

# Asylum

the magazine for democratic psychiatry

Spring 2013  
Volume 20  
Number 1  
£4.00

Sales and subscriptions  
Tel 01989 763900  
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**THOMAS SZASZ**

**1920 – 2012**

**'THE MYTH OF MENTAL ILLNESS'  
A PSYCHIATRIST AGAINST PSYCHIATRY**



An international magazine for  
democratic psychiatry, psychology,  
and community development

Incorporating the  
Newsletter of Psychology  
Politics Resistance

the magazine for democratic psychiatry  
Volume 20, Number 1, Spring 2013

ISSN 0955 2030

Send letters, comments & submissions  
(incl. articles, art work, poetry, images etc)  
to: [editors@asylumonline.net](mailto:editors@asylumonline.net)  
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Asylum magazine is a forum for free debate, open to anyone with an interest in psychiatry or mental health. We especially welcome contributions from service users or ex-users (or survivors), carers, and frontline psychiatric or mental health workers (anonymously, if you wish). The magazine is not-for-profit and run by a collective of unpaid volunteers. Asylum Collective is open to anyone who wants to help produce and develop the magazine, working in a spirit of equality. Please contact us if you want to help.

The views expressed in the magazine are those of the individual contributors and not necessarily those of the Collective. Articles are accepted in good faith and every effort is made to ensure fairness and veracity.

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## Dr Thomas Stephen Szasz

15 April 1920 (Budapest) – 8 September 2012 (Manlius, NY)

with the death of Thomas szasz, at the age of 92, psychiatry has lost its most vociferous critic. *asylum* 19:4 began with an appreciation by ron roberts. Having called for contributions, we now mark the event with a collection of different perspectives on szasz's work and ideas.

of course, szasz was critical of one of the historical roots of this magazine. in 2010, when asked to comment in support of the magazine's relaunch, he said:

*I regret that I cannot support the idea of a 'democratic psychiatry'. for me, the issue is coercion versus non-coercion. (Democratic psychiatry is a term associated with Basaglia's Italian version of locking up mental patients. see my book, Antipsychiatry: Quackery squared.) Good luck with your... relaunching of Asylum.*

since this magazine is meant as a forum for debate, we decided to include not only pieces broadly in support but also those more nuanced or critical of szasz.

Alec Jenner and morton schatzman are closest to being szasz's contemporaries. Jeffrey schaler runs [www.szasz.com](http://www.szasz.com). richard v atz and irish survivor mary maddock both offer warm tributes, whilst Joanna moncrieff summarises szasz's contribution to debates about psychiatry.

People are often unaware that szasz did not oppose consensual psychotherapy. His views on this and other issues are discussed by Anthony stadlen, who was his london host when szasz conducted a one-day seminar in

the UK in 2010. Szasz was a prolific writer, and Phil Barker and Poppy buchanan-barker review three of his last books. ron roberts writes about szasz's views on responsibility, morality and politics, while dave Harper reviews his legacy.

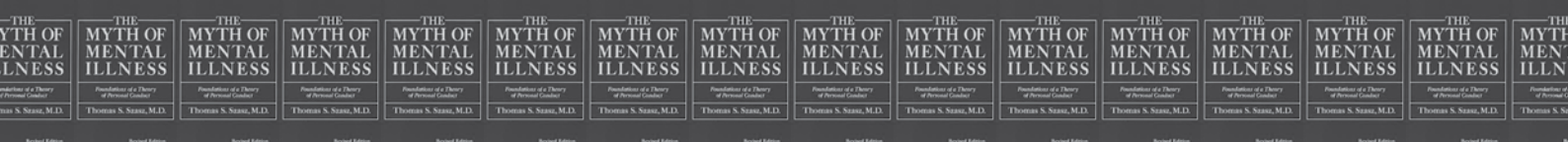
Although many psychiatrists may dismiss the psychiatric survivor movement as simply an offshoot of 'anti-psychiatry', the reality is more complex. for example, in 1978, in her seminal book *on our own: patient-controlled alternatives to the mental health system*, American self-identified 'ex-patient' Judi Chamberlin (who sadly died in 2010: see *asylum* 17:3) noted the relevance of szasz's critique. However, by 1990, in an article in the *Journal of mind and Behavior*, she observed:

*'anti-psychiatry' is largely an intellectual exercise of academics and dissident mental health professionals. there has been little attempt within anti-psychiatry to reach out to struggling ex-patients or to include their perspective.*

The articles in this issue by survivors Peter lehmann and Anne Plumb reflect this more nuanced approach to Szasz's work and ideas. Pat bracken, Phil Thomas, david Pilgrim and Anthony morgan also take issue with some of szasz's assumptions.

As we prepared this issue, the inquiry into the 'schizophrenia' label published its interim report. since Thomas szasz was such a critic of the notion of schizophrenia, it seemed fitting to include it.

given the debate about szasz's relationship with scientology, overleaf is a letter by him on this topic (courtesy of Peter lehmann).



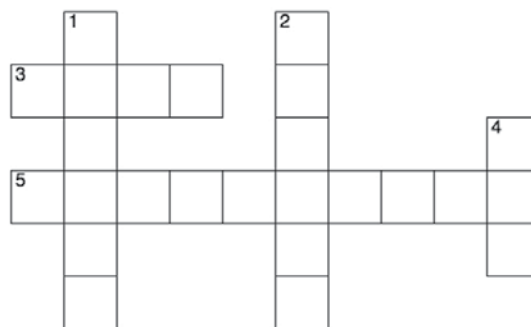
## Crossword

Created by Tamasin Knight  
using [www.puzzle-maker.com](http://www.puzzle-maker.com)

This is a crossword I created a few years ago as part of a training day about helping people with unusual beliefs. 'Unusual beliefs' refer to beliefs that psychiatry may call delusions, obsessions or other kinds of psychopathology. If you are interested in ways to help people cope with these kinds of beliefs then my book *Beyond Belief – Alternative ways of working with delusions, obsessions and unusual experiences* may be of interest. This book can be downloaded free of charge from: <http://www.peter-lehmann-publishing.com/beyond-belief.htm>

If you want to make your own crossword or word search you can do so for free at [www.puzzle-maker.com](http://www.puzzle-maker.com). Why not send some of the puzzles you create into *Asylum* magazine and we will try and publish them on the Quiz Page. Email your puzzles to us at: [editors@asylumonline.net](mailto:editors@asylumonline.net)

### Crossword - Unusual Beliefs



#### ACROSS

- 3 Important for recovery, rhymes with religious leader (4)  
5 People can gain this from going to unusual beliefs support groups (10)

#### DOWN

- 1 Marius Romme researched this (6)  
2 When someone is talking about unusual beliefs it is important to ..... (6)  
4 Do people who haven't been psychiatric patients have unusual beliefs? (3)



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750 EAST ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5830

January 27, 1978

Mr. Paul Spencer-Smith  
The Church of Scientology  
68, Tottenham Court Road  
London, W. 1  
England

Dear Mr. Spencer-Smith:

This is in reply to your request that I comment on the stand taken by the Church of Scientology with respect to psychiatry.

Persons knowledgeable about psychiatry can distinguish two quite different psychiatric interventions: those invited by the patient himself, for the relief of his own discomfort; and those imposed on him against his will, for the control of his undesirable behavior. However, this is a distinction not recognized by organized psychiatry, nor understood by the general public. As a result, all contacts with psychiatry are hazardous, actually or potentially, for the subject. Moreover, many psychiatric interventions stigmatize the so-called patient and inflict actually bodily harm on him (for example, the major tranquilizers in large doses, electroshock, leucotomy). Hence, I consider the Church of Scientology's opposition to psychiatry in general, and to involuntary (institutional) psychiatry in particular, to be fully justified; such a stand protects, rather than impairs, the best interests of the public.

To be sure, in opposing psychiatry, the Church of Scientology opposes an accepted social institution seemingly devoted to protecting the public health and welfare. But to accept that view on face value is tantamount to accepting that critics of prevalent social institutions are, in fact and necessarily, threats against the public health and welfare. In that view, critics of the Inquisition in sixteenth century Italy would have been such threats, and so would have been critics of chattel slavery in the antebellum South in the United States.

Opposition to psychiatry aims, as did opposition to certain established social institutions in the past, at challenging certain prevailing concepts of what constitutes the proper protection of the "public health and welfare." In taking the position that psychiatry threatens rather than protects the public health and welfare, the Church of Scientology is, in my opinion, acting in the best Anglo-American tradition of peaceful and responsible moral and political nonconformism.

You may use my foregoing remarks in any way you deem appropriate.

With best wishes,

Sincerely,

*Thomas Szasz*

Thomas S. Szasz, M.D.  
Professor of Psychiatry



## THOMAS SZASZ an obituary

by Dr Morton Schatzman

Thomas Szasz was an outstanding writer, thinker and lecturer. Most of his work expressed heretical views about psychiatry. But he was also a heretic about psychoanalysis, drug addiction, suicide, sex therapy, and much else.

### Early life

Szasz was born in Budapest in 1920 to a family 'only nominally Jewish'. His father's name was originally Schlesinger, but his father and his father's brother 'Magyarized' their names while still at school; Szasz is a characteristically Hungarian name.

Szasz once said that his parents 'were probably as good parents as a

child could have'. His father was a lawyer who owned some property and was a successful agricultural businessman. Thomas and a brother, George, two years older, were educated in a state-run secular school with 'very high standards'. Tom said he 'felt boundlessly indebted' to his brother, who was 'unceasingly supportive'. George earned a PhD in physical chemistry and worked in Switzerland.

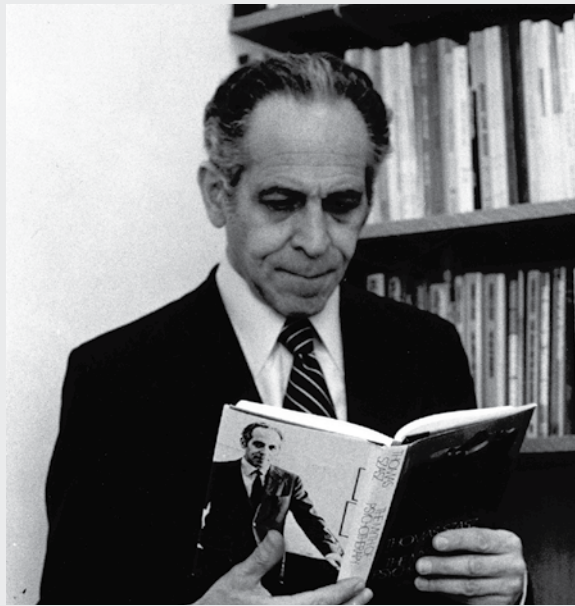
When Szasz was eighteen the family emigrated to the USA, where Szasz lived the rest of his life. German and Hungarian were his native languages. He also learned French, in which he became fluent, and he told me that by the age of seventeen he was so good in that language that French people thought he was a native French speaker from North Africa. However, he always spoke English with a strong accent.

Szasz's uncle was already established in Cincinnati as a teacher at the University, and there Szasz proved a star student. He took courses in physics, graduating in 1941, and then studied medicine, because he "wanted to know how the machine we inhabit works". He got his medical degree from the College of Medicine of the University of Cincinnati in 1944, interned for a year at Boston City Hospital, and then did a year of hospital training in internal medicine in Cincinnati. He realised that to continue in medicine would mean to submerge his interest in religion, politics, law and literature, so he sought training as a psychiatrist and psychoanalyst.

### The psychiatrist

Szasz deliberately chose a psychiatry training program that did not include work with involuntary patients. When, in his third year of training, the head of the Psychiatry department asked him to work with psychotic patients, he quit the programme and went elsewhere to finish training.

He entered the Chicago Institute for Psychoanalysis



Courtesy of the department of Historical Collections, Health sciences library, suny upstate medical university.

and became a psychoanalyst in three years, which was unusually quick. For the next five years he was a member of its staff, with two years out for active duty with the US Navy. He was conscripted in 1954, during the Korean War. He said that this was a 'lucky break' since it got him away from full-time practise of psychoanalysis, which he felt 'was an impossible way to make an honest living'. He once remarked that he and the Navy were a good match: 'The servicemen didn't want to be in the Navy and played the role of mental patients. I didn't want to be in the Navy and played the role of military psychiatrist.' This involved

discharging men as 'neuropsychiatric casualties'.

In 1956 Szasz became a professor of psychiatry at the State University of New York in Syracuse, where he was to spend most of his professional life. He told me once that he had been ready to publish his ideas about mental illness years earlier than he actually did, but he had waited until he had achieved tenure as a professor before doing so. He had anticipated what a storm his ideas would create.

After publication of *The Myth of Mental Illness* he talked and lectured about his views. A few times he testified on behalf of psychiatric patients who wished to be freed from involuntary hospitalisation, and he condemned their being deprived of freedom on the grounds of mental illness.

At this time, the New York State Commissioner of Mental Hygiene, Paul Hoch, was petitioned to bar Szasz from teaching 'heresy' to state-paid psychiatry trainees, and from being clinically responsible for mentally ill patients. Dr. Marc Hollender, who was both the chairman of Szasz's department of psychiatry and director of the state mental hospital, reassigned Szasz to teach only in the medical school, not the hospital. Szasz took legal action against this move, and the local chapter of the American Association of University Professors eventually upheld Szasz's action. On the grounds of academic freedom, many academics at the university supported Szasz, and all his supporters who did not have tenure were forced out of their jobs. In 1966, after much controversy, Hollender left the department. Szasz continued to become Emeritus Professor in 1990.

### The Big Idea

In 1961 Szasz published *The Myth of Mental Illness*, which introduced the idea for which he is still best known. He argued that whereas the heart, the liver, and the brain can be sick – in the sense of something being biologically wrong

– the mind cannot be sick. This is because the mind is not a bodily organ. Rather, the mind is not a thing at all. ‘Mind’ is a name for a category of events that we call ‘mental’. And a category or a name cannot be ill.

He said the idea of mental illness is deployed as a pretext whereby one group of people – the state or the medical profession – controls another group of people.

He gave as an example an idea from a paper published in a prestigious American medical journal in 1851: ‘Report on the Diseases and Peculiarities of the Negro Race’. The author, Dr Samuel Cartwright, argued that Negroes were biologically inferior to whites, and that their enslavement was therapeutically necessary for them. Cartwright identified a new disease, which he alleged was peculiar to Negroes: ‘drapetomania’. ‘Drapeto’ came from the Latin *drapetes*, which means runaway slave. The ‘disease’ was manifested by the escape of slaves from their white masters. Cartwright identified another ‘disease’ of Negroes: *dysesthesia aethiopis*, which basically meant ‘Negro Indolence’. Szasz thought this paper illustrated his own ideas about the function of the term ‘mental illness’.

Among Szasz’s many dissenting views are that:

- anyone who alleges that he or she has a mental illness, or that someone else does, is using a disdainful label, not making a scientific judgement;
- the psychiatrist who puts people in mental hospitals against their wills is acting as a jailer, not as a doctor;
- the psychiatrist who testifies that someone broke the law because of mental illness is both mistaken and confusing, since mental illness is only a metaphor, not a real illness, and cannot ‘cause’ anything.

Szasz also thought that the term ‘drug abuse’ is not a medical or psychiatric term but a moral judgement. He thought it absurd that in the USA one can walk into a shop and buy a shotgun but not buy a bottle of opiates without a prescription. Much as the Church used to regulate man’s relation with God, modern drug laws permit doctors to regulate our relations with our bodies. Just as we regard freedom of speech and religion as basic rights, so we should regard freedom of self-medication.

