mental illness, neurosyphilis, became a brain diseas while another type, homosexuality, became reclassified as a nondisease.

Formerly, when Church and State were allied, people accepted theological justifications f state-sanctioned coercion. Today, when Medicine and the State are allied, people acce therapeutic justifications for state-sanctioned coercion. This is how, some two hundred yea ago, psychiatry became an arm of the coercive apparatus of the state. And this is why toda all of medicine threatens to become transformed from personal therapy into political tyrann

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Science must begin with myths and with the criticism of myths.

—Karl R. Popp

Introduction

Psychiatry is conventionally defined as a medical specialty concerned with the diagnosis an treatment of mental diseases. I submit that this definition, which is still widely accepte places psychiatry in the company of alchemy and astrology and commits it to the category pseudoscience. The reason for this is that there is no such thing as "mental illness Psychiatrists must now choose between continuing to define their discipline in terms nonexistent entities or substantives, or redefining it in terms of the actual interventions processes in which they engage.

In the history of science, thinking in terms of entities has always tended to preced thinking in terms of processes. Alchemists and astrologers thus spoke of mysterio substances and concealed their methods from public scrutiny. Psychiatrists have similar persisted in speaking of mysterious mental maladies and have continued to refrain fro disclosing fully and frankly what they do. Indeed, whether as theorists or therapists, the may do virtually anything and still claim to be, and be accepted as, psychiatrists. The actu behavior of a particular psychiatrist may thus be that of a physician, psychologis psychoanalyst, policeman, clergyman, historian, literary critic, friend, counselor, or teacher- or sundry combinations of these roles. A physician is usually accepted as a psychiatrist long as he insists that what concerns him is the problem of mental health and mental illness.

But let us suppose that there is no such thing as mental health or mental illness, that thes terms refer to nothing more substantial or real than did the astrological notions of th influence of planetary positions on personal conduct. What then?

Methods of Observation and Action in Psychiatry

Psychiatry stands at the crossroads. Until now, thinking in terms of entities or substantives- such as illness, neurosis, psychosis, treatment—has been the rule. The question now is: Sha we continue along the same road or branch off in the direction of thinking in terms interventions or processes? Viewed in this light, my efforts in this study are directed, first, demolishing the major false substantives of contemporary psychiatric thought, and second, laying the foundations for a process theory of personal conduct.

Discrepancies between what people say they do and what they actually do are encountere in all walks of life—science, medicine, and psychiatry among them. It was precisely again such discrepancies that Einstein warned his fellow physicists when he declared:

> If you want to find out anything from the theoretical physicists about the methods the use, I advise you to stick closely to one principle: Don't listen to their words, fix you attention on their deeds.[1]

Actions do speak louder than words. Clearly, there is no reason to assume that th proverb, or the principle proposed by Einstein, are not equally valid for understanding th methods, and hence the very nature, of psychiatry.

The foregoing principle now also forms the basis of a systematic philosophy of scien

known as operationalism.[2] Simply stated, an operational definition of a concept is one th refers to actual interventions or operations. This sort of definition may be contrasted with a idealistic one, which refers to the basic or "essential" qualities of the object or idea. Mode physical concepts are defined in terms of physical operations, such as measurements of tim temperature, distance, and so forth. Earlier physical definitions made use of such ide notions as phlogiston or ether. In the same way, psychiatric, psychological, or social concept defined operationally, would have to relate to actual interventions and observation Actually, many contemporary psychosocial concepts are defined in terms of the expert's sel proclaimed intentions, interests, and values. Virtually all current psychiatric concepts are this sort.

Hence, if we try to answer the question, What do psychiatrists do? our reply wi necessarily depend on the kind of psychiatrist we have in mind. Actually, psychiatrists engag in all of the following activities (and the list is by no means complete): they physicall examine patients, prescribe and administer drugs and electric convulsions, sign commitme papers, examine criminals at the request of judicial authorities, testify in legal proceeding listen and talk to persons, offer speculations about ancient and modern historical events an personages, engage in research in biochemistry and neurophysiology, study monkeys an other animals, and so forth almost *ad infinitum*.

