The Myth of Mental Illness: 50 years after publication: What does it mean today?

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Abstract

In 1960, Thomas Szasz published *The Myth of Mental Illness*, arguing that mental illness was a harmful myth without a demonstrated basis in biological pathology and with the potential to damage current conceptions of human responsibility. Szasz's arguments have provoked considerable controversy over the past five decades. This paper marks the 50th anniversary of *The Myth of Mental Illness* by providing commentaries on its contemporary relevance from the perspectives of a range of stakeholders, including a consultant psychiatrist, psychiatric patient, professor of philosophy and mental health, a specialist registrar in psychiatry, and a lecturer in psychiatry. This paper also includes responses by Professor Thomas Szasz.

Szasz's arguments contain echoes of positivism, Cartesian dualism, and Enlightenment philosophy, and point to a genuine complexity at the heart of contemporary psychiatric taxonomy: how is 'mental illness' to be defined? And by whom? The basis of Szasz's doubts about the similarities between mental and physical illnesses remain apparent today, but it remains equally apparent that a failure to describe a biological basis for mental illness does not mean there is none (eg. consider the position of epilepsy, prior to the electroencephalogram). Psychiatry would probably be different today if *The Myth of Mental Illness* had not been written, but possibly not in the ways that Szasz might imagine: does the relentless incarceration of individuals with 'mental illness' in the world's prisons represent the logical culmination of Szaszian thought?

In response, Professor Szasz emphasises his views that "mental illness" differs fundamentally from physical illness, and that the principal habits the term 'mental illness' involves are stigmatisation, deprivation of liberty (civil commitment) and deprivation of the right to trial for alleged criminal conduct (the insanity defence). He links the incarceration of the mentally ill with the policy of de-institutionalisation (which he opposes) and states that, in his view, the only limitation his work imposes on human activities are limitations on practices which are conventionally and conveniently labelled 'psychiatric abuses'.

Clearly, there remains a diversity of views about the merits of Szasz's arguments, but there is little diminution in his ability to provoke an argument.

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Introduction

Dr Brendan D Kelly

In 1960, a paper entitled *The Myth of Mental Illness* was published in *The American Psychologist*.[1] In his opening sentence, Thomas S Szasz of the State University of New York in Syracuse stated that his aim was to ask if there was any such thing as mental illness and to argue that there was not.

In the first instance, Szasz drew a clear distinction between mental and physical illness. He argued that symptoms of mental illness, such as those relating to beliefs, could not be explained by a specific problem with the nervous system, unlike, for example, a visual field defect which could be correlated with a specific lesion. Szasz contended that labelling something as a mental symptom involves a comparison between the observer's belief and the individual's belief. This situation reflected, Szasz argued, an epistemological error which stemmed from an unfounded symmetrical dualism between mental and physical symptoms.

Szasz argued that the concept of mental illness was, in fact, used to denote problems in living rather than any identifiable biological or medical entity. Just as the term physical illness was used to denote a deviation from the functional or structural integrity of the body, mental illness was used to denote a deviation from psycho-social, ethical and legal norms.

This raised a new and troubling question for Szasz: Who was to define such norms? Were these deviations to be defined by the 'patient' or someone else, such as relatives, legal authorities, physicians or society in general? This was an important question not least because, in Szasz's view, the identification of such deviations could result in a psychiatrist being hired to correct a psychosocial, ethical or legal deviation through so-called medical or psychiatric interventions.

Szasz went on to contend that the role of ethics in medicine was generally under-recognised and that, as a result of the

especially substantial role of ethics in psychiatry, the socio-ethical orientation of the psychiatrist was critical in influencing the fate of the patient.

He wrote that what are now regarded as mental illnesses are, for the most part, communications which express unacceptable ideas, and he contrasted these with physical illnesses which, he contended, related to more public, biological processes. Finally, Szasz argued that belief in mental illness was a direct descendent of belief in demonology and witchcraft, and that mental illness was ultimately a myth, which was used in order to disguise and make less indigestible the moral difficulties of human relations.

Szasz's central thesis was controversial when it was first published, notwithstanding the fact that it appeared at the start of the 1960s, which was to prove a time of tempestuous social change in many countries, including the United States. In any case, Szasz followed his essay in *The American Psychologist* with a similarly themed book, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*,[2] which was reprinted several times,[3] revised in 1974,[4] and has remained in print ever since.

In the second edition of *The Myth of Mental Illness*, Szasz recounted that, within a year of the first edition, the Commissioner of the New York State Department of Mental Hygiene demanded that Szasz be dismissed from his university position because he did not 'believe' in mental illness.[4] The controversies provoked by Szasz's work have not abated in the 50 years since then. Over this period, Szasz's writings have generated a vast and sprawling literature that uses his work to examine the foundations and usefulness of the concept of mental illness, with myriad, diverse contributions provided by psychiatrists, psychologists, philosophers, sociologists, historians and, not least, Szasz himself.[5-7]

It is not possible to detail all of these responses to Szasz's work in a single paper, but many key strands of critical thought are explored in *Szasz Under Fire*,[8] an edited volume which includes contributions by philosophers,[9] psychologists[10] and psychiatrists,[11] along with detailed responses by Szasz.[6]

From a broad, philosophical viewpoint, Fulford provides an overall welcome for the controversies generated by *The Myth of Mental Illness* suggesting that the work has generally moved ideas forward, in relation to not only mental illness but also physical illness and concepts of disease in general.[9] Fulford agrees with Szasz that psychiatry is more value-laden than physical medicine, but does not necessarily condemn psychiatry on this ground, arguing, rather, that this makes psychiatry a model for a more values-based approach to medicine in general.