## The logician

Szasz cited this Confucius adage:

*A Chinese sage was once asked by his disciples what he would do first to set right the affairs of the country. ‘I should see to it,’ he said, ‘that language is used correctly.’ The disciples looked perplexed. ‘Surely,’ they said, ‘this is a trivial matter. Why should you deem it so important?’ The Master replied: ‘If language is not used correctly, then what is said is not what is meant; if what is said is not what is meant, then what ought to be done remains undone, and morals and art will be corrupted; if morals and art are corrupted, justice will go astray; if justice goes astray, the people will stand about in helpless confusion.’*

## Views on Freud and psychotherapy

Szasz considered the term ‘psychotherapy’ misleading because nowadays it has medical implications. He recommended instead a term first used by Aeschylus, the Greek tragedian: *iatroi logoi*, i.e., healing words. The proper term for the modern secular cure of souls then would be *iatrologic*, and it would be a branch of rhetoric and logic. The activities of the ‘iatrologicians’ would be classified as art rather than science.

He thought that Freud neither discovered a new science nor a new method for treating illness. What Freud called ‘treatment’ was simply a conversation between two people – one which Freud fraudulently misrepresented as ‘treatment’. According to Szasz, Freud’s most important achievement was that today it is possible to undergo or to practise psychotherapy, whereas before Freud it was not.

Szasz said that the first phase of psychoanalysis, which ended in 1906, can be considered the period of ‘product development’. But in the first ten years of the 20th century Freud abandoned the kind of leadership associated with scientific progress and adopted instead the kind of leadership typical of big business. In effect, Freud founded a cartel that was to have a monopoly over psychoanalysis. It was as if, said Szasz, Freud had developed the formula for Coca Cola and found that within a narrow circle there was interest and a demand. He then decided to sell his product to a wider range of customers by advertising – in his case, by publishing his observations and ideas.

In 1910, so as to promote and distribute psychoanalysis, Freud formed a stock company. Freud was the majority stockholder, with colleagues Abraham, Adler, Ferenczi, Jung and Stekel. The first task was to create a winning corporate image. Freud did this by setting up a ‘dummy organization’ headed by a front-man chosen to inspire confidence and respectability. Such a public-relations manoeuvre was intended to camouflage both the Jewishness and the socially subversive qualities of the organisation. Thus was Carl Jung, the gentile, chosen to be the first president of the International Psychoanalytical Association.

Freud treated psychoanalysis as if it were a patented invention, and that he could restrict the right of others to use it. Accordingly, he insisted that others could dispense it only in accord with his specifications and, further, he and only he could change the original formula. But as soon as the psychoanalytic business was launched, Freud’s colleagues, whom he had appointed as distributors – such as Adler, Jung and Stekel – refused to abide by the franchiser’s demands.

## Active in retirement

After retiring, Szasz spent much of his time writing, and published many books and articles. When he was 83, I recall asking him, “Are you writing anything?” “I can’t stop,” he said, and went on to write half a dozen more books.

The last time I saw him he was 90, and presenting an all-day seminar in London. He said about himself then that he was ‘a relic’. He meant that he had made his major impact many years earlier, and yet he was still alive. His mind was

wonderfully agile and stimulating. He was still in robust health, while nevertheless wanting me to hold his hand whilst he crossed the London streets.

He was still driving his car in the last months of his life, though he had become less mobile and somewhat withdrawn. A week before his death he fell and injured one of his vertebrae. This was very painful, and required painkillers. Two days before he died he was still emailing articles to his friends, including me. He was found dead by a friend on 8th September.

He is survived by his older brother, by two daughters, Margot Szasz Peters and Suzy Szasz Palmer, and by one grandchild, Andrew Thomas Peters.

### Some of the famous aphorisms

Szasz was fond of expressing his views as provocative aphorisms. Here are a few:

- If you talk to God, you are praying; if God talks to you, you have schizophrenia.
- Excessive drinking is a habit. If we choose to call bad habits diseases, there is no limit to what we may define as a disease.
- All drugs of any interest to any moderately intelligent person in America are now illegal.
- I favour free trade in drugs for the same reason the Founding Fathers favoured free trade in ideas: in a free society it is none of the government's business what ideas a man puts into his mind. Likewise, it should be none of its business what drugs he puts into his body.
- The American people don't realize that a very large

proportion of the AIDS cases in America are government-manufactured, in the sense that the government has prohibited needles. People talk about iatrogenic (doctor-caused) diseases. People never talk about government-caused diseases. There is no Latin word for that.

- Happiness is an imaginary condition, formerly attributed by the living to the dead, now usually attributed by adults to children, and by children to adults.
- When you hear an American politician running for office say, 'I want to serve my country,' remind yourself that what the man really means is: 'I want the country to be at my service.'
- Formerly, when religion was strong and science weak, men mistook magic for medicine. Now, when science is strong and religion weak, men mistake medicine for magic.
- Relying on physicians to prevent suicide, prescribe suicide, and provide suicide ... is an evasion fatal to freedom.
- 'Dangerousness to self': This is the keystone in the Roman arch. Until it is knocked out, it's impossible to destroy the edifice. People should not be protected from themselves by involuntary psychiatric interventions.

The Independent kindly gave us permission to reprint this longer version of the obituary it posted on 24th September, 2012.

*Morton Schatzman is an American medical doctor and psychiatrist working in London as a psychotherapist. He co-founded the Arbours Association, a charity set up to offer psychotherapy and places to live for people in emotional distress. Email: mortonschatzman@gmail.com*

## Thomas Stephen Szasz Psychiatrist and writer

### Anthony Stadlen

The Hungarian-American psychiatrist and author Thomas szasz, who has died aged 92, is regarded by many as the leading 20th and 21st century moral philosopher of psychiatry and psychotherapy. others see him as a dangerous and seductive influence who advocated the neglect of some of society's most helpless members.

in fact, szasz was always motivated by a deep faith in human freedom. Human beings, he said, are free agents, fully responsible for their actions. He denounced any incursions on civil liberties in the name of psychiatry.

in the best-known of his thirty-six books, *the myth of mental illness*, szasz argues that mental health and mental illness are alienated, pseudo-scientific, pseudo-medical concepts. He insisted that to say that a mind is sick is to speak metaphorically: the concept of illness, in its modern, scientific sense, applies only to the body. Any bodily organ can be diseased. but to be heartsick or homesick – though real enough feelings – is not to at all the same thing as being medically ill: it is only metaphorical illness. Equally metaphorical, said szasz, were such supposed mental



Anthony Stadlen and Thomas Szasz. Photo: copyright jennypotos.com

illnesses as hysteria, obsessional neurosis, schizophrenia, and depression.

szasz insisted that his analysis of the myth of mental illness was based in definitions and pure logic. A 'mental illness' is like a square circle, not like a unicorn. one might possibly discover a unicorn but, by definition, one could never discover a square circle or a mental illness. if someone diagnosed as 'having a mental illness' should turn out to have an actual brain disease, then this would be a genuine physical illness, not the metaphorical mental illness, and should be treated not by psychiatrists but by neurologists.



when he seemed to ignore the anguish and incapacity of many of our fellow human beings, some people considered szasz almost frivolous. However, his argument now became empirical, ethical, and political. His primary concern was the use of the myth of mental illness, not just to describe but also to *prescribe*. He saw the concept of mental illness not just as an innocent mistake but as a socially and politically motivated act of bad faith: it gave false legitimacy to compulsory psychiatry – the coercion of the innocent. At the same time, in criminal law, to offer a defense of ‘insanity’ is to excuse the guilty. He denounced these complementary uses of psychiatry as crimes against humanity, and called for them to be legally abolished.

szasz defended the individual's right to buy, sell and take drugs; to give informed consent to treatment such as drugs, electroconvulsive therapy or even psycho-surgery; and to engage in consensual, contractual psychotherapy. but he pointed out that, even if any of this made the individual feel better, this did not prove that he or she had been ill.

szasz's opponents said he was so obsessed with abstract ideas about justice, freedom and responsibility that he denied the medical problems of suffering patients whose mental disorders made them unable to take responsibility for their actions. However, szasz was deeply concerned with human suffering. His point was that suffering was not necessarily a medical problem, nor did it imply a lack of responsibility, and that it should not be forcibly treated. forcible treatment did not imply the person treated was suffering from any illness – except, most likely, from the ill effects of forcible treatment itself. Almost every week, desperate involuntary patients wrote to him as the only person they trusted to understand their predicament.

in his view, compulsory psychiatry – no matter how compassionately intended – is patronising and infantilising. many observers agree that his description of the ever-increasing medicalisation of so many human situations – the inroads of what he termed ‘The Therapeutic state’ – remains uncannily accurate in the new millennium.

it is not generally recognised how committed szasz was to voluntary psychotherapy. At an inner Circle seminar in 2007 he said: “Psychotherapy is one of the most worthwhile things in the world.” in *the myth of psychotherapy* he wrote that freud had mis-described psychotherapy as a kind of science and medical treatment. on the other hand szasz had great respect for the possibilities, which freud had opened up, for searching conversations between consenting adults. whilst he approved of child welfare, since children cannot give consent, he denounced child therapy as torture.

szasz's preoccupation with liberty began when, as a boy of 6, he was forced to go to school. on long walks he was shown prisons, hospitals – and mental hospitals. Even as a child, he thought these should also be called prisons. by the time he was a teenager he found that “... inquiring into the justification for locking up mad people is taboo. Crazy people belong in madhouses. only a crazy person would ask, *why?*” Even then, he thought that mental disorder was not an illness. He never had to give up a belief in ‘mental illness’, since he had never had that belief.

He wrote to me that, as a boy, he was moved by how, in mark Twain's great novel *the adventures of huckleberry finn*, “... an ignorant child, Tom sawyer – another Tom s! – could recognize the evil of slavery, though the adults could

not.” later, szasz wrote detailed comparisons of compulsory psychiatry with slavery, and with the inquisition and police states. He told me that he “felt viscerally upset by the dehumanized language of psychiatry and psychoanalysis”. He made sure that he never had to treat an involuntary patient. He said that, as an academic, he taught psychiatry as an atheist might teach theology.

Actually, szasz was an atheist, but he said his atheism was “religious”. He and i agreed that existential thinking had to start from the axiom that human beings are ineffable (whether or not they are made in the image of an ineffable god), in the sense that ultimately they cannot be described by a system or a science. “And therefore,” he said, “psychotherapy is ineffable.”

This was a secular form of the “cure of souls”: psychotherapists were more like rabbis or priests than medical doctors.

in *szasz under fire: the psychiatric abolitionist faces his critics* (ed. Jeffrey schaler, 2004), his views were challenged from various angles by leading psychiatrists and philosophers – and defended meticulously by szasz himself.

in the same year, in *faith in freedom* (2004), he lamented that even leading libertarian thinkers of the left and right – John stuart mill, bertrand russell, ludwig von mises, friedrich von Hayek – held that the so-called mentally ill were not responsible for their actions and could legitimately be incarcerated and forcibly treated.

He and r.d. laing are often linked as ‘anti-psychiatrists’. but in *antipsychiatry: Quackery squared* (2009) szasz argued that laing had practised compulsory psychiatry and supported the criminal defence of insanity that szasz deplored.

szasz learned much from the existential tradition, especially kierkegaard, sartre and Camus. some existential therapists have learned from him, but too many get no further than accusing him of dualism. They claim that he split mind from body, and ignored the ancient holistic concept of illness. but szasz was well aware of that ancient idea. His argument is that mental illness is a metaphor relative to the modern natural-scientific concept of illness, of the body-as-object, not the lived body. He was saddened that so many existential therapists collude with coercive psychiatry.

His last book, *suicide prohibition: the shame of medicine* (2011), written when he was 90 years old, was a protest against the prevention of suicide, a primary justification for compulsory psychiatry. However, he was equally opposed to physician-assisted suicide, which he saw as yet another intrusion of medicine into living and dying.

szasz was a courteous listener and very much enjoyed conversation. Although he was a brilliant speaker, he preferred it to lecturing. He published eleven books after turning 80, and at 90 conducted an electrifying all-day inner Circle seminar in london, attended by exactly 90 people, the dialogue an incandescence of 90 birthday candles. After the seminar i drove him to the Cotswolds, the lake district, and then Edinburgh and manchester. He spoke at various psychiatric conferences in these places, with young psychiatrists speaking behind their powerpoints, in a lifeless monotone. He seemed the youngest, most lively person there. in manchester, he said: “i'm going to let them have it. i've got nothing to lose.” And he did. i drove him to the airport and he kissed me goodbye, saying: “This may be the



last time we see each other.”

in fact i was to spend two more short holidays with him in his home town, manlius, ny . The last time, in may 2012, dave’s diner (our favourite breakfast place) was full and we went somewhere that seemed rather dreary for our last brunch. He brooded on the dark view of the universe suggested by animals which trek hundreds of miles across the desert to water, only to be eaten by the predators awaiting them. we would often discuss the great existential questions, and he said: “what’s the Jewish view on what it’s all for?” i muttered something about people made in the image of god with free will to collaborate (or not) in the task of creation, by loving their neighbours and strangers and leading a decent life. He looked around at the hopelessly obese people stuffing their families with chips and whipped cream, and said: “it’s been quite a successful project, don’t you think?”

i was deeply moved that he saw the decency in these people. They would surely have come to the help of neighbours or strangers, if only to open the door with kindness and courtesy. This was our last meal together. He drove me to the airport and we said goodbye.

on 11 september i heard from Jeffrey schaler that Tom had died. A few days earlier Tom szasz and i had exchanged humorous emails. He must have been in excruciating pain, but he did not tell me. Then he didn’t answer an email. At the beginning of september, he had fallen and broken the tenth thoracic vertebra in his spine. He had refused to stay in hospital, and accepted only a prescription for painkillers. He died

at home on the 8th of september. Had he not fallen, i think he could have gone on for years.

Thomas szasz’s wife, rosine, had died in 1971. He is survived by his daughters, margot and suzy, by his grandson, Andrew, and by his older brother, george.

*This article first appeared in the Hermeneutic Circular and we are grateful to the editors for permission to reproduce it here.*

since 1971, **Anthony Stadlen** has practised as an existential-phenomenological psychotherapist in london.



Thomas Szasz. Photo: copyright jennyphotos.com

## ThOmAS SzASz

### Professor Alec Jenner

Over the last fifty years, Thomas Szasz had been one of the greatest critics of psychiatry. His background was in psychoanalysis and psychotherapy, and he always resisted neurophysiological ‘explanations’ of ‘mental illness’. Though he certainly believed in bodily or physical explanations for some kinds of mental disorder – for example, such as with the real organic disease of syphilis causing unwanted mental symptoms – in his famous book *the myth of mental illness* he made it clear that for the broad range of so-called functional mental disorders he does not believe there is any such thing as ‘mental illness’.

He was also opposed to any idea of the effectiveness of drugs, even for schizophrenic patients – not least because he denied the existence of a disease called schizophrenia. This brought to psychiatrists’ attention the inadequacy of a too rapid resort to drugs as a cure-all.