In this book I shall be concerned mainly with psychiatry as a discipline whose speci method is, derisively but quite correctly, often said to be "only talking." If we disregard th "only" as gratuitous condemnation before the facts, and if under the term "talking" w encompass communications of all sorts, we arrive at a formulation of a basic method psychiatry to which, although it is accurate, surprisingly few psychiatrists really subscrib There is, as I noted before, a serious discrepancy between what psychotherapists an psychoanalysts *do* and what they *say they do*. What they do, quite simply, is to communica with other persons (often called "patients") by means of language, nonverbal signs, and rule they analyze—that is, discuss, explain, and speculate about—the communicative interactio which they observe and in which they themselves engage; and they often recommen engaging in some types of conduct and avoiding others. I believe that these phrases correct describe the actual operations of psychoanalysts and psychosocially oriented psychiatrist But what do these experts tell themselves and others concerning their work? They talk as they were physicians, physiologists, biologists, or even physicists. We hear about "sic patients" and "treatments," "diagnoses" and "hospitals," "instincts" and "endocrine functions and, of course, "libido" and "psychic energies," both "free" and "bound." All this is fakery an pretense whose purpose is to "medicalize" certain aspects of the study and control of huma behavior.

A psychiatry based on and using the methods of communication analysis has actually muc in common with the disciplines concerned with the study of languages and communicativ behavior, such as symbolic logic, semiotic,* semantics, and philosophy. Nevertheless, s called psychiatric problems continue to be cast in the traditional framework of medicine. Th conceptual scaffolding of medicine, however, rests on the principles of physics and chemistry as indeed it should, for it has been, and continues to be, the task of medicine to study, and necessary to alter, the physicochemical structure and function of the human body. Yet th fact remains that human sign-using behavior does not lend itself to exploration an

understanding in these terms. We thus remain shackled to the wrong conceptual framewo and terminology. No science, however, can be better than its linguistic apparatus allows it be. And the language of psychiatry (and psychoanalysis) is fundamentally unfaithful to i own subject: in it, imitating medicine comes before telling the truth. We shall not, howeve be able to hold on to the morally judgmental and socially manipulative character of ou traditional psychiatric and psychoanalytic vocabulary without paying a price for it. Indee we are well along the road of having purchased superiority and power over patients at th cost of scientific self-sterilization and imminent professional self-destruction.

Causality and Historicism in Modern Psychiatry

Psychoanalytic theory was fashioned after the pattern of the causal-deterministic model classical physics. The erroneousness of this transfer has been amply documented in rece years.[4] I wish to call attention here to that particular application of the principle of physic determinism to human affairs which Karl Popper called "historicism."[5] Briefly state historicism is a doctrine according to which historical events are as fully determined by the antecedents as are physical events by theirs. Hence, historical prediction is not essentiall different from physical prediction. In principle, at least, the prediction of future events possible, and is indeed the task of the human sciences. Popper's models of importa historicist thinkers are Plato, Marx, and the modern totalitarian dictators and their apologist

While Popper himself alludes to Freud as a historicist thinker, he does not fully develop critique of psychoanalysis as a historicist doctrine. It is obvious, however, that not on psychoanalysis but also much of traditional and modern psychiatric theory assumes th personal conduct is determined by prior personal-historical events. All these theori downgrade and even negate explanations of human behavior in terms such as freedo choice, and responsibility. "Every version of historicism," writes Popper, "expresses th feeling of being swept into the future by irresistible forces."[6] No more perfect description the Freudian imagery of human conduct—"swept into the future" by the Unconscious—cou be wished for. Moreover, in psychoanalysis, not only are "unconscious forces" regarded the causes of behavior, but these forces themselves are considered to be the results instinctual drives and early life experiences. Here, then, lie the crucial similarities betwee Marxism and Freudianism: each is a historicist doctrine attributing all-pervasive caus influences on conduct to a single type of "cause" or human circumstance. Marx singled ou the economic arrangements prevailing in society as the overwhelming causes a explanations of countless subsequent human events; Freud assigned the same powers family-historical, or so-called genetic-psychological circumstances. Both of these unsupporte —and, as Popper shows, unsupportable and palpably false—doctrines have neverthele become widely accepted in our day. The sanction of legal recognition has, of course, lo supported the psychiatric view that certain kinds of "abnormal" behaviors were "caused" b antecedently acting "mental diseases." This view was simply extended to behaviors of a kinds by Freud and his supporters, and has been embraced even by many of his opponent especially the behaviorists.