Percival,[12] by contrast, draws attention to the consistency between Szasz's conception of mental illness as problems in living[1] and Karl Popper's assertion that all of life is problem solving. On this basis, Percival suggests that the most appropriate epistemology for Szasz's views is to be found in the work of Popper. Consistent with this, an illuminating correspondence between Szasz and Popper (1961-1981), in which Popper expresses his admiration for *The Myth of Mental Illness* (20 July, 1961), is freely available on Szasz's website (**www.szasz.com/popper.html**). Other, more detailed perspectives on Szasz's work from primarily philosophical viewpoints are discussed later in this paper.

From a clinical viewpoint, one of the most impassioned criticisms of Szasz's work was articulated by Anthony Clare in 1976, in *Psychiatry in Dissent: Controversial Issues in Thought and Practice*.[13,14] Clare disagreed with Szasz's contention that the mind cannot be diseased and took particular issue with Szasz's assertion that physical health could be defined in physical or anatomical terms; Clare argued that physical health, like mental health, was largely a social or ethical value. In addition Clare pointed out that certain mental illnesses (eg. phobic anxiety states) appeared to be linked to demonstrable physical abnormalities. Clare's criticisms, and various other perspectives on Szasz's work from primarily clinical viewpoints, are discussed in further detail later in this paper.

Notwithstanding Clare's criticisms of Szasz, and those of other commentators, as well as myriad studies purporting to link mental illness with various biological markers,[15] Szasz's views have been widely dispersed and continuously debated from the 1960s to the present day, attracting both support and criticism from a diverse range of sources.[8]

At times, Szasz's ideas have even been conflated with those of the anti-psychiatry movement, although Szasz has generally positioned himself a sceptic of psychiatry rather than an anti-psychiatrist *per se*;[9] indeed, consistent with his particular criticism of coercive practices within psychiatry (eg. involuntary detention), Szasz himself has practiced 'autonomous psychotherapy' throughout his career.[16] At other times, the greatest controversy has centred on some of Szasz's views other than those pertaining to mental illness, including his belief that individuals should be able to choose when they die, including those who wish to die by suicide. These views resonate particularly powerfully through his writings on the life and death of Virginia Woolf.[17]

Overall, however, it is readily apparent that most of the controversy generated by Szasz over the past five decades has centred on his assertion that mental illness is a dangerous, harmful myth and that the current practice of psychiatry is, in consequence, both dangerous and harmful, and should cease or be radically reformed. On this basis, and in order to assess the relevance of Szasz's central thesis some 50 years after first publication, we invited commentaries on the contemporary relevance of *The Myth of Mental Illness* from a range of stakeholders, including a consultant psychiatrist, a psychiatric patient, a lecturer in psychiatry, a professor of philosophy and mental health, and a specialist registrar in psychiatry. We then invited Professor Szasz to respond.

Getting to the heart of suffering

Dr Pat Bracken, consultant psychiatrist

Thomas Szasz's central argument in *The Myth of Mental Illness*[3] is that the assumptions, the language and the idiom we use in medicine when dealing with diseases of our lungs, livers and other organs are not appropriate in the world of mental suffering. When it comes to problems with our thoughts, emotions, relationships and behaviours, he argues, we are dealing with aspects of our worlds that are not at all like the problems of diseased tissues and organs. To Szasz, the world of mental suffering is a world of human meanings and it cannot be grasped in the same causal logic that applies in medical sciences such as endocrinology.

Szasz denies that this position commits him to Cartesian dualism: the belief that the world is made up of two distinct

substances (mind-stuff and material-stuff). However, in *The Myth of Mental Illness*, at least, he is undoubtedly arguing in favour of a form of methodological dualism. According to him, we need two distinct discourses (each with different methods and assumptions) when we are dealing with bodily disease and with mental suffering. In the preface to the Paladin edition of the book, he writes:

"I hold that mental illness is a metaphorical disease; that, in other words, bodily illness stands in the same relation to mental illness as a defective television receiver stands to an objectionable television programme".[3]

In the context of this analogy, two completely different discourses are needed to describe the quality of the set and the quality of the programmes that are transmitted through it and we need different practitioners to deal with the different sorts of problems that arise in the two domains. We cannot improve the quality of a television programme by interfering with the wiring of the set. In the same way, according to Szasz, we cannot 'treat' or 'cure' psychological difficulties by interfering with the 'machine' (the body) of the individual who experiences these difficulties. Using a medical approach to deal with mental suffering is simply wrong:

"It's as if a television viewer were to send for a TV repairman because he disapproves of the programme he is watching".[3]

His argument resonates strongly with an older philosophical debate about methodology in the human sciences. In German, this was known as the Methodenstreit.[18] On the one hand were those who promoted positivism: essentially the belief that the sort of approach used in the natural sciences like physics, chemistry and biology was the only truly scientific way of engaging with reality. If the human sciences (such as sociology, anthropology, history and psychology) were to be regarded as proper sciences, they would have to model themselves upon these.

On the other hand were those who promoted the idea that there was an epistemological gap between those sciences that deal with the physical world of nature and those that focussed on the meaningful world of human reality. They argued that the centrality of meaning in the human world required some form of hermeneutic, or interpretive, method to engage properly with it. Meaning was not something that could be grasped in terms of causal laws.