He always opposed physical restraint and compulsory treatment. However, when i took the opportunity to take him to see patients who were making appeals against their incarceration, he thought that was a matter for the law and not for doctors. He thought that if they were guilty of a crime, they should go to prison and not to a mental hospital. on the other hand, szasz agreed when i mentioned to him that the Portuguese poet, fernando Pessoa, had said that the psychoanalysts know no more about the difference between

‘mad’ and ‘bad’ than ordinary people, but that society needs someone to act as an expert.

we founded *asylum* magazine following a visit to west yorkshire by italian psychiatrists in 1984. we were interested in imitating the development of democratic psychiatry in italy. Their approach emphasised the right of the patient to be part of the debate about their own treatment. but it did not deny the reality of mental disorder, or the effectiveness of anti-psychotic drugs. modern psychiatric drugs had changed the nature of the old institutions. To a very significant extent, chlorpromazine was also responsible for the closure of many of the mental hospitals. The french pharmacologists who developed this drug were humble enough to call it a ‘chemical straitjacket’, yet its effectiveness might lead to further insights into psychiatric conditions in the future.

in my own bio-chemical research, in the 1950s, i noticed that patients who were at that time labelled ‘manic depressive’, and had mood swings from ‘manic’ to ‘depressive’, in certain rare cases, on alternate days, responded well to treatment with lithium. when it was withdrawn they became ‘ill’ again, suggesting that, at least in some cases, the drugs were effective.

by the way, it is interesting to note that, according to *the Dictionary of english etymology*, ‘ill’ derives from ‘bad’ or ‘evil’. whether szasz was aware of the history of this term we cannot be sure, but when he refers to shakespeare’s play

*macbeth* he was clearly aware of the history of the use of the phrase 'mental illness'. in the scene where macbeth asks a physician to heal his wife, after she has goaded him into killing the king, he quotes the physician as saying that she is more in need of the 'divine' than the 'physician'. This fits well with szasz's belief in 'self ministry'. Perhaps his legal and moral influences started during his early life with his father, who was a lawyer.

Szasz's view of the psychiatric project was well exemplified in his obituary in *the new york times*, written by benedict Carey. szasz is quoted as saying "The goal is to assume more responsibility and therefore gain more liberty and more control over one's own life. The issue or question for the patient becomes: To what extent is he willing to recognise his evasion of responsibility, often expressed as symptoms?" This presumes that the patient is able to help himself. if he is not capable of doing so, others would think that he is ill. This almost seems to imply that the patient is not trying to recover, or does not really want to.

my wife and i had the honour of a visit from szasz and his daughter. in fact, he came to stay with us on a number of occasions. Emil Kraepelin was the most influential psychiatrist at the time of the establishment of 'scientific' psychiatry, around 1900. in discussions with szasz, i asked him what he thought of kraepelin's admission that he had made mistakes

over distinguishing schizophrenic patients from those with general Paralysis of the insane (gPi, caused by syphilis). szasz said that kraepelin was only corrected when physical methods of making the diagnosis of syphilis were available. Then it became obvious to him that he had made mistakes. in other words, szasz agreed, it is not always easy to distinguish between an actual disease and a conceptual one.

szasz seemed to dismiss the idea that, when they presented as psychological problems, functional mental disorders would turn out to have physical causes. He certainly drew everyone's attention to alternative explanations for mental disorder – such as psychodynamic, social, ethical, cultural, religious or legal accounts.

in the late 1960s szasz was associated with The Church of scientology, but this was only because they were powerful allies in his anti-psychiatric views.

in summary, we owe szasz much for emphasising that "... finding a mental illness is done by establishing a deviation in behaviour from certain psychosocial, ethical, or legal norms."

**Alec Jenner**, mB, chB, phd, frcp , frcpsych, emeritus  
*Professor of Psychiatry (Sheffield) and Profesor Visitante (Concepcion, Chile) practised psychiatry for fifty years, and co-founded Asylum magazine. (alec wrote this in collaboration with his daughter, anne.)*

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## REMEMBERING THOMAS SZASZ

### Joanna Moncrieff

For almost six decades Thomas Szasz had been psychiatry's most uncompromising critic, challenging the conceptual basis of our current mental health system, and all that arises from it.

"Freedom is more important than health" is how Szasz summed up his ideas in a conference held in 2010, the year of his 90th birthday, and fifty years after the publication of his first book, *The Myth of Mental Illness*.

As that quotation shows, his concern arose from the realisation that labelling someone 'mentally ill' provides a licence for state-authorised professionals to do almost anything they want to the individual concerned. Since health has become the new religion, everything done in its name is assumed to be benign and uncontroversial – after all, who would not want to get better? People who are said to have a mental illness can therefore be confined against their wishes for as long as their captors deem necessary, forced to take drugs they do not want to take (usually for year upon year), and can sometimes have their body altered in other ways, such as being subjected to electrically induced convulsions. In the past, of course, in the name of 'treatment', the brain-damaging surgery known as lobotomy was also carried out. For Szasz, therefore, the mental health system infringes the most basic human rights: not to be confined, and to control what is done to one's body.

In my opinion, Szasz' greatest contribution is his lucid deconstruction of the notion of 'mental illness', and his analysis of what follows from the misconceptions that the term embodies. He points out that the terms 'illness,' 'sickness' and 'disease', as we use them in modern times, derive their meaning from describing a state of the body. And so when we apply these terms to other situations, we only speak *metaphorically*. When we describe someone's behaviour as 'sick', what we really mean is that we don't like it or, sometimes, that we fail to understand it. The idea of 'mental illness' is a metaphor that is mistaken for reality. What 'mental illness' actually refers to is behaviour that some or many people find challenging, inconvenient and inexplicable.

Although Szasz was determined to distinguish between physical diseases (e.g., cancer) and disturbed behaviour or 'problems of living', he did feel there were some circumstances when people who might be called mentally ill were not competent to make decisions. But for him this was a legal issue – nothing to do with illness or medicine. Again, although he believed that people said to have a 'mental illness' should not be entitled to sickness benefits – a particularly controversial view at this time of welfare cut-backs – he did not deny that some people need financial assistance.

Szasz's family fled Hungary in 1938, and his experience of the Nazis, coupled with his admiration for the political ideals of his adopted country, the USA, led to a libertarian suspicion of government actions and institutions. However,



the last few years have shown us how unregulated human greed has brought the Western world to near catastrophe, leaving ordinary people to suffer the consequences and pay the bills. State regulation is always required to engineer a just society, but government has to represent the interests of all its citizens, and not fall prey to the influence of particular groups – in this case the wealthy. In the area of mental welfare, a willingness to question the concept of

mental illness is necessary to understand whose interests are being weighed in the balance, and for what purposes, when ‘mental illness’ is being ‘treated’.

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## SZASZ, REASON & RESPONSIBILITY

Ron Roberts

Thomas Szasz and Ronnie Laing may be destined to be forever bracketed together under the rubric of ‘anti-psychiatry’. This despite their combined disapproval of the term (Szasz most recently in his book *Anti-Psychiatry: Quackery Squared*) and their at times different attitudes to psychological care. Szasz favoured consensual psychotherapy, by which he meant the contracted, non-medical meeting of two people, where one is designated as a psychotherapist to assist the other in dealing with his or her problems of living.

Whilst critical of mainstream psychiatry, RD Laing favoured his own version of the healing arts, which he still saw as belonging within the family of medicine. For him the central problem, and one which he was unable to solve, was how science – an enterprise premised on treating its objects of study as things – could be reconciled with a purely human, professional healing relationship. In Szasz’s eyes this amounted to trying to have one’s cake and eat it: psychology and psychiatry dressed in the language of science were nothing other than pseudo-sciences. And Laing was trapped within a knot of his own making.

The different perspectives which Szasz and Laing brought to their work has led to a marked split in how they are considered by those interested in the emancipation of mental health system users. Laing is widely considered to have furthered our understanding of the reasoning and experience of severely distressed individuals, particularly those on whom the label ‘psychotic’ is often fixed. As such, he is viewed as sympathetic to their plight. This often contrasts with a view of Szasz which agrees with his analysis of the politics and the myths of the mental health system, but sees his position as one which essentially lacks compassion.

It seems to me that the chief reason for this judgement on Szasz is his contention that people are responsible for their actions. This notion is central to Szasz’s entire body of work, his lifelong critique of mainstream psychiatry. In rejecting the medical-psychiatric argument that human beings in psychological or social difficulty should be viewed primarily as bio-machines

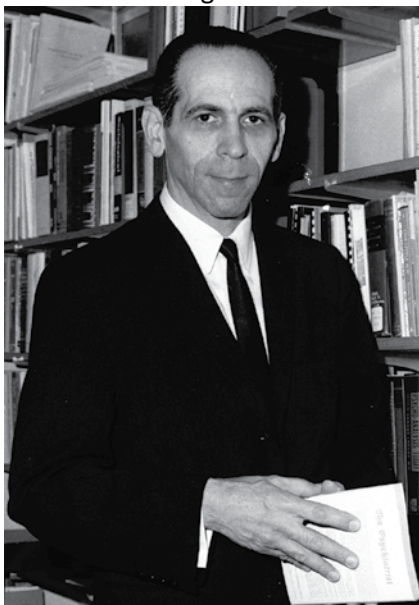
gone wrong, Szasz is adamant that the only alternative is to begin from a premise that sees us all as active agents in the world, and therefore responsible for what we do.

I wish to consider some of the implications of this position. That we are responsible for what we do does not, of course, entail that we are responsible for what others do to us – though we may sometimes have a degree of influence on this. Similarly, as a consequence of what others – both individuals and institutions – do to us, our own field of possible actions may be limited to various degrees. For Szasz, the goal and the purpose of therapy – indeed of life – is to enlarge the sphere within which one may act freely and responsibly. Therefore, Szasz’s arguments should not be mistaken for blaming people for being (or appearing) unable to move out of their current predicament. Essentially, what he argues is that if one is to have any hope of change one must first of all consider oneself as a person imbued with freedom and responsibility. This is consistent with his rejection of scientific language to describe the human condition, and with his employing an ethical rather than a supposedly medical-scientific vocabulary – one which offers an unknown and unknowable future, if we choose to embrace it. Szasz’s take on existence – like that of the author of the theory of personal constructs, George Kelly – is that a human being cannot be ‘fixed’ by any description: everyone’s life is

always beyond the horizon of any attempt to describe it completely, especially since every such attempt is only ever rooted in past observations. Like Sartre, Szasz understood that a human life can only be defined once it is complete. Like Sartre, Szasz also took it as a given that we are all “condemned to be free” – thrown into the world, unasked, as free and responsible agents.

Of course, these are uncomfortable and challenging ideas. They allow little space for any of us to remain in the position of ‘the victim’, let alone enjoy it – even when, objectively speaking, one *is* a victim. In that case, though, the question is: What stance one can muster to appraise one’s plight, and the present and future possibilities which may arise from it?

Szasz’s view is that responsibility



Courtesy of the department of Historical Collections, Health sciences library, suny upstate medical university.

is something to continually strive for. Outright rejection of this perspective on responsibility cannot be anything but politically unhelpful. For a start, if service users are to achieve liberation from the tyranny of the mental health system, a position which embraces complete powerlessness is not going to help. One only needs to acknowledge, in the first place, that everyone always has at least a little room and a little choice. And from such small beginnings greater things might then grow.

Regrettably, Szasz had little to say about collective responsibility. This remains an area of his thought which needs further development. A potentially problematic relationship between individual and collective responsibility is evident in any political system. While he acknowledged the importance and the right to struggle for collective liberties, Szasz was distrustful of every kind of organised power. A witness to the totalitarian horrors of twentieth century, he

knew that collectivities can all too easily turn their attentions to suppressing the liberties of the individual. With the new 'post-modern' totalitarianism of the 21st century security state looming large, it is imperative that we not only get to grips with demarcating the boundaries between individual and collective responsibility but also set about exploring and elucidating the best practical relationships between them. (Milgram's famous experiments on obedience to authority stand as one of the few concerted attempts in the behavioural sciences to clarify thinking about these relationships.)

Szasz left a legacy of original and challenging ideas. A fitting tribute would be for all of us who clamour for a just world to build on this and take it in directions that Szasz could only dream of.

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## R.I.P THOMAS SZASZ

### *Brilliant Critic of the Nanny State and Supporter of Human Autonomy*

Richard E. Vatz, Ph.D.

Jeffrey A. Schaler, Ph.D.

Thomas Szasz was best known as the ultra-prolific critic of psychiatric theory and practice. In 1961 he published his seminal and famous work, *The Myth of Mental Illness*.

He was a mentor of ours, and a good friend as well.

Three years ago we wrote a description of Dr Szasz's ideas to which Tom gave his imprimatur with a characteristic "This is very well framed. Many thanks!"

*The critical underpinnings of [Dr Thomas Szasz's] corpus are as follows: that human behavioural differences are vast, goal-oriented and evidence of the best and worst possibilities of agency. To reinterpret the less common of these behaviours in the metaphors of medicine is to take away human purpose and human responsibility, and to mystify people into believing that statistically unusual human behaviours are other than they seem and understandable and correctly acted upon only by professional, credentialed doctors and 'behavioural specialists,' e.g., psychiatrists, psychologists, and social workers.*

For more than forty years we have been teaching the Szaszian perspectives in our classes and writing about them in scholarly and popular journals, magazines and newspapers. Typically, students are fascinated by his perspectives and wonder why they had not heard them before. More times than we can recount, these students respond to Szasz's ideas

with "Eureka!" They also cite Szasz's theories and express gratitude, to the effect that they feel they have gained (or regained) control over their lives.

One of our young students, now in her thirties, wrote to one of us regarding the insights Szasz's writings have provided her, as well as some observations on how society has suffered by abjuring individual responsibility and encouraging the implicit need to have professional caretakers for most of life's problems:

*The acceptance of mental illness and medicating normality is more prolific than you know – perhaps even more than Dr Szasz knows. If you didn't write against the paradigm of behavioural problems as illness (as I don't), you would hear many more stories from friends and others about the medications they take, and the extensive counselling they've had for regular person problems. I think the idea of counselling has really taken a toll on friendships, too. I think to myself, when someone tells me they are in counselling, 'You know that I am your friend, and I would be happy to talk about things that trouble you once a week. I do not claim to have the answers, but I can give you an outsider's perspective and help you feel loved and supported, which is probably really what you need.'*

*But the friends in question believe that they have problems that need professional assistance. I believe that the only significant offering of professionals is anonymity and drugs. Now, folks believe it's irresponsible to burden friends with problems. Years ago, if your barn burned down, everyone helped you rebuild it. Now that we've insured our barns, we can still help people who have suffered major life crises with friendship, but we don't really.*

There are two issues in particular that Dr Szasz would want



to have clarified for those interested in his ideas. Firstly, his theories could never be accurately whittled down to his being 'anti-psychiatry'. Dr Szasz's views are eminently consistent. He believed that psychiatry and other helping professions, invalidly based though they may be, should be available for purchase in a free society, even if they should not be required for general subsidisation under health insurance packages. There was nothing that frustrated Szasz more – including the periodic prolific stealing of his ideas by dishonest scholars – than linking him to others whose views were inconsistent or in violation of his own, such as those of the psychiatrist RD Laing. For example, Laing did not believe primarily in individuals' autonomy, a basic premise of all Szaszian perspectives, nor did other so-called 'anti-psychiatrists'.

Second, Szasz was frustrated by the misleading rhetoric of establishment psychiatrists who would take the one area of human behaviour that was called 'mental illness' which sometimes had a neurological cause (schizophrenia) and support their general views of problems in living as mental illness by claiming the prototype of mental illness is in fact 'schizophrenia'. Psychiatrists have claimed that schizophrenia is the typical mental illness because it represents, at least in the lay public's minds, the most bizarre and inexplicable behaviour of the 'mentally ill'.

However, people diagnosed as schizophrenic represent but a tiny percentage of those labelled 'mentally ill', a population that psychiatry now alleges, in its major journals and elsewhere, has grown to more than a majority of the general population. Almost anyone can be diagnosed as mentally ill per the vague and elastic diagnostic categories

of psychiatry's diagnostic manual – categories like the frequently diagnosed 'adjustment disorder', which can apply to any person who is a potential or actual psychiatric patient. As we once wrote regarding Szasz's views on schizophrenia: "If persons called 'schizophrenic' have brain lesions, then brain diseases have been discovered, not mental illnesses."