My opposition to deterministic explanations of human behavior does not imply any wish

minimize the effects, which are indeed significant, of past personal experiences. I wish onl to maximize the scope of voluntaristic explanations—in other words, to reintroduce freedor choice, and responsibility into the conceptual framework and vocabulary of psychiatry.

In human affairs, and hence in the social sciences that try to explain these affairs, we ar faced with a full and complicated interplay between observer and observed. This alon should suffice to demonstrate what Popper has aptly called the "poverty of historicism." I particular, the prediction of a social event itself may cause it to occur or may serve t prevent it from occurring. The self-fulfilling prophecy stands as a stark symbol of the hazard of prediction in social affairs.

In view of the glaring inadequacies of historicist theories, the question arises as to wh people subscribe to them. The answer seems to be that historicist doctrines function a religions masquerading as science. Popper puts it this way:

It really looks as if historicists were trying to compensate themselves for the loss of a unchanging world by clinging to the belief that change can be foreseen because it is ruled b an unchanging law.[7]

Curiously, Freud—himself a devout determinist and historicist—proposed a simila explanation for why men cling to religion: he attributed religious belief to man's inability t tolerate the loss of the familiar world of childhood, symbolized by the protective father Man thus creates a heavenly father and an imaginary replica of the protective childhoo situation to replace the real or longed-for father and family. The differences betwee traditional religious doctrine, modern political historicism, and psychoanalytic orthodoxy thu lie mainly in the character of the "protectors": they are, respectively, God and the priests, th totalitarian leader and his apologists, and Freud and the psychoanalysts.

While Freud criticized revealed religion for the patent infantilism that it is, he ignored th social characteristics of closed societies and the psychological characteristics of their loy supporters.[9] He thus failed to see the religious character of the movement he himself wa creating. It is in this way that the paradox that is psychoanalysis—a system composed of historicist theory and an antihistoricist therapy—came into being. Perhaps we should assum that historicism fulfilled the same needs for Freud, and for those who joined him in th precarious early development of psychoanalysis, as it had for others: it provided him with hidden source of comfort and security against the threat of unforeseen and unpredictab change. This view is consistent with the contemporary use of psychoanalysis and dynam psychiatry as means for obscuring and disguising moral and political conflicts as mer personal problems.

What, then, can we say about the relationship between psychosocial laws and physic laws? We can assert that the two are dissimilar. Psychosocial antecedents do not cause huma sign-using behavior in the same way as physical antecedents cause their effects. Indeed, th use of terms such as "cause" and "law" in connection with human affairs ought to b recognized as metaphorical rather than literal. Finally, just as physical laws are relativist with respect to mass, so psychological laws are relativistic with respect to social condition In short, the laws of psychology cannot be formulated independently of the laws of sociolog

Psychiatry and Ethics

In this book I shall view psychiatry, as a theoretical science, as consisting of the study o personal conduct. Its concerns are therefore to describe, clarify, and explain the kinds o games people play with each other and with themselves; how they learned these games; wh they like to play them; what circumstances favor their continuing to play old games o learning new ones; and so forth.* Actual behavior is of course the datum from which th nature and rules of the game are inferred. Among the numerous types of behavior th persons engage in, the verbal form—that is, communications by means of convention language—constitutes one of the central areas of interest for psychiatry. Hence, it is in th playing of language games that the interests of linguistics, philosophy, semiotic, an psychiatry meet. Each of these disciplines addresses itself to a different aspect of the langua game: linguistics to its formal structure, philosophy and semiotic to its cognitive structur and psychiatry to its personal significance and social usage.