The corollary of this is the belief that the natural sciences do not need this hermeneutical element. The assumption is that they can be fully grasped in terms of a disinterested empirical investigation of the various causal laws of the natural world; a world that exists independent of our psychologies and cultures. This position is resonant with that of Szasz. He understands legitimate medical practice as a form of applied biology. The less it has to do with contexts, relationships and values, the more scientific it becomes. Only a medical practice that is scientific in this sense is legitimate.

While I agree with Szasz and those philosophers who argue that the meaningful world of human reality cannot be grasped in the causal logic of the sciences of nature, I am less convinced that this leads automatically to methodological dualism. I am swayed by the idea that this picture of the natural sciences is false, that in fact they also require a hermeneutic element if we are to understand how they work and what their possibilities and limitations are in reality. Since Thomas Kuhn's *The Structure of Scientific Revolutions*,[19] an increasing number of those who examine and comment on the nature of science have become convinced that the paradigms that guide experimentation and theory development in the physical sciences are no less laden with values and assumptions than are the human sciences. It would seem that natural science also needs a hermeneutic element. The epistemological gap is not so clear cut as it once seemed. When it comes to understanding the processes whereby we, as human beings, come to know ourselves and the worlds around us, methodological dualism no longer seems so attractive.

Szasz's TV analogy fails to stand up to closer scrutiny. What we call the mind does not simply 'run' through the 'hardware' of the brain. We are, in the words of the phenomenologists, embodied beings. When it comes to human life, our experiences work to shape the way our brains work. In turn, brain states impact on the quality of our experiences. And in the background, the way in which we conceptualise minds, brains and biology and their interactions in the first place, is shaped by a wider world of culture. When it comes to helping those who suffer (what we conventionally call) mental illnesses, we need practitioners who are comfortable in both the natural and human sciences, who are skilled in both biology and hermeneutics and able to tolerate the ambivalence, ambiguity and contradictions that are often at the heart of this suffering.

A breakthrough, not a breakdown

Harry Cavendish, psychiatric patient who is happy with his recovery

I was first hospitalised and against my will in 1991. It was a complete surprise to me, as I did not think of myself as having mental health issues. I did think what I was experiencing was unique and unprecedented but still found the sudden grind of the clinic as a complete shock. It bore no relation to where I had been but it was to mean everything as to where I was going.

Certainly my consultant was working in the dark with me and it took years for us to come to terms and I am glad to say the long-term prognosis was good. However I still do not think of myself as mentally ill. Indeed I never wanted to know what the doctors thought, why they asked the questions they asked or what assessments they made. This was all immaterial to me.

I knew my doctors expected me to play by the rules of the game and I acquiesced in as much as I was able to. I regard psychiatrists as a kind of police force. If everyone displaying symptoms of mental distress were left unattended it could have the same anarchic result as say, legalising all drugs. Growing the science, and delivering ever more sophisticated medicine to those with mental health issues is a natural progression for society. We cannot wash our hands of such things.

The early methods of psychiatry were primitive. The electrocution of the tongues of shell-shocked soldiers to get their speech back in The Great War was barbaric.

Leaving all of that, aside I have never been afraid of the term schizophrenia. I am afraid of using it where there is a lack of respect. "Mental illness is not like any other illness", but its treatment is mostly by drugs produced by pharmaceutical companies who produce drugs that do treat other

illnesses.To me schizophrenia is a form of intellectual incontinence. To reverse the prolapse, drugs are prescribed that can frustrate the rational part as well as the target – say the irrational. The suffering involved is not readily communicated. All suffering does predispose a person to become ill, but a person may suffer all their life without ever becoming ill, as a kind of Job from the Bible.

I know that if I take the drugs as prescribed, for the rest of my life, I will be well until I die. This will not stop my suffering. The only thing that would stop my suffering I believe is if my unreal world and physical reality were to become one and the same thing. Since this cannot happen my suffering will only end when I die, where believing my unreal world will continue. This is an article of faith but I think a common one among psychiatric patients.

To my shame for a long time when depressed I prayed for a non-violent death, a cancer, heart problem or organ failure. This prayer resulted in somatic problems. I visited the local hospital at the slightest symptom hoping it was my way out. I tried suicide many times. The somatic also involved panic attacks and even on one occasion in the clinic where I could not move my legs to get up and walk. My consultant took me seriously and every illness was ruled out.

I have to say in my defence that this was a reaction to being so much in the grip of psychiatry and to an equal extent the problems of living with disability when I so wanted a career, home and independence. To break the cycle meant bowing to the inevitable disability yet daring to hope both in my ability to do well with the rehabilitative tools available to me (non-medical) and to take the meds to control my core condition which is described as schizophrenia.

To say psychiatry was the cause of my somatic condition was partially true, but intervention cornered the much more powerful delusional state I can get into. The doctors had to mix treatment with control while I had to mix fighting mentally for survival with the pursuit of a better self-esteem. Self-esteem rather than conceit is a very powerful weapon.

The ideas I had, and still have, have no language that I am familiar with. I have never been able to translate what I think about all day and all night. This is so powerful that I could be suicidal to protect them or like a marathon runner to keep up with 'normality'. The closest I come to talking about this is a caveman language with other patients but this comfort is rare as very often on a psychiatric ward you meet only hostility from those who would intrude.