Thomas Szasz's basic outlook is consistent and understandable. He believed in human agency: people are responsible for their behaviour, good or bad, and people must take responsibility to create a meaningful life.

As with any major thinker, however, he must be read to be appreciated. One major detractor once wrote that Thomas Szasz is an author few read. True enough, because his views, as articulated, are so difficult to dispute.

We shall miss Dr. Thomas Szasz because of his erudition and analytical and rhetorical talents, but also because we knew him as a great person, a great, great wit, and a decent and honourable proponent of his controversial views.

*This article first appeared in USA Today magazine and we are grateful to the Society for the Advancement of Education, Inc for permission to reproduce it here.*

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## LETTERS

## Dear Asylum ...

### DLA and PIP: a comment

Hi,  
i'm just writing to comment on an article in Asylum 19:4. on page 9, 'work Capability Assessment squeezing the vulnerable' opens with a paragraph that links people 'on the sick' with claiming disability living allowance (dIA). Just to clarify: dIA is an allowance awarded to people who have disabilities to help cover the cost of the things they need related to those disabilities, such as a carer or an adapted car. dIA is not a sickness benefit or a means-tested benefit: it is an allowance. People in receipt of dIA can work (and therefore pay tax and ni ), and go abroad. The level of disability and therefore the level of award is determined by the dWP.

one of the big concerns about the change from dIA to PIP next year is that dIA enables people with disabilities to work, and if they lose this allowance when they are reassessed their quality of life may deteriorate. This kind of situation – for example, someone with a disability suddenly becoming house-bound and unable to work – has prompted some people to state that they will consider suicide, because dIA helps them lead a fuller life and make a contribution that they value.

It is important that the changes to the benefit system and the impact on its recipients is represented in magazines like *asylum* but it's also important that these issues are represented accurately. The government and its supporting media are counting on misrepresentation to fuel hostility towards people in need.

**Penny Stenhouse**

write to *asylum* ...

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# THREE STRATEGIES OF PSYCHIATRIC COERCION

*In honour of Thomas Szasz*

Jeffrey A. Schaler

most people recognise that literal treatment for literal disease is a choice, subject to consent. People always have the right to refuse treatment for minor or serious diseases, even when they are very sick, and even despite the fact that doing so may mean certain death. when you elect to undergo major surgery, you must sign a consent form. Even when you request a vaccination for influenza, you still must sign a consent form.

There are three relatively uncontroversial situations in which treatment proceeds legally without consent. The first is the medical treatment of children. second is the treatment of people when they are in danger and actually unconscious. And the third is the treatment of persons with a contagious disease.

Against or without their consent, children may be treated, or poked with a needle so as to vaccinate or collect blood. This is because children are in a custodial relationship to their parent(s), and their freedom, like their responsibility, is limited. we accept that children may not fully comprehend the consequences of refusing treatment and might pose a danger to themselves if allowed to refuse treatment. medical intervention occurs to protect the person from himself. most people accept that children should be persuaded, and then, if necessary, coerced into receiving medical treatment when their parent(s) deem it necessary.

The second situation of medical treatment without consent is where a person is literally unconscious and in danger. Clearly, an unconscious person doesn't have the capacity to give or refuse consent to treatment, and so we err in the direction of helping him. Again, most people accept this second form of treatment without consent, as necessary, legal, and ethical.

The third situation involves a person who has contracted a contagious disease. in order to protect *others* from the disease, such a person is immediately quarantined and treated, whether or not he gives consent.

Psychiatrists say that mentally ill persons are a danger, therefore they need to be committed to a mental institution. in their minds, mental illness is the metaphorical equivalent to a contagious disease. Just as we quarantine patients with contagious illness to protect others, so we quarantine people with mental illness to protect them from themselves and to protect others.

in the case of the three legitimate medical interventions, we have literal children, literal unconsciousness and literal contagion. but in questionable psychiatric interventions we have metaphorical children, metaphorical unconsciousness, and metaphorical contagions. As Thomas szasz pointed out for fifty years, literal disease is different from metaphorical disease.

A contagious disease is a true public health matter. szasz emphasised the important difference between public and

private health. many things once considered private health matters are now viewed as public health issues. for example, suicide is considered a public health issue.

most people recognise the difference between the three literal conditions versus the three metaphorical conditions i will discuss. Psychiatrists, on the other hand, in extremely self-serving ways twist the rather uncontroversial cases involving literal disease and treatment. They tell us over and over that mental diseases are just like physical diseases, and that mental patients should be treated just as people with real, physical diseases are treated. This is the essence of the mental health 'parity' controversy. [1]

mentally ill patients and drug addicts are not the ones who lobbied for this legislation. it was the 'advocates', that is, the families of those diagnosed with mental illness and addiction who lobbied for the parity legislation, as well as treatment-providers. The latter stand to gain the most by the passage of this legislation, and they lobbied the hardest. of course, the advocates and the treatment-providers plead altruism, that is, no self-interest.

Treatment-providers in psychiatry forcibly 'treat' people they and others consider 'dangerous to self and others', justifying what they do in the name of compassion and care. They take each of the three conditions i described, involving children, unconsciousness and contagious disease, and blur the distinction between literal and metaphorical disease and treatment.

Treatment without consent for 'mental illness' is justified by saying the person is *like* a child. A person is either an adult or a child. if he's 21, he's an adult; if he's 20, he's a child. Psychiatrists and mental health professionals empowered by the state to commit someone involuntarily to a psychiatric 'hospital' argue that a 25-year-old person who refuses to bathe and take care of himself really has the status of a child. in their opinion, he does not exercise responsibility for himself, because he cannot do so. He is a threat to himself. He may verbally or non-verbally abdicate all responsibility for himself and ask to be taken care of by others, for fear that he might hurt himself. (Again, i am most concerned with those who do *not* want help, who *reject* 'help', and who are coerced into 'treatment' *when they don't want it*.)

it doesn't matter to me whether they express a 'thank you clause' after they are released from a hospital, or after they are thoroughly drugged with major tranquillisers. in my opinion, when an adult refuses treatment, his refusal must be accepted and respected. szasz believed the same. otherwise, in the name of help, coercion occurs. The intentions of psychiatrists and this man's friends and family are irrelevant. They may certainly try to persuade, encourage, and even beg him to go into a 'treatment' facility. in the end, the man said to be like a child has a right to refuse treatment, and that refusal must be respected – in the sense that psychiatrists keep their hands off him.

szasz argued that regular psychiatrists are not the agents of the designated patient, but agents of the state. This contrasts with consensual or contractual psychiatrists who are agents of the persons who hire them.

According to psychiatrists who coerce a person into a psychiatric facility, the coercion must occur in order to protect him from himself. when people express concern about violating people's constitutional rights in the name of treating



their mental illness, one staunch defender of involuntary commitment to mental hospital argued that the person with a mental illness 'needs' to be deprived of his liberty, otherwise, "he will die with his 'rights' on".

what happens is that the more someone objects to being coerced into 'treatment', the more likely he will be diagnosed with serious mental illness. He takes on a legal status similar to that of a child, yet he is not literally a child. He is a metaphorical child, and he does not have a literal illness. He 'has' a metaphorical illness.

while mental health professionals may consider this the same as treating a literal child with a literal disease, the differences are clear. szasz considered this assault and battery committed by psychiatrists empowered by the state. As murray rothbard once stated, at a symposium honoring Thomas szasz: "diagnosis is a weapon."

Treatment without consent for 'mental illness' is justified by saying that the person 'lacks insight into his disease'. when a person diagnosed as mentally ill rejects the diagnosis, this rejection is 'diagnosed' as a sign of his mental illness.

signs and symptoms are different: signs are externally observable markers of disease, while symptoms are a part of the subjective experiences of the patient. An accurate diagnosis of disease requires the identification of signs, not symptoms. while symptoms may lead to signs, symptoms alone are generally unreliable when making an accurate diagnosis of a disease. but all mental illnesses are diagnosed on the basis of symptoms alone: *there are no signs of mental illness*.

Hijacking the term 'anosognosia', psychiatrists assert that when a patient disagrees with them this is a manifestation of the mental illness. This is a kind of 'heads i win, tails you lose': the doctor is always right – and especially when he's wrong.

The definition of anosognosia, from The Treatment Advocacy Center, states (amended):

*Impaired or lack of awareness of illness – a neurological syndrome called anosognosia – is believed to be the single largest reason why individuals with schizophrenia and bipolar disorder do not take their medications. It is caused by damage to specific parts of the brain, especially the right hemisphere, and affects approximately 50% of individuals with schizophrenia and 40% of individuals with bipolar disorder. When taking medications, awareness of illness improves in some patients. [2]*

People are either conscious or unconscious when given psychiatric treatment. when they angrily try to resist attempts at coercion, in the form of involuntary commitment to a mental hospital, obviously they are conscious. yet the more a patient resists and fights, the deeper his anosognosia, or 'lack of insight', it is said. This is an attempt by psychiatrists to justify coercion. obviously a person *is* conscious when he resists treatment, and obviously he has a right to resist treatment. nevertheless, mental health professionals assert that disagreeing with them is just another form of unconsciousness, and therefore coercion is justified.

With contagion, treatment without consent is justified by

the assertion that the person is a danger to others. A person with a (literally) contagious disease can unintentionally harm others. likewise, a person with a metaphorically contagious disease (that is, mental illness) allegedly can also harm others. He may commit acts of violence toward others, and must be sequestered or put into a form of quarantine in order to protect the public from him, and he from himself. in order to justify coercion, and in the name of compassion, care, and medicine, a literal situation with real contagion (e.g., viral meningitis) is twisted into a metaphorical situation.

so we see how the three legal and ethical situations or conditions in which a person may legitimately be treated medically without consent are twisted to serve the best interests of certain mental health professionals. in each of these conditions the notion of 'mental illness' plays a key role in forcing people into 'treatment' in a mental hospital. People are deprived of liberty because others think they are a threat to others and themselves. leaving aside the fact that a person's body is his or her own property, and that suicide is a right and not a crime, and the fact that the us supreme Court has upheld the constitutionality of involuntary treatment for mental illness, it seems to me that profound injustice is occurring to persons labeled as mentally ill. Twisting the medical and ethical conditions for treatment without consent is social control masquerading as medicine. literal treatment becomes metaphorical treatment for a metaphorical disease.

it is impossible to predict who will be dangerous. while social scientists have strived for years to predict accurately who is and who is not likely to commit acts of violence, we cannot make such a prediction with any accuracy greater than chance. in other words, *guessing* who is going to be violent is precisely as accurate as taking into consideration thousands of personality and demographic characteristics comparing violent with non-violent persons. And so, while many people clamour for more involuntary commitment to mental hospitals, along with gun control, in order to prevent mass murders like the one recently committed in Aurora, Colorado, we cannot predict who will be violent. That is a fact, not fiction.

finally, even if we could predict who is going to commit an act of violence (or any crime) with perfect accuracy, people are still being deprived of their liberty when they have committed no crime. They are being deprived of their right to due process of the law. under the rule of law, in order for a person to be deprived of his liberty, he must first be accused or indicted for having committed a crime, and then go to court where a judge sees to it that there is no prejudgement and fairness prevails. It is difficult to have a trial concerning guilt and innocence about having committed a crime, when no crime was committed.

notes.

[1] <http://www.samhsa.gov/healthreform/parity/> and see Jeffrey A. schaler and richard E. v atz, "mental health Trojan horse," *Washington times*, december 31, 2009; see also "mental Health Parity Legislation Should Be Reversed Or Modified Because Questions About mental illness, Addiction remain, opinion Piece says," [medical-digest.com/news/mental-health-parity-legislation-should-/](http://medical-digest.com/news/mental-health-parity-legislation-should-/)

[2] <http://www.treatmentadvocacycenter.org/problem/anosognosia>

*Jeffrey schaler's details can be found on p. 13.*

# NO EXCUSES: *THE REALITY CURE OF THOMAS SZASZ*

Phil Barker and Poppy Buchanan-Barker

Future historians may well cast Thomas Szasz as an intrepid campaigner for the blindingly obvious: people *do not* have ‘mental illnesses’ but they do *experience* a wide range of moral, interpersonal, social and political ‘problems in living’. All such problems concern, or have an impact on, our sense of who and what we are. They could just as easily be called ‘spiritual crises’. However, despite his prodigious scholarly output, Szasz might well be written out of history – as punishment for his single-handed and persistent exposure of the greatest hoax of the modern age: the construction of the ‘myth of mental illness’ and psychiatry’s ludicrous attempts to ‘treat’ it.

In the best Socratic tradition, for over fifty years Szasz was the gadfly of psychiatry (see: [www.szasz.com](http://www.szasz.com)). In his classic, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, he contended that, contrary to the professional and public opinion of the time, the *mind* – an abstract concept – could only be considered ‘sick’ in the same sense that a joke might similarly be described. This metaphoric reference to the mind functions as a powerful myth. Like many fictions, it offers comfort to all who embrace the idea, as a way of apparently comprehending ‘the inexplicable’.

At the end of the 20th century, religion (and especially Christianity) was furiously debunked by radical secularists such as Richard Dawkins, Daniel Dennett and Christopher Hitchens. They exposed not just its mythical nature but the harm and injustice associated with its practice down the ages. Ironically, they ignored psychiatry – by far the most potent and influential ‘religion’ of the past 200 years.

Psychiatrists might be offended at their portrayal as ‘high priests’, believing that they offer a complex and compassionate form of psychological medicine, and that they worship at the same altar as scientists like Dawkins. But the facts tell a very different story, as Szasz vividly illustrated.

Traditional religions can hold sway over large sections of any population, and may be considered a force for good or evil. However, such myths are, at the very least, *embraced* by the faithful. People gain socially, culturally or spiritually from that allegiance and are free to rejoin secular society whenever they wish. The same cannot be said of psychiatric patients. The open secret of the 20th century was that modern psychiatry became a kind of ‘church’, founded on hocus-pocus masquerading as science, and it promoted a range of means for detaining and restraining its ‘flock’ of patients. Today, while psychiatry rebrands itself

as a type of neuroscience, and despite its near-bankrupt status in the Western world, it seeks to colonise ‘developing nations’. Parallels with the Christian missionaries seem wholly apposite.

•

During sixty years, Szasz published more than thirty books and around 700 papers and articles. Most of this output was directed to exposing the weaknesses in psychiatric thinking and the moral bankruptcy of its practice. Heidegger proposed that every great thinker thinks but one thought. Szasz’s singular, original thought concerns the moral bankruptcy of *expecting* (far less *forcing*) people to see psychiatrists; to be admitted to ‘mental hospitals’; to take psychiatric drugs; and otherwise to comply with the capricious fashions of the psychiatric ‘religion’. His diverse and accessible writings around this proposition led many to view him as the foremost contemporary moral and existential philosopher of psychiatry and psychotherapy. He was the psychiatric equivalent of the boy who pointed out that the Emperor was wearing no clothes. By his ninetieth year, the uncompromising fury of Szasz’s scholarship showed no sign of waning, as three of his last books attested.

*Coercion as Cure* reads like a classic, providing, as its subtitle makes clear, a much-needed ‘critical history of psychiatry’. Szasz acknowledges that, from his first day in medical school in the early 1940s, his understanding of the physician’s role was to try to relieve the suffering of individuals who *asked for* and *accepted* medical help. He quickly formed the view that psychiatrists committed a grave moral wrong by imprisoning and coercing people who neither sought nor wanted their ‘help’. This simple, yet profoundly humanist view became, and remained, Szasz’s *raison d’être*.