I hope that this approach will effect a much-needed and long-overdue rapprochemen between psychiatry on the one hand, and ethics and philosophy on the other. Questions suc as, How does man live? and, How ought man to live? traditionally have been assigned to th domains of ethics, religion, and philosophy. Until the latter part of the nineteenth centur psychology and psychiatry were much more closely allied with ethics and philosophy tha they are now. For example, much of what was formerly called "moral philosophy" is no called "social psychology" or simply "psychology." For the past century or so, psychologis have considered themselves, and have been accepted by others, as empirical scientists whos methods and theories are ostensibly the same as those of the biologist or physicist. Yet th fact remains that insofar as psychologists address themselves to the questions posed abov their work differs significantly from that of the natural scientist. Psychologists an psychiatrists deal with moral problems which, I believe, they cannot solve by medic methods.

In sum, then, inasmuch as psychiatric theories seek to explain, and systems o psychotherapy seek to change, human behavior, statements concerning goals and values mu remain indispensable for all theories of personal conduct and psychotherapy.

Hysteria as a Paradigm of Mental Illness

If dated from Charcot's work on hysteria and hypnosis, modern psychiatry is approximatel one hundred years old. How did the study of so-called mental illnesses begin and develop What economic, moral, political, and social forces helped to mold it into its present form And, perhaps most important, what effect has medicine, and especially the concept of bodil illness, had on the development of the concept of mental illness?

My strategy in this inquiry will be to answer these questions using conversion hysteria a the historical paradigm of the sorts of phenomena to which the term "mental illness" refers. chose hysteria for the following reasons:

Historically, it is the problem that captured the attention of the pioneer neuropsychiatris Charcot, Janet, and Freud, and paved the way to the differentiation between neurology an

psychiatry.

Logically, hysteria brings into focus the need to distinguish bodily illness from th imitations of such illness. It confronts the physician—and others as well—with the task distinguishing "real" or genuine illness from "imaginary" or faked illness. This distinction- between fact and facsimile, object and sign, physics and psychology, medicine and morals- remains the core problem of contemporary psychiatric epistemology.

Psychologically and socially, hysteria offers a good example of how a so-called ment illness may now be most adequately conceptualized in terms of sign-using, rule-following, an game-playing. In other words, hysteria is (1) a form of nonverbal communication, making us of a special set of signs; (2) a system of rule-following behavior, making use of the rules illness, helplessness, and coercion; and (3) an interpersonal game characterized by, amon other things, strategies of deceit to achieve the goal of domination and control.

Furthermore, I believe that the interpretation of hysteria which I shall present pertai fully—with appropriate modifications—to all so-called mental illnesses, and indeed personal conduct generally. The manifest diversity among mental illnesses—for example, th differences between hysteria, depression, paranoia, schizophrenia, and so forth—may b regarded as analogous to the manifest diversity among languages. In each case, behind th apparent phenomenological differences there are certain basic similarities. Within a particula family of languages, for example the Indo-European, there are important similarities of bo structure and function. Thus, English, French, German, and Dutch have much in common wi one another, whereas each differs from Hungarian. In the same way, hysteria and dreaming- that is to say, the picture languages of hysterical conversions and dreams—closely resemb each other: both are composed of iconic signs. And both differ from, say, the language paranoia—which makes use of ordinary language, and which owes its characteristic form an impact not to the peculiarity of its symbols, but to the peculiar uses which ordinary linguist signs serve in it.

But if hysteria is not a mental illness—if, indeed, there are no mental illnesses at all—wh do we call the things we now call "mental illnesses" by that name?

The Invention of Mental Illness

Until the middle of the nineteenth century, and beyond, illness meant a bodily disord whose typical manifestation was an alteration of bodily structure: that is, a visible deformit disease, or lesion, such as a misshapen extremity, ulcerated skin, or a fracture or woun Since in this original meaning of it, illness was identified by altered bodily structur physicians distinguished diseases from nondiseases according to whether or not they cou detect an abnormal change in the structure of a person's body. This is why, after dissection the body was permitted, anatomy became the basis of medical science: by this mean physicians were able to identify numerous alterations in the structure of the body which we not otherwise apparent. As more specialized methods of examining bodily tissues and fluid were developed, the pathologist's skills in detecting hitherto unknown bodily diseases gre explosively. Anatomical and pathological methods and criteria continue to play a constant increasing role in enabling physicians to identify alterations in the physicochemical integri