There may not be such a thing as mental illness but if so we are left with congenital failure. Answering this, armed with just a picture language to interpolate and extract a cause and effect is not enough. The problem is intractable and has wandered through history from burning witches at the stake to the Nazis murderous philosophy for psychiatric patients. Modern psychiatry applies itself from a degree of compassion but yet generates the most controlled part of the population second only to those in prison.

I believe if a dye were available that could turn one colour for mental failure and another for health, such a dye would be as clear as dyes used in biology.

Suffering predisposes the mind to mental illness but not all those suffering will develop mental illness. Can everyone be mentally ill? No. Torture could produce symptoms but the dye for mental health would indicate the tortured person was redeemable. A schizophrenic is most likely not redeemable. However I think mental illness is a unique physical illness. Its causes are not known but that does not mean they are not there. Mental illness is not a myth but it is a mystery. As one friend put it, 'I had a breakthrough not a breakdown'.

What does it mean? Not a lot

Niall Crumlish, specialist registrar in psychiatry

What does *The Myth of Mental Illness* mean today? The short answer: not a lot.

In the preface to 1974's second edition,[4] Thomas Szasz ventured that much that had happened to psychiatry since 1960 had happened because of him. (He did allow a 'perhaps'). Maybe so, but there's little evidence of influence now. Neither individual doctors, nor psychologists, nor multi-disciplinary clinical psychiatry as practiced in 2010 owes much to *The Myth of Mental Illness*. A search for serious literature on Szasz in the last 10 years reveals some work robustly in support,[20] and some dispassionate but thorough critique.[21] What's most noticeable in the literature, though, is the lack of a literature: for all the world, it's like mental health care moved on.

Being benevolent, it's arguable that Szasz's notion of the invention of mental illness[4] pre-empted the valuable literature on the pathologising of normal emotions and behaviour.[22,23] But Szasz's tone is not in keeping with this view. Most doctors who avoid over-diagnosing aim to protect the patient from unnecessary labelling and treatment;[24] Szasz aims to expose the patient as a fraud. The default position of *The Myth of Mental Illness* is that anyone presenting with symptoms or signs is engaging in a deception until proven otherwise.

"To be sure, most people find it easier to utter deliberate falsehoods than to display faked bodily signs; in other words, people more often lie than malinger. But obviously, in any particular case, the observer cannot be certain of the veracity of either bodily complaints or signs; both can be, and often are, falsified."[4]

In recent years, the reading of history most favourable to Szasz comes from Rissmiller and Rissmiller.[25] They credit Szasz and the antipsychiatrists with the consumer-led activist movement that has fought for the rights of people with mental illness since the 1960s; unfortunately, the consumer movement itself disagrees, crediting the civil rights movement and the activists' own experience of psychiatric abuse rather than "a few antipsychiatry theoreticians and campus intellectuals".[26] Also, the Rissmillers[25] mistakenly treated the antipsychiatrists as if they were a coherent group. It is hardly correct to place RD Laing,[27] who near-revered people with schizophrenia as 'explorer(s)' of 'the inner space and time of consciousness', alongside Professor Szasz, who regarded people with mental illness as little more than malcontents.[4]

But then this is Szasz: the term 'people with mental illness' is itself wrong. There is no physicochemical abnormality, so there is no disease. And this is the central failure of imagination of *The Myth of Mental Illness*, which Szasz half-acknowledges here:

"... we must realize... that anyone who complains of being ill might indeed be ill, but that – if, as proof of illness we accept only physicochemical alterations of the body – we may not have the means to detect such alterations... no doubt, there are diseases that (physicians) do not know how to detect

today. But it is one thing to admit this and another to maintain that because of these historical facts, the persons psychiatrists now call schizophrenic suffer from an as yet undetectable form of organic disease, and that it is only a matter of time and research until medical science discovers the lesions 'responsible' for this disease".[4]

As Anthony Clare[13] asked Szasz in 1976, what was the status of epilepsy before the EEG? Fifty years after *Myth*, we know more about the biology of schizophrenia. But you didn't have to know the biology of schizophrenia in 1960 to predict that there would one day be such a biology. There was a biology of temporal-lobe epilepsy (TLE), with behavioural and perceptual disturbances well known in TLE.[28] Why should two people with identical schizophrenia-like symptoms – one with an EEG abnormality, one without – be treated so differently, by doctors and the law and society, as Szasz proposed? One considered genuinely ill – his physicochemical abnormality detectable by the technology of the time – and one a charlatan. As much as imagination, this was a profound, reckless, and apparently proud failure of simple human empathy.

Then, hysteria. The status of hysteria in a psychoanalytic United States in 1960 was quite different to its status today; to Szasz, it was the archetypal psychiatric illness, effectively play-acting. But even in the decade of *The Myth of Mental Illness*, it was recognised that when patients diagnosed with hysteria were followed-up, they often had undetected, organic, neurological illness.[29] Perhaps Szasz retrospectively absolved those patients of deception. Maybe the symptoms of those 1960 hysterics who did not live long enough for an MRI to show multiple sclerosis plaques are still considered counterfeit. The discussion takes on an angels-on-pins quality right around now.

Lastly, to ask what T*he Myth of Mental Illness* means today one might also ask: would psychiatry be any different if it had not been written? That depends on your view of the antipsychiatry that has had real power in the lives of patients: society's abdication of responsibility for the seriously mentally ill. It's always possible that Thomas Szasz's academic antipsychiatry provided the intellectual cover to help that abdication along. In the United States, prisons are the new asylums;[30] maybe, for Szasz, this is something to celebrate as that 50th anniversary approaches.