The book opens with his assertion that “the typical relationship between doctor and patients rests, and has *always rested*, on consent”. He returns to this moral imperative in the conclusion. Between these moral bookends he lodges an original thesis, which frequently makes for painful reading. His intentions, like his writing style, are clear from the outset:

*In the days of the insane asylum, the nature of psychiatry was clear: the madhouse was a snake pit and snake pits could be found only in insane asylums. Today ... ‘snake pits’ are everywhere, from the kindergarten to the hospice, and the reality*

*of psychiatric coercion and dehumanization is camouflaged by a façade of fake diagnoses, outpatient commitment, the renaming of insane asylums as 'health care facilities', and a lexicon of euphemisms concealing the exploitation and injury of so-called mental patients as 'treatments'.*

Szasz's critics argue that involuntary commitment is rare today. Szasz disagrees. The use of force has simply become, for the most part, covert. This is seen in the proliferation of 'community treatment orders' and the continuing threat of involuntary treatment should people refuse to 'volunteer'. That said, in many countries (including the UK) psychiatric commitment is again on the rise.

Comparisons with religion are obvious. Psychiatry "is a belief-system impregnated with rules and values, permissions and prohibitions". The theories and practices of psychiatry are universally accepted "not because they are true or good, but because it is taboo to deny or reject them". St Augustine said that "religion binds us to the one Almighty God". It is no accident that the most popular diagnostic manual – *DSM* – is commonly referred to as 'the psychiatric bible'. It binds psychiatrists, other 'mental health' practitioners, and even 'the patient', to the spurious ideology of the psychiatric faith.

Sadly, few 'mental health professionals' have much knowledge of the scandalous history of the discipline. Those with any awareness seem either to blindfold themselves with the psychiatric flag or to reframe 'coercion' as 'compassion': psychiatric treatment is said to be 'in the patient's best interests'.

Psychiatric history is riddled with charlatans and megalomaniacs who, in the name of medical treatment or scientific progress, peddled bogus remedies. All were welcomed as messiahs, if not by patients then certainly by families fed up with patients' behaviour. Szasz's critical history follows this messianic pathway. It traces the development of the asylum system, with its various pretences of 'humane treatment', gives us a wealth of detail about 'shock treatment' (iatrogenic epilepsy) and the 'cerebral spaying' of lobotomy, and considers the ethical disingenuousness of 'moral treatment'. He reminds us that neuroleptic drugs were not developed to 'treat' any actual disease but were, in the words of the inventor of chlorpromazine (Lamorit) 'a veritable medicinal lobotomy'. The truth is that all the 'side effects' associated with such drugs are actually *the intended effects*. Today's 'new generation' of psychoactive drugs perform the same function. There is no illness to treat, only persons to be managed and made mute.

Szasz's account of the career of Walter Freeman, the serial lobotomist, is one of the many interesting details

in this remarkable book. Unwittingly, Freeman heralded the era of the 'celebrity patient'. He brutally 'operated' on thousands. Once he completed 228 lobotomies in twelve days (often without gown, mask or gloves), and turned his operating theatre into something like a circus. Joseph Kennedy (JFK's father), who had set the Kennedy standard as a notorious womaniser, called upon Freeman to 'treat' his gregarious, free-spirited daughter, Rose. Freeman's 'operation' rendered her so passive that the family had to pass her off as 'mentally retarded', and she spent the next sixty-three years in the care of nuns. In an attempt to hide the disgraceful butchery of his own daughter, the Kennedy family "donned the mantle of protectors of the mentally ill and mentally retarded, as if the two terms referred to similar conditions".

Today, many psychiatrists claim a neurological basis for mental illness, especially the 'psychoses'. Szasz addressed such claims for decades, noting that *if* a 'mental illness' emanates from some disease or disorder of the brain, then the patient needs a neurologist, not a psychiatrist. The difference is critical. More than a century ago the American Psychiatric Association invited the founder of the American Neurological Association, S Weir Mitchell, to address its 50th anniversary meeting. Mitchell agreed, but with grave misgivings. Szasz notes that Mitchell's scathing address has been remarkably neglected by psychiatric historians:

*You quietly submit to having hospitals called asylums; you are labeled as medical superintendents ... You should urge in every report the stupid folly of this. You ... conduct a huge boarding house – what has been called a monastery of the mad ... I presume that you have, through habit, lost the sense of jail and jailor which troubles me when I walk behind one of you and he unlocks door after door ... You have for too long maintained the fiction that there is some mysterious therapeutic influence to be found behind your walls and locked doors. We hold the reverse opinion ... Your hospitals are not our hospitals; your ways are not our ways.*

No change there, then. Contemporary neurologists do not coerce people with actual brain disorders (such as Parkinson's disease or epilepsy) to accept treatment. Neither do they show any interest at all in pursuing people with *hypothetical brain disorders*, such as schizophrenia. Szasz concludes: "More than ever, the ways of psychiatry are not the ways of medicine."

In *Psychiatry: The Science of Lies*, Szasz summarises the thesis he illustrated so vividly for five decades. His erudite and readable account underlines the scientific folly of talking of 'illness' in the absence of physical pathology. He



brings to life the sheer mendacity of both the professional and political perspectives on 'mental illness', through the duplicitous accounts of those like Tipper Gore, Kay Redfield Jamison and Lauren Slater. All of these people "built successful careers as celebrity experts on madness". Szasz views them as impostors: "...Being an expert on mental illness is like being an expert on ghosts or unicorns".

However, Szasz finds the worst impostors among the parcel of rogues called 'anti-psychiatry', especially its 'guru' Ronnie Laing. Although he tried to distance himself from such an affiliation, Szasz's account reveals how Laing created this 'movement' with the South African psychiatrist, David Cooper. (Cooper later proposed that having sex with female patients would be 'therapeutic'.) Szasz has frequently been associated with this grouping, so it is unsurprising that he should want, so vigorously, to explode its mythical nature. He suggests that 'anti-psychiatry' was simply a thinly veiled attempt to redirect power from the mainstream into the hands of Cooper, Laing and others.

In *Antipsychiatry: Quackery Squared*, Szasz begins by pointing out the foolishness of the title: who would call an obstetrician opposed to abortion, an 'anti-abortionist'? More importantly, he reminds readers of his libertarian belief that people should be free to believe in 'mental illness', just as they are free to believe in God, voodoo, alien abduction, or anything else about which he might be sceptical. People should also be free to consult psychiatrists; to accept or reject their diagnoses; to take drugs; to accept electroconvulsive therapy, or even submit to psychosurgery. His main concern has always been with the abuse of psychiatric power: where people are coerced or otherwise manipulated into accepting bogus 'treatments' for their metaphorical 'illnesses'. None of those associated with 'anti-psychiatry' – from Cooper and Laing, to Lacan, Basaglia and their various 'disciples' – ever sought to challenge this abuse of power. Instead, in pursuit of their own ideological prejudices, they tried to wrest power from orthodox psychiatry.

In the conclusion to *Antipsychiatry: Quackery Squared*, Szasz quotes GK Chesterton who "... wisely warned: do not free a camel of the burden of his hump, you may be freeing him from being a camel". And Chekhov's novella *Ward Number 6* reminded us that "... what the inmates of psychiatric confinement need is freedom, not another set of carers".

Psychiatric organisations and government departments alike now employ the ludicrous double-talk of 'mental health' problems/issues/difficulties. This acknowledges, however grudgingly, that the only 'fact' is that people experience problems in relation to themselves or to others. In that sense, Szasz's original premise is now accepted. The

outstanding problem lies in the consequences of such a worldview. When people experience problems they may or may not ask for help to deal with them. Except in the psychiatric canon, nowhere is it written that people are obliged to accept 'help', far less be penalised should they decide to ride out their fate.

None of this is 'rocket science'. Indeed, future scholars might wonder how Szasz managed to create such a fuss in the late-20th century, when the social significance of science and its inherent rationalism was being brought to widespread public attention and support for mythology and faith-based ideologies teetered on the brink of collapse. Szasz's thesis was simple and straightforward: if people have a genuine (i.e., biological) illness, then they may be *offered* appropriate medical help; however, they have the right not only to choose from various 'treatment' alternatives, but can refuse them all if they wish.

Szasz's emphasis on *persons* was and remains the critical stumbling point of Szasz's thesis: a veritable *sin of commission*. In the *Myth of Mental Illness* he stresses the centrality of '*personal conduct*', and ever since has written and talked only of *persons*. Forty years ago he wrote:

*Modern psychiatry dehumanizes man by denying ... the existence, or even the possibility, of personal responsibility of man as a moral agent ... [The psychiatric mandate] is precisely to obscure, and indeed deny, the ethical dilemmas of life, and to transform these into medicalized and technicalized problems susceptible to 'professional' solutions.*

In other words, there are no 'patients', 'clients', 'survivors' or 'service users', only persons. This stubborn defence of personhood is ignored – not because it is flawed, but because of the implications.

Szasz's concerns are unashamedly political. He often quoted Lord Acton: "Power tends to corrupt and absolute power corrupts absolutely." In *Psychiatry: The Science of Lies* he recaps the story of the origin of that saying. Acton was a Catholic who criticised lies sponsored by the Vatican; he wrote:

*It cannot be faith in the true sense, which a man defends by immoral means ... [B]elief is not sincere when the believer is not sincere. ... I have never found that people go wrong from ignorance, but from want of consciousness. Even the ignorant are ignorant because they wish to be ignorant in bad faith.*

Acton concluded:

*I find that I am alone ... I cannot obey any conscience but my own.*

The parallels with Szasz are apparent: he, too, realises how marginal is the position he has created for himself:

*[Critics of psychiatry] who call themselves 'antipsychiatrists', 'critical psychiatrists', 'ethical psychiatrists', 'postpsychiatrists', 'ex-mental patients', 'voice-hearers' and so on – oppose one or another psychiatric 'diagnosis' or 'treatment'; sometimes even psychiatric coercion. But they draw back from defending an ethic based on non-violence, personal responsibility for public actions (as distinct from private actions called 'thoughts'), and every person's inalienable right to his or her life and death – lest they appear uncompassionate and, perish the thought, unscientific and illiberal (in the modern, statist sense of 'liberal').*

A popular tactic employed by many of Szasz's critics is to dismiss both the man and his ideas on the basis that he eschewed the practice of mainstream psychiatry, especially refusing to work with so-called 'non-compliant psychotics'. Szasz reminds us that obstetricians are free to choose not to perform abortions and neurologists are not obliged to conduct so-called 'psychosurgery'. Indeed, despite its emergence as a response to the traumatic casualties of the Great War, most 'plastic surgeons' are celebrated today for treating 'patients' whose primary complaint is overweening vanity. Szasz chose to work only with those who asked for his help and who were willing to enter into a contract with him. The legal analogy, which Szasz first employed in *Ideology and Insanity*, is apposite.

*In the practice of law ... the objects of classification are not the attorney's clients, but the nature of his work. We thus have attorneys who specialize in corporation law, criminal law, divorce law, labour law, tax law and so forth.*

Szasz chose to be a 'psychiatric defence lawyer'. The hostile opposition to any similar 'division of labour' within its ranks

*... is a measure of the extent to which psychiatry has abandoned the liberal-rationalist values of science and the open society [committing itself] to their counter-revolutionary antithesis, the illiberal and*

*irrational values of scientism and the closed society.*  
(Szasz, 1973: 238)

Much of today's radical thinking in mental health amounts to little more than footnotes to Szasz. From the 'political correctness' of 'mental health problems' to the emergence of 'advance statements', most of our contemporary 'radical thinking' is borrowed from Thomas Szasz. It may well become the historian's duty to repay the debt.

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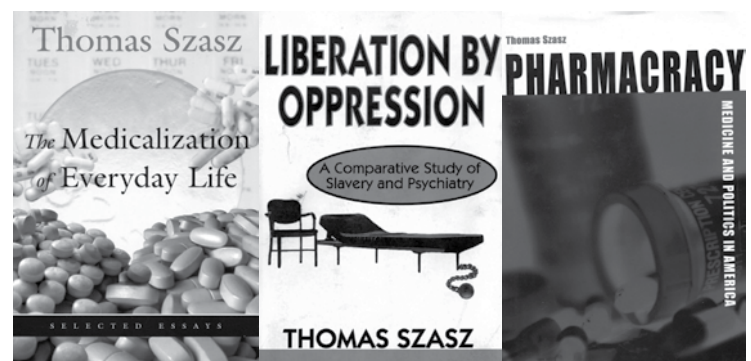
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This article first appeared in the *Journal of Critical Psychology, Counselling and Psychotherapy*, 10(2) Summer 2010. It is reprinted here by kind permission of the authors and the editor.

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# dR ThOmAS SzASz: A lIfE Of CONTROVERSy

Author unknown

Thomas szasz argued that when we say 'mental illness' this is only a metaphor without any pathological referent: in other words, it is not based on any evidence of disease or organic malfunction. in an interview in 1969, he said:

*When metaphor is mistaken for reality and is then used for social purposes, then we have the makings of myth. I hold that the concepts of mental health and mental illness are mythological concepts, used strategically to advance some social interests and to retard others, much as national and religious myths have been used in the past.*

His seminal work, *the myth of mental Illness: foundations of a theory of personal conduct*, has been reprinted many times since 1961. And in *the manufacture of madness* he compares the modern tendency to define worryingly aberrant behaviour as mental illness to the 17th century practice of accusing non-conformists and personal enemies of practising witchcraft. both accusations lead to similar consequences: a bogus trial lacking any material evidence (diagnosis), followed by incarceration and torture (forcible medical treatment).

szasz pointed out that if someone does not actually have a brain disease we must suppose that he simply suffers from problems of living. in which case it is better that people are not subjected to psychiatric coercion. since it is only a manner of speaking – only metaphorical – that anyone ever 'has a mental illness', coercive 'care' and 'treatments' are an outright abuse of human rights, and the use of psychiatric experts in the courts is neither scientific nor ethical.

At the same time as szasz, during the 1950s and through the 1960s, others also offered radical criticisms of psychiatry. This critique peaked in the late 60s, with many articles and popular books – and someone applied the term 'anti-psychiatry' to this international movement. Apart from szasz, there was also the sociology of Em lemer, Erving goffman and Thomas scheff in the uSA, psychiatrists rd laing and david Cooper in the uk, and historian michel foucault in france.

According to szasz, 'the caring professions' have now established a Therapeutic state which interprets most dysfunctional or illegal forms of behaviour as caused by factors outside of the individual's agency. This dominant perspective has led to a general assumption in social policy that individuals are often not responsible for their actions. Hence some types of behaviour, e.g., the use of illegal drugs, are incorrectly called 'addictions', implying that the person has no control over his or her actions – and this is simply not true. As regards someone said to 'have a mental illness', szasz suggested that a prison sentence for a crime actually committed would be more adequate and just, rather than detention and forcible treatment in a mental institution when the person has not broken the law.

szasz was a lifelong libertarian, so even while he thought that having a drug habit was stupid, all the same, making drug-taking illegal was an abuse of human rights, and also counter productive. He insisted that the right to ruin one's

own life was inviolable – even the right to commit suicide.

szasz argued that psychiatric diagnosis is not based in genuine medical science; it is always bogus. And so he always spoke out against the American Psychiatric Association's influential *Diagnostic and statistical manual (Dsm)*. in the 1960s he was prevented from teaching in his local state-run hospital due to his vocal opposition to coercive psychiatry. in 1969, and although not a member of that controversial cult, he joined with the Church of scientology to form the Citizens Commission on Human rights, which proceeded to picket psychiatric meetings and facilities.

szasz wrote nearly three dozen books and more than 1,000 articles. He had a long and distinguished career as a Professor of Psychiatry at syracuse, where he constantly risked his employment by being an outspoken critic of what he viewed as the misuse of psychiatric power against individual freedom.