Illness, deviation and complexity

Tim Thornton, professor of philosophy and mental health

In *The Myth of Mental Illness*, Thomas Szasz offered, or at least appeared to offer, a number of arguments against the reality of mental illness.[3] The most important is expressed in this passage:

"The concept of illness, whether bodily or mental, implies deviation from some clearly defined norm. In the case of physical illness, the norm is the structural and functional integrity of the human body. Thus, although the desirability of physical health, as such, is an ethical value, what health is can be stated in anatomical and physiological terms. What is the norm, deviation from which is regarded as mental illness? This question cannot be easily answered. But whatever this norm may be, we can be certain of only one thing: namely, that it must be stated in terms of psychological, ethical, and legal concepts… [W]hen one speaks of mental illness, the norm from which deviation is measured is a psychosocial and ethical standard. Yet the remedy is sought in terms of medical measures that – it is hoped and assumed – are free from wide differences of ethical value. The definition of the disorder and the terms in which its remedy are sought are therefore at serious odds with one another".[3]

The argument here starts from the assumption that mental illness and physical illness involve deviation from different norms. Medical intervention, however, is capable of addressing only one sort of deviation – that of physical illness – and thus it cannot address the kind of deviation from a norm implicit in mental illness. Since the conception of mental illness involves the idea that it can be so treated, there is something incoherent about the very idea. This last point is explicit in this passage:

"Since medical interventions are designed to remedy only medical problems, it is logically absurd to expect that they will help solve problems whose very existence have been defined and established on non-medical grounds".[3]

Szasz also develops a shorter version of this argument. If mental illness is a deviation from a psychosocial norm then this leads, he argues, to a problem of circularity:

"Clearly, this is faulty reasoning, for it makes the abstraction 'mental illness' into a cause of, even though this abstraction was originally created to serve only as a shorthand expression for, certain types of human behaviour".[3]

Whilst neither of these arguments is compelling, they do suggest an important result that has shaped the philosophy of psychiatry since. They are not compelling because, even if mental illness is defined by, or identified via, psychosocial norms, this need not imply that it is identical to or constituted by such deviation. It may be that the illness is the cause of the deviation such that, even though it is picked out by its characteristic effects, it is not identical to them. (Firing the gun may be picked out as the cause of the death of the president; but it is not identical to the death: it slightly predates it.) If so, Szasz' argument fails. To establish his conclusion he would need to establish the truth of a kind of mental illness behaviourism which goes beyond merely and plausibly highlighting the role of societal norms in picking out illness.

Although the argument for the stronger conclusion fails, it is enough to block a common assumption that shapes biologically minded psychiatry. The assumption is that a successful biological account of a psychiatric syndrome places the condition on the same footing as a physical illness or disease. It would remove it from the debates around antipsychiatry about deviation from societal norms. But that does not follow. If Szasz is right that conditions are only picked out as illnesses through deviations from societal norms, an aetiological account of the causes of such deviations does not remove the conceptual connection between mental illness and societal norms.

Thus what seems most important to the debate within philosophy of psychiatry about the nature of mental illness is Szasz' premise: that mental illness is picked out or identified in psychological, ethical, or legal terms. (In fact, Szasz himself recently suggested that the proposition that mental illness is a myth was not the conclusion of an argument he offered but something he accepted as a premise.[6] This perhaps suggests that he did not aim to move much beyond the claim that mental illness is an essentially evaluative notion. That is why I said he may merely have appeared to offer an argument

for the myth of mental illness.)

Szasz' premise also highlights a genuine complexity at the heart of current debate about psychiatric taxonomy. Assuming that deviation from a societal norm plays a key role in picking out mental illness, how is it to be specified? It might be specified either in terms which presuppose the concept of illness – hence a pathological deviation from a societal norm – or it might be specified in some other illness-independent terms.

One, albeit implausible, example of the latter would be simply to say that any deviation from the – still to be defined – central norms is indicative of illness. Less implausibly, one might suggest mental illness is identified via specific politically defined deviations.

This would be a Foucaultian reading of a broadly Szaszian approach to mental illness. It would also be a form of reductionism. The concept of illness would be reduced to other independent concepts. The former alternative, by contrast, has to take illness or pathology to be a primitive, that is irreducible, term.

Take the case of those people who claim that the inner voices that they hear are indicative not of a pathology but of their membership of a different community. Their experiences are a deviation from a societal norm but does the deviation also amount to a pathology? The underlying problem now takes the form of a dilemma. If one can specify in illness-independent terms the kind of deviation that amounts to a pathology, then one has a neutral ground to assess the status of hearing voices. But, given the general failure of reductionist programmes within philosophy, that seems a difficult task. On the other hand, if the deviation in question has always to be understood in illness-involving terms, that will provide no help where the pathological status of an experience is precisely what is in question.

Nothing if not clear

Seamus MacSuibhne, lecturer and senior registrar in psychiatry

Thomas Szasz has been nothing if not clear in his writings over the last 50 years. 'Illness' depends on the existence of a physical lesion, mental illness displays no such lesion, therefore mental illness is a myth. This is not to say that the phenomena described as mental illnesses are not actually happening, but that they are not illness. 'Mental illness' involves a value judgement, whereas the diagnosis of bodily illness does not. What has formerly been termed mental illnesses are in fact 'problems in living'.

Other critics of psychiatry[31] have argued that many, if not most, patients presenting with mental illness have, in fact, problems of living, but have generally conceded that some at least are experiencing a biologically based mental illness. Szasz, however, has consistently maintained what could be called a 'hard' position denying the validity of mental illness and, from this position, attacking both psychiatric coercion (involuntary admission and treatment) and 'psychiatric excuses' (the insanity plea).

Szasz has not argued for the abolition of psychiatric practice, but that psychiatric practice should only be between two consenting adults (what he calls 'contractual' psychiatry), that psychiatrists should have no powers to compel treatment or admission, and that courts deliver verdicts of either guilty or not guilty with no acceptance that insanity can be a mitigating circumstance.

Over the course of his career he has compared 'institutional' psychiatry (contrasted to 'contractual' psychiatry) to the Inquisition, the slave trade and the Holocaust.[5] Szsaz disclaims the label 'antipsychiatrist' and also insists he is not a philosopher, although for many he is the quintessential antipsychiatrist and has had a profound influence on the philosophy of psychiatry.

It will not do to try and find common ground between this view and institutional psychiatry – for instance as Raj Persuad's[32] somewhat jocular review of Szasz' later book *Liberation by Oppression. A Comparative Study of Slavery and Psychiatry*[5] in the *British Journal of Psychiatry* did. Persuad wrote that the busy, harried NHS psychiatrist would find common ground with Szasz on the prevalence of 'problems of living'. Other writers opposed to the overall thrust of Szasz's writings have accepted that, very often, the label 'mental illness' has been applied to what really are 'problems of living' – for instance Boorse[33] who argued that the entire concept of 'illness' is value-laden, while that of 'disease' is value-free, for both mental and bodily illness, also warned of the 'medicalisation of morals'.

Szasz is not interested in a kinder, gentler, more nuanced, more humanistic, more holistic psychiatry. Szasz would not be satisfied with psychiatry becoming more biological, psychological, social, biopsychosocial or any combination thereof. Szasz wants institutional psychiatry abolished as slavery was abolished, wants those involuntarily detained liberated as those in concentration camps were liberated.

There have been many responses to Szasz. Initially, psychiatric commentators reacted defensively, trying to justify mental illness as illness. Kendell[34] described the 'biological disadvantage' criterion of illness, based on the work of Scadding,[35] a chest physician who described a disease as "the sum of the abnormal phenomena displayed by a group of living organisms in association with a specified common characteristic or set of characteristics by which they differ from the norm for the species in such a way as to place them at a biological disadvantage".

Kendell used this criterion of 'biological disadvantage' to argue that, in fact, a value-free concept of illness was possible, and also that it applied to mental illness, as it shortened life expectancy and reduced reproductive advantage. Later, Kendell[36] changed his mind and felt that value judgements were inescapable with regard to any illness. Kendell and Szasz both see bodily illness as uncomplicated compared to mental illness. Their debate is framed in terms of comparing mental illness to bodily illness, and arguing that mental illness is illness in so far as it is more or less like bodily illness.

Many later respondents to Szasz, such as Boorse, have argued that his concept of illness is narrow, and that bodily or purely physical illness or disease is not to be defined as simply as he suggests. Szasz[37] himself has continued to hold to his original position, writing that "I use the terms disease and illness interchangeably". Szasz refers to the introductory material of pathology textbooks, which simply state that disease is due to cellular damage, to illustrate the clarity of his definition of bodily illness. Whether the authors of these textbooks, any more than those of psychiatry textbooks, have taken a rigorous philosophical approach to the underpinnings

of their specialty could perhaps be questioned.

Other respondents to Szasz have looked to the experience of disease, rather than abstract definitions. Fulford,[38] for instance, has devised a 'full field' model of mental and physical illness that synthesises both experiential and pathological aspects. This is influenced by the 'ordinary language' philosophy of JL Austin[39] and the work of the sociologist David Locker.[40]

We can also look to the history of medicine to see how conditions whose biological basis no one disputes may mirror the current status of mental illness. Diabetes mellitus robbed lives prematurely (and insulin began saving lives) long before the pathological lesion was elucidated. Illness of any kind involves a social process in which value judgements are involved. This is not to deny the reality of pathological lesions but to place disease and illness in their proper context.

The oft-neglected subtitle of the book *The Myth of Mental Illness*, *'A Theory of Human Conduct'*[3] is suggestive of some historical precursors of Szasz. It is redolent of the philosophers of the Enlightenment, men and women who believed that the laws which govern human interactions would be unveiled in the same manner that Newton unveiled the Laws of Motion.

Szasz is reminiscent of the figures Isaiah Berlin[41] discussed in his *Freedom and Its Betrayal*. In this work Berlin focuses on six Enlightenment figures. With the exception of the brilliant reactionary Joseph de Maistre, they are all emblematic Enlightenment figures, passionate about the power of reason and the human mind to guide the way to absolute truth and thereby to perfect human happiness. They were equally passionate about freedom.

Berlin illustrates how they all loved freedom so much that they made it the core of their philosophy. They thought about what freedom meant and how freedom could reign throughout their ideal societies. In so doing, freedom became unmoored from the concept of the actions of individual men and women unfettered by coercion, but became attached to various abstractions such as the will of the nation, the state or abstract notions of good. This comparison may seem ironic, for Szasz is an enemy of coercion above all – but just as some philosophers deified freedom and justified taking it from people, the history of ideas is full of unintended consequences. Szasz has created a narrow, absolutist view of what disease and illness are and what the role of rationality in human behaviour is, and in so doing would limit human potential.