He received many awards, including the Ar lindesmith Award for Achievement in the field of scholarship and writing from the drug Policy foundation; the lifetime Achievement Award from the American institute for Public service; and the rollo may Award from the American Psychological Association. He also gave his name to the Thomas s szasz Award for Civil liberties.

szasz's work was often misinterpreted and dismissed by opponents and those who probably hadn't read much of what he had written. He will always be known as a leading 'anti-psychiatrist'. but – like the other uncompromising pioneers of that ilk – he felt himself a cut above the rest, who he liked to characterise as uncomprehending fools. He had a special contempt (or jealousy?) for rd laing, and had recently published a book with the title *anti-psychiatry: Quackery squared*. so far as szasz was concerned, any kind of psychiatry was an assault on civil liberty.

for the last thirty or so years of his life szasz became increasingly persona non grata to many mental health activists. This was due to the right-wing libertarian comments he kept dropping, and upon which he refused to elaborate. He was often heard to make outrageous statements about those suffering seriously from emotional or mental problems. for example, in 2000 he said:

*the goal is to assume more responsibility and therefore gain more liberty and more control over one's life ... the issues or questions for the patient become to what extent is he willing to recognise his evasions of responsibility, often expressed as 'symptoms'. (Psychotherapy.net)*

was this good old Tom deliberately being mischievous and provocative – trying to get us all to think? it certainly does not sound very compassionate to those who, through no fault of their own – but rather due to suffering terrifying psychological traumas – find themselves so helpless in the face of their own perplexity and despair that they succumb to what society likes to call 'mental illness'. That quotation sounds very much like the suggestion that we should all simply apply a complacent, superior and simple-minded 'common sense' to such terrible human suffering: mental health 'service users' should stop relying on welfare and just 'pull their socks up'.

in that quote, szasz's cavalier, so-called 'libertarian'



attitude towards a whole group of suffering humanity is indistinguishable from the condescension we constantly hear from those reactionary bigots who sail easily through life on their cushions of privilege, power and self-confidence. (Those who are 'born to rule' – and usually do.) in comments like that, there seems no comprehension of the depth of the disabling fear and confusion experienced by those who find themselves diagnosed with a serious mental disorder, and who also usually suffer from dire material circumstances. no wonder that many of those who also oppose coercive

psychiatry – and especially psychiatric 'survivors' or 'service users' – feel outraged by some of szasz's pronouncements.

All the same, best not throw the baby out with the bathwater. dr szasz was never known to have a patient committed, or to administer drug or shock treatment against a patient's will. And he did practise psychotherapy. Perhaps one of his patients could now throw some light on the matter. never mind all the controversial posturing – when conducting psychotherapy, exactly how did szasz respond to incapacitating emotional distress or mental disorder?

## THOMAS SZASZ

### AUTHOR OF 'THE MYTH OF MENTAL ILLNESS'

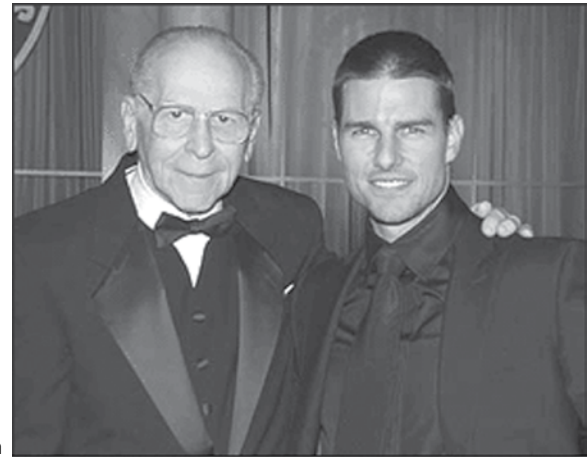
Dave Harper

Like many psychologists, I first encountered Thomas Szasz's ideas as an undergraduate. His critique of modern psychiatry was covered in textbooks on 'abnormal psychology', but they gave the impression the ideas were very much located in the 1960s and irrelevant to modern concerns. I assumed that like other 'anti-psychiatrists', Szasz had died years before. So in 1993 I was quite surprised to see a journal article by him entitled 'Crazy Talk', which examined how 'hearing voices' was pathologised.

At that time my understanding was that Szasz's critique of psychiatry's reification of the metaphor of illness for undesirable mental states was accurate, but that his right-wing, free-market libertarian stance meant that he took no interest in the social causes of distress and the role of public services in helping to address the legacy of an unequal society. However, in an email discussion amongst people involved with *Asylum* magazine, Phil Barker and Poppy Buchanan-Barker noted that in their personal experience he was a caring and compassionate man, and that this trait rarely figured in debates about him and his work.

In 2010 I attended a day-long seminar in London when he was celebrating his 90th birthday. His thirty-five books were on display. I had not realised how prolific he had been and how many issues he had seriously considered over the years. In addition to his introduction of the term 'problems in living' rather than 'mental illness', his critique of the medical model, coercive treatment and its embedding in the legal system, he had also addressed a wide range of other topics including psychotherapy (*The Ethics of Psychoanalysis* and *The Myth of Psychotherapy*) and both legal and illegal drugs (*Ceremonial Chemistry* and *Our Right to Drugs*). His writings were clear and had the kind of snappy, polemical titles common in popular American mental health literature. Indeed, as well as criticising the use of language within psychiatry, he was responsible for many striking turns of phrase, such as referring to 'mental illness' as 'psychiatry's phlogiston', comparing psychiatry to religion, and noting similarities between the practices

photo from  
www.szasz.com



Thomas Szasz with Tom Cruise at the annual Citizens Commission on Human Rights Awards night. The group is co-founded by Dr. Szasz and investigates psychiatry as a civil rights abuse.

of psychiatric diagnosis and the practices of witch-finders in the Inquisition (*The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*). Szasz's massive and comprehensive output was little addressed in textbooks discussing so-called anti-psychiatry.

When I was writing about the history of 'anti-psychiatry' for a chapter in an undergraduate mental health textbook, I developed more of an appreciation of some of the differences between him and other critics of psychiatry, such as RD Laing. Indeed, this very topic was covered in one of his last books: *Antipsychiatry: Quackery Squared*. Characteristically, he revealed a little-known historical fact: that the term 'anti-psychiatry' was first coined by German psychiatrist Bernhard Beyer in 1908, as a term of abuse to use against those critical of psychiatry. Szasz's book included withering critiques of Laing and others, so serving as an example of how history is written not only by the victors but by those who manage to outlive their contemporaries!

It is poignant that his last book was concerned with suicide (*Suicide Prohibition*) since, according to Jeffrey Schaler, due to intolerable pain following a fall, Szasz appears to have ended his own life with an overdose of medication ([www.szasz.com/szaszdeath.htm](http://www.szasz.com/szaszdeath.htm)). Szasz was critical of doctors involving themselves in euthanasia (see his book, *Fatal Freedom*). He viewed suicide as a matter of personal freedom, not of medicine.

At that seminar I was struck both by how intellectually sharp Szasz still was at the age of 90, and at his consistency in debate. Following the discussion, I came away with a much clearer idea of his views. For Szasz, freedom, autonomy and personal responsibility trumped every other ethical principle. He was extremely wary of any state intervention, and this obviously posed a challenge to any professionals working in the NHS: Szasz saw all those employed in public health services as, by definition, agents of the state. Whilst he was open to the idea of people freely choosing and paying for psychotherapy, he was critical of such interventions being offered by the state. Indeed, he was critical of the welfare state, seeing its provisions as leading to dependency and iatrogenic effects (see *Cruel Compassion: Psychiatric Control of Society's Unwanted*). Perhaps his concern about State power is understandable, given that Szasz's home country of Hungary experienced both of the 20th century's main totalitarian State systems, first fascism and then Communism.

Szasz was critical of coercive treatment. One of the longest exchanges at the seminar came from counsellors and psychotherapists who were concerned about what one should do if faced with someone who might kill himself. Surely, they asked, Szasz would agree that seeking external help in this situation was necessary? After a long discussion it became clear that Szasz's refusal to consider calling on an NHS mental health intervention did not mean that he was emotionally unmoved or uncaring. He indicated that offering charitable help as a relative, neighbour or friend was OK. Rather, it was intervention by professionals, on behalf of the State, which concerned him.

At the seminar I asked one question. Szasz had co-founded the Citizens Commission on Human Rights with the Church of Scientology, and it provides the funds. Given his concern about the abuse of power by psychiatry,

I was puzzled by his relations with Scientology since its members have also been accused of abusive practice, and since they had a vested interest in selling Scientology in place of psychiatry and psychotherapy. Why had he not distanced himself from Scientology? I was aware, for instance, that Peter Breggin, who was involved with the CCHR from 1972–1974, left because of disagreements with Scientology and that he reported that they pressured the woman (Ginger Breggin) who he would later marry to refrain from seeing him – she was a Scientology member from 1970–1982. The Breggins subsequently married after she had left the Church (for further information see [http://en.wikipedia.org/wiki/Peter\\_Breggin](http://en.wikipedia.org/wiki/Peter_Breggin)).

Szasz's answer surprised me. He said that when he began his work Scientologists were the only group who had supported his views and, as a result, he had continued to support the work of CCHR. He did not involve himself in the beliefs of Scientologists and would join with others of all faiths or none in criticising psychiatry. The key issue for Szasz seemed to be one of loyalty and, perhaps, to follow the dictum: 'My enemy's enemy is my friend'. However, a difficulty with this position is that it has allowed defenders of traditional psychiatry, especially in the USA, to use the links between CCHR and Scientology so as to discredit its critics.

Whether or not one agrees with his ideas and political philosophy, Thomas Szasz will be remembered as one of the first and most consistent critics of psychiatry.

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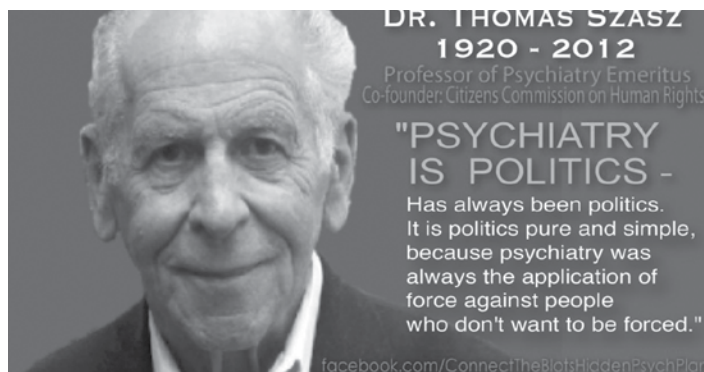
## Mary Maddock writes:

When I finally met Thomas Szasz, in Dublin a few years ago, he was the kind man that I felt he was when he had often emailed me. his kindness and compassion shone through his eyes. he inspired me to stay free from psychiatry, and he continues to inspire me today. human beings should be allowed to be free! Thanks Tom for being yOU!

## R.I.P. One of the most influential minds in liberty.

*psychiatry is politics – has always been politics. It is politics pure and simple, because psychiatry was always the application of force against people who don't want to be forced.*

[facebook.com/ConnectTheblotsHiddenPsychPlan](https://facebook.com/ConnectTheblotsHiddenPsychPlan)



go to y outube: *psychiatry: the true shadow Government*

**Mary Maddock** is a psychiatric survivor and a co-founder of *mindfreedom Ireland*. e-mail: [marymaddock@hotmail.com](mailto:marymaddock@hotmail.com).

# ... BUT UNSYMPATHETIC TO THE REALITIES OF PERSONAL CRISIS?

## WE'LL MISS HIM, I GUESS

Anthony Morgan

you always got the impression with Thomas szasz that had he lived to the age of 1000 or 100,000 he still would not have changed his mind one bit. There is something slightly unsettling about this, as it suggests a fanatical or absolutist position that does not sit easily in our post-modern age. nietzsche wrote that the snake that cannot shed its skin perishes. szasz would seem to be a prime counter-example. for him, freedom of the mind and personal responsibility were absolutes beyond any compromise. derived from the natural sciences, when medicine and its methods impose a causal, deterministic structure onto human behaviour so that we 'mechanomorphise' or 'thingify' persons and thereby come to see man as 'a defective machine', then "individual freedom, western man's most cherished value, becomes a 'denial of reality', a veritable 'psychotic delusion' to endow man with a grandeur he does not in fact possess" (szasz, 1973, p.11).

while many may welcome such a position, so as to defend us from the increasing medicalisation of what were traditionally seen as moral problems (for example, addictions), few would be willing to take it as far as did szasz. if you feel that you are being controlled by voices in your head, szasz would dismiss this as a disowned self-conversation; if you feel that your thoughts are being broadcast through television sets, szasz would dismiss this as a stubborn error or a lie. symptoms like these are created by patients and can be stopped by them, says szasz (schaler, 2004, p.324).

As for the anti-capitalist leanings favoured by *asylum* magazine, szasz would surely be amongst the least sympathetic of all psychiatrists. in fact, for the psychiatric critic to cite szasz's 'myth of mental illness' slogan whilst also railing against the ways in which capitalism undermines our autonomy and mental well-being is, in no small way, i would contend, to have one's cake and eat it. or at least to ignore everything that szasz actually meant when he made this famous statement back in 1960.

one of the ironies of szasz's position is that it may actually *precipitate* the need for sufferers to obtain an illness label, and so to view their experiences as 'just like diabetes' (Arpaly, 2005) simply in order to convince those around them that their suffering is not simply a wilful, perverse charade. This desperate need to have one's problems recognised as in some way 'real' was of little concern to szasz's ideological project. He thrived on rather simplistic binary oppositions

(e.g., mind vs. body; mental illness vs. physical illness; natural science vs. human science, and so on). These are totally insufficient for navigating the extremely complex world of mental distress, for example, the extent to which certain behaviours are intentional, meaningful, rational, and so on. of course as a polemicist, subtlety was never going to be at the heart of his position.

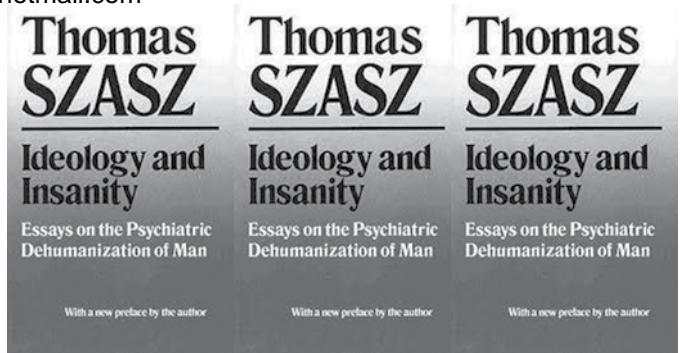
someone like szasz always needs to exist – to push an extreme, uncompromising line of thinking against which actual lived realities can be negotiated. He was, and remains, an important thinker. His is seen as a no nonsense, no excuses approach. no excuses, for sure – but also no sympathy.

my concern remains that the lived realities of the psychiatric patients about whom szasz was writing seemed far less relevant to him than those more abstract notions of freedom and responsibility which it was his life's work to defend. As the empire of biological psychiatry continues to crumble, we can be sure that szaszian questions around agency, autonomy and responsibility in psychiatry will come increasingly to the forefront of our thinking, but perhaps, one hopes, in a more sensitive and nuanced way. A good example of this is the work of the philosopher and therapist, Hanna Pickard (see, for example, Pearce & Pickard, 2010). Psychiatry, for all its endless controversies, seems an inappropriate field for a polemicist, even one as skilful as szasz.

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# mE & ThOmAS SzASz

## Contrary Approaches to Anti-psychiatry

### Peter lehmann

since becoming a humanistic anti-psychiatry activist i met Thomas Szasz on a number of occasions, first in his writings and eventually in person.

### My first contacts with Anti-psychiatry

in germany in 1977, i was diagnosed as schizophrenic, put in a madhouse, treated in the typical way and, after some months, thrown out again with tardive dyskinesia. i withdrew from the neuroleptics and recovered. I finished my social-pedagogy examinations in 1979 and was offered the opportunity to write a Phd about my own madness.

i was encouraged to read the books of david Cooper, for example, *the Death of the family*. i began to think and read more about the nature of normality and of so-called schizophrenia. At the same time i began a legal and political fight for the fundamental right to have unlimited access to my own psychiatric records. This led me to szasz's books, mainly *the manufacture of madness* and *schizophrenia: the sacred symbol of psychiatry*. like many others, for example franco basaglia and david Cooper, szasz publicly declared his solidarity with my fight.

When we established the first anti-psychiatric self-help organisation in germany, in 1980, we were quickly connected to the few groups which were active internationally. Judi Chamberlin organised telephone conferences in the uSA, and she sent materials and resources to a range of participants and other interested people.

one article was by szasz: 'The lady in the box'. This is about rebecca smith. she had a diagnosis of schizophrenia and was committed to a madhouse for ten years. There she was administered neuroleptics and electroshock before finally being thrown onto the streets, where she lived in a cardboard box. in the end she froze to death. we translated this article and published it in our magazine.

Then we realised we had forgotten to ask szasz's permission. when we approached him to explain he sent us new articles for translation. one was 'The psychiatric will: A new mechanism for protecting persons against "psychosis" and psychiatry.' With financial support from an alternative berlin charity, and through my publishing house, in 1987 we translated and published this article as a booklet.

our organisation began a long campaign for the right of people with a psychiatric diagnosis to be able to write a legally binding 'advance declaration'. in 2009 germany became the first country to provide legal protection for Advance Directives made by people with a psychiatric diagnosis. because of this we will not forget the name of the man who was there at the beginning of this development.

### moneymaking and Scientology

However, szasz was also close to the Church of scientology. The runaway House group (established in berlin in 1982)

Peter Lehmann  
courtesy of Peter Lehmann

received a letter he had written in January 1978, stating that scientology protects the interests of the public:

*the church of scientology is, in my opinion, acting in the best anglo-american tradition of peaceful and responsible moral and political non-conformism.*



because he seemed to endorse scientology, in 1990 the organisation for Protection from Psychiatric Assault (of which i was a member and which opened berlin's runaway House in 1996) decided to delete szasz's name from the Advisory board. we were convinced that this sect was mainly interested in getting at the money of people who had had bad experiences with the psychiatric system: it charged them for extremely expensive, dubious and never-ending personality courses.

kerstin kempker worked in the berlin runaway House. in 1998 she was asked by the german critical medical journal *Dr. med. mabuse* to review szasz's book *cruel compassion*:

*psychiatric control of society's unwanted. she noted that our organisation had decided to remove szasz from its Advisory board, and wrote:*

*page after page, I became more repelled by his cruel disregard of the 'unproductive ones,' the profound disdain which equates 'badness' with 'madness,' and the brutal consequence of a purely capitalist world-view that eliminates all social concerns. In his version of capitalism, the state's only role is to protect property and freedom. people are divided into those who are productive and those who are unproductive. the unproductive are the enemies of freedom. 'an individual who cannot or does not want to become productive, must turn into a dependent person or a robber, lest he perish.'*



Thomas S. Szasz  
courtesy of Peter Lehmann

in the same year, szasz was invited by a dogmatic berlin anti-psychiatry group to participate in the so-called foucault Tribunal to put psychiatry on trial for its systematic violation of human rights. in an open letter, the staff and clients of the runaway-House demanded that the organisers of that tribunal withdraw the invitation to szasz. They wrote:

*although the historical merits of thomas szasz regarding his criticism of psychiatry are well-known, he has more recently moved towards a primitive form of capitalism (or rights only for those who make money), particularly in Cruel Compassion. In this book he criticises those at the bottom of the social hierarchy, i.e., users and survivors of psychiatry and, in particular, those who are homeless (who, he argues, include many criminal social parasites). he also calls for the abolition of the welfare state. Runaway-House employees and clients find it absurd that thomas szasz has been invited as an anti-psychiatric front man, when this will give him an opportunity to support those who wish to abolish the welfare system. statements like these by szasz are*

*diametrically opposed to the need for social support of many users and survivors of psychiatry* (runaway House, 1998)

### Szasz's apparent disinterest in the damage done by psychiatric drugs

in 2010, the international network of Philosophy and Psychiatry invited both szasz and me to give keynote lectures at its conference in manchester, 'real People: The self in mental Health and social Care'. i spoke about the intrinsic suicidal effects of neuroleptics, citing a number of medical publications that prove the connection between drug-effects and suicidal tendencies.

Afterwards, szasz and i chatted for a few minutes and he commented that my lecture, which used tables of psychiatric drug names, seemed similar to a lecture by a psychiatrist. He made no comment on my main message that the most frequent cause of death in people with a schizophrenia diagnosis related to their psychiatric drugs. i guess he was just not very interested either in publicising the hazardous nature of drugs or in discussing alternatives beyond psychiatry – such as the key elements of a humanistic antipsychiatry and of a more humane approach to treatment.

*t ranslations of German citations by peter lehmann.*

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## DUALISMS & THOMAS SZASZ

Philip Thomas and Pat Bracken

Thomas Szasz's ideas invoke a strong response – you either love him or loathe him. Perhaps with the fullness of time it may be possible to achieve a more balanced view of his work. As Anthony Stadlen comments, there is no doubt that Szasz was the foremost moral philosopher of psychiatry and psychotherapy in the 20th and 21st centuries. But, at the same time, his ideas, especially some of the philosophical assumptions they rest on, are open to question. But this is true for all of us.

There are two principal themes in his classic work, *The Myth of Mental Illness*. The first draws a clear boundary between medicine and psychiatry. The second draws attention to the conflict between the interests of the individual and those of the state.

Szasz makes three main points. First, that physical diseases demonstrably exist in the material world; second, that every 'mental illness' is only *metaphorically* a disease, and is therefore not real; third, that the 'phenomenology' of physical disease is the same across cultures. Although we agree with his first and second propositions, we disagree

with the third. Our position is that whilst physical diseases are real, in the sense that they can be identified through material changes in the physical body, they are at the same time saturated with significance and meanings. And, in just the same way, our subjectivity is such that we struggle to search for meaning and significance in our states of madness and distress.

As far as the relationship between medicine and psychiatry is concerned, in *The Myth of Mental Illness* Szasz argues that it makes no sense to speak of 'mental illness' as if it were literally a disease, because problems with our emotions, thoughts and perceptions are just not pathological entities in the way that symptoms of disease are. Rather, they can best be seen as moral problems, or problems of living. We only use the phrase 'mental illness' metaphorically – it simply does not refer to a condition in the real or physical world.

Hence, psychiatry has no legitimate role in managing madness. The only appropriate response to madness and distress is what Szasz calls 'autonomous psychotherapy': that which is grounded in a consensual, contractual relationship between a client and a therapist. By contrast, medicine draws its legitimacy and authority from empirical science, the pathophysiology in which it is based. Indeed, Szasz argues that the interpretive sciences (such as phenomenology and anthropology) have no part to play

in medicine. He asserts that the manifestations of physical diseases are largely independent of culture or socio-political conditions in general: 'A diphtheritic membrane was the same and looked the same whether it occurred in a patient in Czarist Russia or Victorian England.'

Szasz emphasises the distinction between mental and physical illness by asserting that although the 'phenomenology' of bodily illness (such as tuberculosis) is not influenced by socio-cultural factors, the opposite is the case for 'mental illness'. Physical illness can only be diagnosed and treated according to the logic of medical science; culture has no role to play in this.

This distinction between genuine medicine and psychiatry reflects deeper distinctions between body and mind, empiricism and idealism. But this leads to an important weakness in his ideas – the use of dualistic polarisations in his arguments. At different points in his work he contrasts what he sees as polar opposites, such as biology vs. social science, autonomous psychotherapy vs. psychiatry, freedom vs. coercion. As others have argued, the problem here is that such polarities conceal political, ethical and conceptual complexity. They obscure the way that one side of a given distinction is seen as foundational, and thus valued and privileged.

We can see this clearly through the experiences of suffering. From working with people who have experienced extreme states of suffering, distress and madness, it is clear that they do not suffer in two different modes: the physical and the mental. It is not possible to describe simply in physical *or* psychological terms the anguish we experience in the face of loss, personal tragedy and adversity. Our experiences of suffering are deeply embodied – they are concurrently mental *and* physical. In addition, as we struggle to make sense of what is happening to us, we draw on cultural idioms, ways of expressing distress shared with others in our social group. This is why spirituality, religious belief, art, poetry and literature are so important to us, bringing comfort through

a sense of meaning shared with others. Suffering is not only embodied, it is deeply encultured.

Despite Szasz's insistence on separating the world of the mind from the physical world of our bodies – which he did for reasons of logic and clarity in the use of language – and the implications of this for the role of culture in suffering, he was by all accounts a very compassionate therapist. This makes it difficult to believe that he could have practised *without* drawing on shared cultural referents with his clients.

The task of the iconoclast is to smash the simple picture of the world that most people see, in order to reveal its true complexity. However, Szasz's most enduring legacy will be his insistence that mental health work is a moral venture before it is anything else.

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# SZASZ'S UNSETTLING IDEAS

## Anne Plumb

in the 1960s, the *myth of mental illness* was hailed by those of us adamant that our experiences had nothing to do with 'chemical imbalances', though I never got beyond the first few pages of *the manufacture of madness*.

in the mid 1980s i was drawn to the draft policy statement of the international mental Health system survivors (mHss)

*mental health system survivors are people who are neither 'crazy' nor 'mentally ill' nor genetically distinguishable from anyone else. ...there never was nor will be anything 'wrong' with us. rather we have been victimised by 'the mental health system'*

*because of our hurts ... Because of our trying to get help in the only ways or places we know of, because we belong to certain oppressed groups, or refuse to fulfil some of society's prescribed roles, or protest the wrongs of society ... our bodies and lives have ... been damaged and constrained by interacting with the system. (mental Health system survivors, 1987)*

However, i joined neither the re-evaluation counselling communities which developed following on from this statement, nor the later peer counselling. However, some survivors have written of the helpfulness of rC counselling (read, 2001; simpson, 2001).



Then, some decades later, szasz was the keynote speaker at a conference in manchester organised jointly by uCIAn, The international network of Philosophy & Psychiatry(inPP) and The European network of users & survivors of Psychiatry (EnusP). i was appalled by szasz's views and behaviour. He shouted down Peter lehmann, even as Peter was trying to acknowledge szasz's role in 'psychiatric wills' being made legal in germany. "Extreme right-wing", i thought. others murmured: "neoliberal".

but for the un Convention on the rights of People with disabilities, that would be that. whilst the world network of users and survivors of Psychiatry (wnusP) was actively involved in this document, it bothers me. it strikes me that it is underpinned by szaszian ideology. wnusP celebrates achieving 'legal capacity' as its basis. This includes the right to accept or decline medical treatment, to go to prison for breaking the law (although Article 12 says the sentence should be 'proportional and tailored to the person's circumstances') and, under Article 14: The right to liberty, the right to take one's own life.

but for many of us who, in a crisis due to an altered state of mind or feeling suicidal, there are few meaningful alternatives (at least in England) and this Convention, specific as it is on some needs for people with physical disabilities (e.g., Article 9 on Accessibility), is more or less silent on this point. forced treatment is viewed as torture but psychiatry itself is let off lightly, with people allowed to choose its interventions if they wish. what of the damaging interventions to which people agree out of desperation, and what about the role of the pharmaceutical companies?

Reflecting on this, the US, for example, has a strong contingent in wnusP and also a long tradition of psychoanalysis and psychotherapy. i had not realised that szasz was a psychotherapist. His own stance is revealing. He says his libertarian stance

*means regarding people as adults, responsible for their behaviour, expecting them to support themselves, instead of being supported by government, expecting them to pay for what they want, instead of getting it from the doctors or the state because they need it ... the law should protect people in their rights to life, liberty, and property – from other people who want to deprive them of these goods. the law should not protect people from themselves. (www.psychotherapy.net/interview/thomas-szasz)*

delving further, it seems that people who don't gain from therapy are 'losers'; people value what they pay for (a stick for compliance?); and it's up to the patients [sic] "to *change themselves*, to recognise *what extent ... he [sic] is willing to recognize his evasions of responsibility, often expressed as 'symptoms'.*"

What about the 'hurt' identified by the organisation of mental Health system survivors? szasz saw no problem there: if people found their therapy unhelpful, they could simply select another therapist.

szasz said some of the people he saw would have been diagnosed as 'psychotic'. but i get no sense of him understanding these altered-state or perceptual differences that so easily land us on psychiatric wards, being treated without consent – especially at the first appearance, when we are confronted with something sudden and about which we have no prior experience.

more than this, psychotherapy is not without its critics and it is not uncontested by some survivors and service users. Jeffrey masson's book *against therapy* might be regarded as a kind of 'szasz for psychotherapy'.

i have long maintained that treatment without consent is a violation of body and self, but i am not happy with this Convention. I perceive Szasz's influence. This is an unsettling legacy.

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# SZASZ AND THE CASE OF THE CURATE'S EGG

David Pilgrim

In a brief overview of why Szasz's work is important, I would make two main points. First, he argued that mental illness was a myth. Second, he argued that mental health professionals are agents of the State, who coercively control non-conformists in the interests of social order.

Over the years, when reading how these arguments have played, I have eventually developed replies of my own to each of these points. With regard to the idea that mental illness is a myth or a metaphor – minds can only be considered sick in the same sense that, for example,

economies can – I would argue that he was then too naïve when he split off mental from physical problems. For example, he argued that ‘organic mental illnesses’, such as dementia, are truly neurological diseases, and should be diagnosed and treated as such. But the problem with this argument is that the challenge of dementia is essentially one about social competence and psychological confusion and distress (for the patient and their significant others). Often the neurological aspects of dementia cannot properly be diagnosed until post-mortem examination. Even then in some cases brain changes are not easy to discern.

Another problem with understanding physical illnesses as ‘true’ diseases but mental illnesses ‘false’ is the assumption that the former are readily diagnosed, understood and treated, whereas much more speculation attends the latter. But a symptom like a headache could be a result of dehydration or of a brain tumour. And some physical illnesses which are reliably diagnosed (such as rheumatoid arthritis or diabetes) have contested origins. As far as treatment is concerned, it is true that mental illnesses are treated in a hit-and-miss way (different drugs are tried in combination over time) but this is also sometimes the case for conditions that Szasz would consider ‘true’ illnesses. For example, musculo-skeletal problems can be treated over time within the same patient, and across different patients, with a wide range of analgesic, anti-inflammatory and even anti-cancer drugs. Thus ‘treatment specificity’ – a signal of good medical practice – can be a problem at times for physicians and not only psychiatrists. This means that Szasz does not have the grounds to create an absolutely clear division between physical and mental illnesses.

However, from a scientific perspective, psychiatric diagnoses are particularly weak, and it is understandable that this boosted the critical position adopted by Szasz. They are largely based upon symptoms (what the patient says and does) rather than on demonstrable objective criteria (clear physical signs). For example, high sugar and ketone levels in the blood fairly accurately tells us that the cells in the pancreas, needed to produce insulin naturally, have died or are very inefficient. Moreover, and turning to treatment, giving insulin to a diabetic predictably alters his health. But this is not the same in psychiatry. Despite their grandiose titles, the ‘antipsychotics’ and ‘antidepressants’ are hit-and-miss, respectively, in reducing psychotic symptoms or raising mood and reported happiness with life. And what makes matters worse is that these are very ‘dirty’ drugs which often generate life-diminishing – and sometimes life-threatening – outcomes for the patient.