Responses by Professor Thomas Szasz

I thank Dr Brendan D. Kelly and his colleagues for inviting me to comment on their views about what my book, *The Myth of Mental Illness*, means 50 years after its publication.

I began to entertain the ideas expressed in *The Myth of Mental Illness* in my late teens. In the 1950s, when I wrote the book, I was well aware that publishing it was psychiatric heresy and postponed doing so until I had tenure.

I did not expect my thesis to be embraced by the psychiatric community and it is unreasonable for critics to judge its value on that basis. As the late Alvan R Feinstein, Sterling Professor of Medicine at Yale, commented, my aim was to 'comfort the afflicted and afflict the comfortable'.[42]

Since the publication of the *Myth* and perhaps partly in reaction to it, psychiatrists have, in their word, 'remedicalised' psychiatry. More than ever, mental health professionals and the public now accept the claim that 'mental illnesses are like other illnesses.' I have stated my disagreement with this view and my reasons for it, and will not repeat them here.[2,7,43-45]

Response to Dr Pat Bracken

I agree with Dr Bracken that "the centrality of meaning in the human world require[s] some form of hermeneutic, or interpretive, method to engage properly with it". In the *Myth* and elsewhere I state clearly that I believe, with Charles Sanders Pierce, that "what a word means is simply what habits it involves".[5,46] The principal habits that the term 'mental illness' involves are stigmatisation, deprivation of liberty (civil commitment), and deprivation of the right to trial for alleged criminal conduct (the insanity defense).

Dr Bracken does not say whether he supports or opposes these practices. He declares, "While I agree with Szasz and those philosophers who argue that the meaningful world of human reality cannot be grasped in the causal logic of the sciences of nature, I am less convinced that this leads automatically to methodological dualism". Methodological dualism is part of my method. It is not my conclusion.

Dr Bracken concludes: "When it comes to helping those who suffer (what we conventionally call) mental illnesses, we need practitioners who are comfortable in both the natural and human sciences, who are skilled in both biology and hermeneutics and able to tolerate the ambivalence, ambiguity and contradictions that are often at the heart of this suffering". Who could disagree? I would add that the psychiatrist ought not to attribute suffering to persons who deny that they are suffering and must not pretend to be a protective physician and act as a punitive agent of the state.

Response to Mr Harry Cavendish

I am pleased that Mr Cavendish is "happy with his recovery". I have clearly stated my belief that individuals ought to be free to avail themselves of any kind of psychiatric (and non-psychiatric) help.

Response to Dr Niall Crumlish

Dr Crumlish asks, "What does *The Myth of Mental Illness* mean today?," and answers, "Not a lot. ... Neither individual doctors, nor psychologists, nor multidisciplinary clinical psychiatry as practiced in 2010 owes much to The Myth of Mental Illness...for all the world, it's like mainstream mental health care has moved on". I did not write *The Myth of Mental Illness* to be helpful to the practice or peace of mind of psychiatrists. I interpret Dr Crumlish's criticism as evidence of my having succeeded in my aim.

I regret that Dr Crumlish labels me with modern psychiatry's favourite stigma term for dissenting colleagues: 'antipsychiatry.' Citing an article he calls 'most favourable to Szasz', Dr Crumlish writes, "It is hardly correct to place RD Laing, who near-revered people with schizophrenia... alongside Professor Szasz, who regarded people with mental illness as little more than malcontents". Nevertheless, Dr. Crumlish repeats the smear and concludes:

"Then, hysteria. The status of hysteria in a psychoanalytic United States in 1960 was quite different to its status today; to Szasz, it was the archetypal psychiatric illness, effectively play-acting. But even in the decade of *The Myth of Mental*

Illness, it was recognised that when patients diagnosed with hysteria were followed-up, they often had undetected, organic, neurological illness. Perhaps Szasz retrospectively absolved those patients of deception. Maybe the symptoms of those 1960 hysterics who did not live long enough for *an* MRI to show multiple sclerosis plaques are still considered counterfeit. The discussion takes on an angels-on-pins quality right around now. ... It's always possible that Thomas Szasz's academic antipsychiatry provided the intellectual cover to help that abdication [of psychiatric care] along. In the United States, prisons are the new asylums; maybe, for Szasz, this is something to celebrate as that 50th anniversary approaches".

Dr Crumlish's attribution of this phenomenon to my work is based on a radical falsification of history. The fact that prisons are the 'new asylums' in the United States is the consequence of the legal-psychiatric policy called 'de-institutionalisation', conceived, implemented, and celebrated by establishment psychiatrists. I denounced the policy from its inception.[47]

Response to Professor Tim Thornton

Some of Professor Thornton's views appear to be in agreement with mine, and some seem not to be. After summarising my reasons for rejecting the concept of mental illness, he writes: "The argument here starts from the assumption [sic] that mental illness and physical illness involve deviation from different norms". My argument did not start from an 'assumption'. Instead, it started from the observation that we use the terms 'bodily illness' and 'mental illness' differently: for example, psychiatrists regularly deprive patients of liberty, while other physicians do not do so. Problematically, much of Professor Thornton's writing is abstract and abstruse, such as the following:

"[E]ven if mental illness is defined by, or identified via, psycho-social norms, this need not imply that it is identical to or constituted by such deviation. It may be that the illness is the cause of the deviation such that, even though it is picked out by its characteristic effects, it is not identical to them. (Firing the gun may be picked out as the cause of the death of the president; but it is not identical to the death: it slightly predates it.) If so, Szasz' argument fails. To establish his conclusion he would need to establish the truth of a kind of mental illness behaviourism which goes beyond merely and plausibly highlighting the role of societal norms in picking out illness".

Mental illnesses are not 'picked out'. They are constructed and deconstructed, exemplified by the history of homosexuality qua mental disorder. Professor Thornton states that I need "to establish the truth of a kind of mental illness behaviourism". I do not know how to do such a thing and do not understand what would be the practical consequences, if any, of my accomplishing this feat. Would the courts, the legislators, and the medical-psychiatric system then abolish psychiatric controls and excuses?

"Take the case", Professor Thornton writes, "of those people who claim that the inner voices that they hear are indicative not of a pathology but of their membership of a different community. Their experiences are a deviation from a societal norm but does the deviation also amount to a pathology?" The answer depends on our/the definition of 'pathology'".

Clearly, the demarcation-separation of psychotherapy from somatic medicine (or the rejection of such a demarcation-separation) is of paramount economic, ideological-professional, and political concern to numerous parties. In this connection, let us contrast Karl Jaspers's and Paul McHugh's – both famous psychiatrists – reactions to this challenge. Jaspers – today better known as a philosopher – observed: "All therapy, psychotherapy and attitudes to patients depend upon the State, religion, social conditions, the dominant cultural tendencies of the age and finally, but never solely, on accepted scientific views."[48] Paul McHugh – long-time chairman of the psychiatry department at the Johns Hopkins University Medical School – writes:

"As we psychiatrists start to teach our discipline to beginners, we confront a qualm among some students that psychiatrists may not be 'real' doctors. What else, we respond somewhat defensively, might we be? 'Well', comes the answer, "medicine is an applied natural science directed toward sick people. Psychiatric patients seem not sick but troubled, and psychiatric effort more guidance than curing. Perhaps the natural associates of psychiatrists are not physicians and surgeons but counsellors, ministers, social workers, and even, heaven forbid, lawyers." We flinch at this view and sometimes turn cranky".[49]

Response to Dr Seamus MacSuibhne

I am grateful to Dr MacSuibhne for writing that "Thomas Szasz has been nothing if not clear in his writings over the last fifty years" and for his accurate summary of my objections to psychiatric coercions and excuses, emphasizing that "Szasz has not argued for the abolition of psychiatric practice, but that psychiatric practice should only be between two consenting adults (what he calls 'contractual' psychiatry), that psychiatrists should have no powers to compel treatment or admission, and that courts deliver verdicts of either guilty or not guilty with no acceptance that insanity can be a mitigating circumstance."

I also like Dr MacSuibhne's review of some of the reactions to my writings but respectfully disagree with his bracketing me with the French Jacobins: "This comparison may seem ironic, for Szasz is an enemy of coercion above all – but just as some philosophers deified freedom and justified taking it from people, the history of ideas is full of unintended consequences. Szasz has created a narrow, absolutist view of what disease and illness are and what the role of rationality in human behaviour is, and in so doing would limit human potential."

I am not aware of ever having justified depriving people of liberty, miss acknowledgment by Dr MacSuibhne of the Jacobins's enthusiasm for égalité, a condition incompatible with the libertarian concept of liberty, and fail to see how my advocating the abolition of psychiatric coercions and excuses 'would limit human potential', except the potential for the practices conventionally and conveniently labelled 'psychiatric abuses'.

A concluding comment by Professor Szasz

Lest the reader get the impression that the opinions of the commentators assembled by Dr Kelly represent a critical consensus, I would like to end by citing a more sympathetic judgement of my work. Professor Roy Porter, the noted medical historian, begins his last book, *Madness: A Brief History,*

with these words:

"In a brace of books, *The Myth of Mental Illness* (1961) and *The Manufacture of Madness* (1970), Thomas Szasz, Professor of Psychiatry at Syracuse University (New York), denied there was any such thing as 'mental illness': it was not a fact of nature but a man-made 'myth'. He explained further: "Psychiatry is conventionally defined as a medical specialty concerned with the diagnosis and treatment of mental diseases. I submit that this definition, which is still widely accepted, places psychiatry in the company of alchemy and astrology and commits it to the category of pseudoscience." Why so? The reason was plain: "there is no such thing as 'mental illness.'" For Szasz, who has continued to uphold these opinions for the last 40 years, mental illness is not a disease, whose nature is being elucidated by science; it is rather a myth, fabricated by psychiatrists for reasons of professional advancement and endorsed by society because it sanctions easy solutions for problem people.

"Over the centuries, he alleges, medical men and their supporters have been involved in a self-serving "manufacture of madness," by affixing psychiatric labels to people who are social pests, odd, or challenging. And in this orgy of stigmatization, organic psychiatrists have been no less to blame than Freud and his followers, whose invention of the Unconscious (Szasz alleges) breathed new life into defunct metaphysics of the mind and theologies of the soul. All expectations of finding the aetiology of mental illness in body or mind – not to mention some Freudian underworld – is, in Szasz's view, a category mistake or sheer bad faith: 'mental illness' and the 'unconscious' are but metaphors, and misleading ones at that.

"In reifying such loose talk, psychiatrists have either naively pictorialised the psyche or been complicit in shady professional imperialism, pretending to expertise they do not possess. In view of all this, standard psychiatric approaches to insanity and its history are vitiated by hosts of illicit assumptions and questions *mal posés*".[50]

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*324 word quote by Prof Szasz from *"Madness: A Brief History"* by Porter, Roy (2002) – by permission of Oxford University Press.

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