Now we turn to Szasz’s query concerning the underlying existence of the phenomena supporting a diagnosis of mental illness. It is true that thoughts and feelings have an existence

which is less obviously stable than the insulin-producing cells of the pancreas. The latter can be examined under the microscope, and alterations in their functioning can be measured physically. By contrast, thoughts and moods are fuzzy and ephemeral (Markova & Berrios, 2009).

Moreover, the communications and actions associated with them are judged in social contexts, which themselves vary over time and place. For example, the Greeks did not see madness as inherently pathological because for them it had socially valued attributes. These included the madness of prophesying, the madness of lovers, and the madness of poets. At the same time, in antiquity madness was also linked to aimless wandering and violence. But today we have completely jettisoned any positive connotations: we seem to have retained the negative aspects only, and turned them into pathology rather than considering them as states of being with a moral dimension.

Those aspects valued by the Greeks are overlooked in the contemporary world because madness defies modern notions of rationality. Asylums were created as specialist institutions because pauper lunatics refused to obey the rules of discipline required in workhouse routines: those who managed the workhouses could not make sense of such behaviour. Furthermore, the ‘moral treatment’ dispensed in the early asylums, before medicine took over, made it clear that transgressing rules and accountability were important. There was a power struggle between two ways of being: sanity and insanity.

We can see why Szasz was on such a roll for so long. Psychiatry has been such a big target to hit because of its lack of scientific, historical and social insight into its routine theory and practice. However, Szasz himself is wrong and naïve to completely split off physical (true) from mental (false) illness, since both involve role failures and rule-breaking in society. This point of commonality was noted by Sedgwick, and as I suggested above, some of the weaknesses of psychiatry can at times be identified in other medical specialities.

Szasz was on stronger ground in the matter of social control and the political hypocrisy of the psychiatric profession, politicians and all those of us who are ‘sane by common consent’. Then his arguments get interesting. Are psychiatrists the modern version of ‘witch finders’? Well, yes, except that they are more mundane in applying ‘common sense’ on behalf of the general population, about ‘something having to be done’ when a person goes crazy in a domestic or public setting. Psychiatrists usually only rubber-stamp decisions made by lay people, so when it comes to the question of the social control of madness, it is wrong only to put medicine in the frame (Coulter, 1973).

However, the hypocrisy from all sides is to argue that removing a person’s liberty without trial, manhandling

resistant bodies and forcibly imposing powerful drugs onto defined patients is beneficent – when it is not. Lots of people in society act in a risky way to themselves and others, not just mad people: take a peep at any town centre on a Saturday night, or watch smokers huddled outside of buildings at lunchtime. Why are mad people picked on? Why not have a curfew law at the weekends to ban those under 30 from the streets, or send smokers to prison for their own good?

Szasz was correct – it is not dangerousness that is the issue here but *the manner in which one is dangerous*. Thus that great misnomer of ‘mental health legislation’ is inherently discriminatory. If we lock up people to reduce risk then this is actually done to reduce the anxiety of third parties and to maintain the flow of everyday social life and economic efficiency. Szasz was quite correct to dwell on this point.

The question he left us with, though, is one of moral responsibility. There are two aspects to this. First, will those who are sane by common consent take moral responsibility for their hypocrisy and start calling a spade a spade about

discriminatory coercive social control? Second, will those who we now call ‘mentally ill’ be prepared to take full responsibility for their actions (even if they are breaking social rules or failing in accepted social roles)? According to Szasz, ‘mental illness’ lets those labelled by psychiatry off the hook of this universal obligation. This threw down a gauntlet about moral responsibility to psychiatric patients, and not just to the profession that has been so arrogantly naive about its role in modern society.

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# NEWS & COMMENTS

## NURSES NOT PROSECUTED FOR OVERDOSE DEATH

Last February, 22-year-old psychiatric patient Joshua Gafney was killed by administration of twenty-one times the prescribed dose of clozapine: 84 instead of 4 ml. Medication was usually given by his mother, but “for a few days he needed more”, so two community nurses had gone to the house.

The nurses are now suspended pending an internal investigation by the Somerset Partnership NHS Foundation Trust, which stated: “It is [our] intention to bring the actions of the nurses involved in this incident to the attention their professional body, the Nursing and Midwifery Council.”

However, the nurses will not be prosecuted. The relevant authorities seem to be passing the buck. A spokesman for the Crown Prosecution Service said it had received “some material” from the police in relation to the matter and provided them with early advice on their investigation, but “... we did not, however, receive a full file of evidence in this case. The decision to take no further action was made by the police.” Avon and Somerset Police said: “We received extensive advice from the CPS on this matter and we were guided to the fact that we would not succeed in a prosecution in this case.”

This is probably true. Under mental health legislation, staff who cause harm to a patient cannot be found guilty if they maintain that they were carrying out care or treatment “in good faith”. So far as we are aware, despite the regular hazard of death by ‘care’ or ‘treatment’ (usually from sedating patients far beyond the recommended maximum dose) this clause has meant that no psychiatric official has ever been found guilty of

causing a patient’s death.

Clozapine was the first of the so-called ‘atypical anti-psychotics’. (‘Atypical’ seems simply to denote a later-generation chemical concoction, supposedly with less awful side-effects than the earlier neuroleptics. All the same, ‘atypicals’ notoriously cause hyper-salivation, weight gain and diabetes. Clozapine was introduced in 1971 but was withdrawn after four years when it was found to deplete white blood cells, sometimes causing death. However, in the 1990s it was reintroduced, with strict monitoring, as an alternative – a ‘last resort’ – when patients seem unresponsive or intolerant of the old-style neuroleptics.

‘Joshua Gafney drug death: No charges for nurses.’ *BBC News Somerset*, 23 Jan, 2013.

## ACTUAL SICKNESS OFTEN OVERLOOKED WITH THE ‘MENTALLY ILL’

A meta-study of 61 studies that together included nearly two million people has discovered that those being treated for a serious mental illness often also have serious physical illnesses that go unrecognised and untreated.

The studies included a wide range of physical conditions such as high blood pressure, arthritis, heart disease, diabetes, cancer, osteoporosis and HIV. On average, people with a severe mental illness were under-treated for physical conditions at a rate of 10%. Cardiovascular problems were the most neglected. Those most at risk of being missed for a serious physical ailment are people diagnosed with schizophrenia.

The researchers thought there might be two reasons for this problem: “Mental health professionals may not



feel confident in prescribing medication to treat physical problems, and hospital specialists may be worried about interactions of mental health medication."

No doubt this is true, but they might have added that perhaps some people develop a serious mental health problem – or a more serious one – in response to the experience and worry of having a real physical illness which the doctors fail to recognise, and deny. More than this, once someone is given a mental health diagnosis, whatever complaints he makes about his physical health can so easily be dismissed as 'just another symptom of the mental illness'.

J. Mitchell et al: 'Differences in the prescribing of medication for physical disorders in individuals with v. without mental illness: meta-analysis.' *British Journal of Psychiatry* (2012) 201:435–443. 'People with severe mental health problems "miss out"'. *Healthcare Today*, 3rd Dec, 2012.

## CBT HELPS WITH DEPRESSION?

Cognitive behavioural therapy (CBT) is the NHS's favourite talking therapy. It aims to help people to stop 'dwelling on the past' and to focus and act on their current problems. Or, in CBT-speak: the patient is encouraged to avoid negative or unhelpful thinking and find positive ways to deal with their problems.

Meanwhile, it is known that only about one-third of depressed patients respond very well to antidepressant medication, and there is little evidence regarding the best 'next-step' treatment for those whose symptoms are 'treatment resistant'. A recent study indicates that, used along with antidepressants, CBT does seem to help to a certain extent. The authors suggest that, after medication, CBT should be 'the next step' for depression. This was reported in the media under such headings as "Talking Therapy Cuts Depression".

The research examined a sample of UK primary care patients with 'treatment-resistant depression'. It compared those receiving CBT as well as 'usual care' (i.e. medication) with those getting only 'usual care'.

*Before this study, no evidence from large-scale randomised controlled trials was available for the effectiveness of augmentation of antidepressant medication with CBT as a next-step for patients whose depression has not responded to pharmacotherapy. Our study has provided robust evidence that CBT as an adjunct to usual care that includes antidepressants is an effective treatment, reducing depressive symptoms in this population.*

This was a randomised controlled trial. It included 469 patients (aged 18–75) from seventy-three general practices. All the patients were said to have 'treatment-resistant depression', meaning that they had not improved after taking antidepressants for six weeks or more. They were divided into two groups: the usual care (235 patients) or the usual care plus CBT (234 patients). Their progress was monitored for a year.

422 participants (90%) were followed up at six months. In the intervention group 46% met 'the criteria for response' at 6 months compared with only 22% in the 'usual care' group. 'The criteria for response' meant a reduction of at least 50% in their symptoms of depression.

This sounds quite hopeful: after six months nearly half of the patients in the 'usual care plus CBT' group had reduced the number of symptoms they showed by

half. But actually, various questions are left hanging. First of all, another way of interpreting these results is that almost a quarter of the patients only on medication got a fair bit better, too. Perhaps as many patients in the 'usual care plus CBT' group were also always going to get better, irrespective of their having CBT. And why was there no comparison with non-CBT kinds of psychotherapy or counselling? Perhaps patients getting those talking therapies would show equal or better improvements. Again, perhaps those patients who got a fair bit better benefited not so much from CBT as simply from getting more one-to-one attention and having someone to listen to them for more than a few minutes. Also, more than half of the patients who were getting CBT as well as antidepressants had *not* improved after six months. Finally, the study did not mention how many patients – if any – actually recovered fully.

N. Wiles et al: 'Cognitive behavioural therapy as an adjunct to pharmacotherapy for primary care based patients with treatment resistant depression: results of the CoBaT randomised controlled trial'. *The Lancet*, 7 Dec 2012.

## HELP DEPRESSION WITH A CBT SELF-HELP BOOK?

Access to Cognitive Behavioural Therapy for depression is limited, so would reading a self-help book be helpful? In a randomised trial of patients diagnosed with depression, one group was given a specially devised and simple-to-read CBT self-help book, along with three sessions (in total, just two hours) of CBT support. This was called 'Guided Self-Help CBT' (GSH-CBT). The self-help guidebook dealt with different aspects of depression, such as being assertive or overcoming sleep problems.

It was found that the group getting 'Guided Self-Help CBT' had significantly improved mood and knowledge of the causes and treatment of depression compared to the group getting only 'treatment as usual' from their GP. (Half of all the patients were on antidepressants.) GSH-CBT was found 'substantially more effective' than treatment as usual. And, broadly, patients and staff were happy with this form of 'guided self-help'.

A weakness in this study (and perhaps in the approach) is that while the follow-up rate of 72% at 4 months was better than predicted, by one year only 42% of the participants were still in contact. And of the GSH-CBT group, a full 50% of participants attended two or fewer sessions, and 22% failed to take up treatment.

'Self-help books "treat depression". *BBC News*, 19 January 2013

C. Williams et al: 'Guided Self-Help Cognitive Behavioural Therapy for Depression in Primary Care: A Randomised Controlled Trial.' *PLOS ONE*, 8(1).

## PARACETAMOL LAW PREVENTS OVERDOSE DEATHS

Lastly, some good news! In 1998, UK legislation restricted the number of paracetamol tablets that could be bought at one time to 32 from a pharmacy and 16 from other stores. A national study estimates that since then the number of deaths from a paracetamol overdose has dropped by 43%, and the number of liver transplants by 61%. Compared to the previous trends, this amounts to 765 fewer deaths and 482 fewer liver transplants.

NHS Choices website, reporting research in *BMJ*, 9th Feb 2013.

## ‘SCHIZOPHRENIA’ – TIME TO DISCARD THE DIAGNOSIS?

**Preliminary findings from the independent Inquiry into the ‘Schizophrenia’ Label (ISL) show that more than 80% of those giving evidence believe that the diagnosis is damaging and dangerous.**

*The label has destroyed my life, friendships, relationships and employment prospects. [Survey respondent]*

*The doctor at the hospital kept asking me if I heard voices. I didn't know what she meant by this. Was she checking my hearing, my awareness? Was she using a metaphor? I didn't know. I said yes as I could hear the voices of nurses and patients on the ward down the corridor. That sealed my fate. [Testimony submission]*

*When [my son] found that some people recovered he was adamant that he would be one of these, and this has helped him to fight for services he needs and to maintain good self-awareness. Therefore, largely the label has not been unhelpful - but very, very scary. [Survey respondent]*

The independent Inquiry into the ‘Schizophrenia’ Label (ISL) was launched in April 2012. This was intended to investigate the usefulness of ‘schizophrenia’ as a diagnosis and a medical condition, and the impact the diagnosis has on people’s lives. Since then, the Inquiry has received evidence from around 500 people. This took the form of responses to an online survey, testimony submissions via the Inquiry website, comments on Facebook, a focus group in Manchester, and other submissions such as articles, personal narratives and memoirs.

The coordinating group and the independent panel are currently collating and examining this evidence. Preliminary results from our survey show that:

- The great majority of respondents feel that a diagnosis of schizophrenia is damaging. More than 80% said that it makes life more difficult for those diagnosed; and despite evidence that those with the diagnosis are *not* more violent than the general population, 88% believe that ‘schizophrenia’ is associated in the public mind with violence towards others.
- 50% thought that the diagnosis would lead to harsher treatment by the criminal justice system.
- For a range of reasons including the impact of social class, racism and cultural assumptions, 60% of respondents believe that ‘race’ and ethnicity affect the diagnosis of schizophrenia.
- Well over half of the respondents (57%) do not view ‘schizophrenia’ as a medical illness and do not believe there is sufficient scientific evidence to underpin the diagnostic category.
- 49% think that medication should be given only if the service user requests it.
- 46% think that the diagnosis of schizophrenia should never be used by professionals in case notes or discussions; the majority of these argued that a person’s own words for his or her condition or problems should be used.
- Suggested alternatives to the diagnosis included working with people’s narratives as the basis for support, and using techniques developed based on this concept, such as those promoted by the hearing voices movement and the Finnish Open Dialogue project.

The mental health charity Rethink and the Psychosis Research Unit at the Institute of Psychiatry headed up a recent report from the Schizophrenia Commission. This report made forty-two recommendations to change the way people diagnosed with schizophrenia are treated. However, our preliminary findings show that the diagnosis itself, its validity and usefulness, are under question and may need discarding completely. The initial reading of the evidence submitted to ISL shows that there is no consensus on how we should understand our own and other people’s distress and its manifestations, but that it is time to move away from psychiatric diagnoses. Instead we should simply support people as fellow human beings, rather than as people with a medical illness.

*I know that I experience some kind of ‘altered state’, and I wish I could find non-medical language to talk about my experience without having to recite a whole chapter of my life ... [Testimony submission]*

*I am in favour of formulating a co-constructed narrative of the service user's problems and their personal meaning in the context of their life experiences. No diagnosis needed! [Survey respondent]*

Supported by more than forty organisations and 250 individuals, ISL is run on a voluntary basis, with no external funding. The Inquiry will report fully at the beginning of 2013. To read the testimonies, and for more information, please visit: [www.schizophreniainquiry.org](http://www.schizophreniainquiry.org).

### The Coordinating Group

**Inquiry into the ‘Schizophrenia’ Label** <http://www.schizophreniainquiry.org/>

# Asylum

the magazine for democratic psychiatry

Winter 2013

Volume 20

Number 1

£4.00

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