

Thomas S. Szasz, M.D.

You are Thomas S. Szasz, M.D., Professor of Psychiatry at State University of New York at Syracuse.

In 1960, you published *The Myth of Mental Illness* (T. Szasz, 1960), which defends your view that “there is no such thing as ‘mental illness’” (p 1). To you, psychiatry and psychology are the study of human behavior. Scientists who practice these fields engage in the most common of all human behaviors: they talk to people. They regularly use of terminology like ‘patient,’ ‘diagnosis’, and ‘treatment’ to obscures this fact and makes us think psychiatrists are doing something other than simply communicating. Worse yet, the use of nouns like ‘libido’ and ‘psychic energy,’ implies objects that can be studied, and hence, when we use them, we think we’re talking about some actual thing rather than just a theoretical construct. All of this medicalizes normal human behavior, and makes normal human communication a ‘treatment.’¹

Your views have not, shall we say, been received with open arms. In 1961, The Commissioner of the New York State Department of Mental Hygiene publicly demanded that you be fired from your tenured position, on the grounds that your views—as articulated in *The Myth of Mental Illness*—were inconsistent with your position as Professor of Psychiatry. These events added to your notoriety, making you widely known, but often misrepresented.

You are often accused of ‘not believing in mental illness.’ That isn’t quite right. The phrase ‘mental illness’ is, after all, a noun phrase. That means it denotes an entity or a state of being. You do not deny that there are people who behave in ways that are destructive to themselves and others; nor do you deny that talking to another person—especially one trained in communication—can be very helpful indeed. But you do deny that there is any *thing* called ‘mental illness.’ That is, you deny that the phrase ‘mental illness’ refers to an entity or a state of being. If it has any meaning at all, it refers to a set of actions or behaviors.

The Philosopher of Science Karl Popper heavily influences your reasoning for this position. Popper famously held that for an area of inquiry to be scientific, it had to make bold, surprising conjectures that were, in principle, *falsifiable*. This was the criterion of demarcation between scientific inquiry and ‘pseudoscientific’ inquiry: if a theory was able to explain away any *possible* phenomenon that might threaten that theory, that theory was thereby pseudoscientific, rather than scientific. To be scientific, a theory make claims that might be wrong. The more explicit a theory is in specifying the ways in which it might be wrong, the more that theory is scientific.

¹ The careful reader will notice that your critiques here parallel the ‘idols’ outlined by Francis Bacon in his classic *Novum Organon*. See the discussion of Bacon in the ‘History of the Definition of Mental Illness’ in the gamebook.

One of Popper's famous and controversial examples was Freudian psychoanalysis.² According to Popper, Freudianism had developed to such a point that any evidence presented against the theory would be incorporated into the theory by Freudians as evidence for 'repression' or 'sublimation.' Famously, he pointed out, Freud was never, himself, psychoanalyzed. When asked why, he would retort that he 'did it himself,' but that response was frequently rejected as illegitimate when produced by his patients.

But Popper went a step further. He also questioned the doctrine of 'historicism' that he saw underlying much of social and psychological "science" of the early 20th century (Popper, 1957). Popper believed that the founders of the 'human sciences' had become enamored with the progress made by the 'natural sciences' in the 18th and 19th centuries. This progress rested largely on the belief that for any given event in the physical world, one could fully explain that event by specifying the physical conditions of the world prior to that event. In short, that all physical events were physically determined by pre-existing states of affairs. Early psychologists and sociologists adopted this belief wholesale, and inappropriately assumed that in order to explain the actions of a person or a society, one only need to look at the pre-existing conditions, and wait for the laws of nature to do their thing. The most obvious example of this reasoning is the work of Karl Marx, who held that socialist revolution was the inevitable arc of human development.

The same kind of reasoning exists in Freudian and Jungian psychology. Each of them believes, largely as a hypothesis not a defended conjecture, that a true explanation for a person's behavior is one that specifies the relevant events in that person's childhood. This belief can be found in the earliest history of psychiatry and psychology (see the "Psychoanalysis" section of the gamebook).

You reject all of this. To you, the human being cannot be explained in these historicist or deterministic ways. Communication between people is not determined by psychosocial antecedents. It is, in Kant's sense of the term, free and voluntary.

Thus, to you, psychiatry should be based on the analysis of what you call 'sign-behavior': the manipulation and interpretation of symbols for the sake of communication by humans. Psychiatry constructed in this way, you argue, would less resemble medicine than it would other traditional disciplines focused on the understanding of symbols and their manipulation: philosophy, linguistics, semiotics, etc. On the other hand, the brain is best understood using the terminology of biology and chemistry, and the new and improving field of neurology and neuroscience. Psychiatry as practiced today is trapped by its own nomenclature, which descends from the unfortunate identification with medicine and the idealization of historicist explanations.

2 Actually, this is historically inaccurate. Popper did, in fact, use Freud and Adler, along with Marx, as his primary examples of pseudoscientific research in *Conjectures and Refutations* (1962), which was published after Szasz' *The Myth of Mental Illness*. Popper's work before 1960 includes his *The Logic of Scientific Discovery* (1959), which lays out the theory of falsifiability as demarcation criterion, but *does not* illustrate it with Freudianism. In the same way, his 1945 *The Open Society and Its Enemies*—which Szasz cites as influential—contains a few off-hand comparisons between Freud and Marx, but does not articulate the connection in a systematic way.

A common theme in your work is the comparison between advocates of psychiatry and religious zealots. In the *Myth of Mental Illness*, you claimed:

While Freud criticized revealed religion for the patent infantilism that it is, he ignored the social characteristics of closed societies and the psychological characteristics of their loyal supporters. He thus failed to see the religious character of the movement he himself was creating. It is in this way that the paradox that is psychoanalysis—a system composed of a historicist theory and an antihistoricist therapy—come into being. (p 7)

In this case, Freud *himself* is at fault only for not anticipating the fervor with which his followers would pursue his theory. It is the psychoanalysts of today who have turned psychiatry into an ideology.

Your most recent book, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, argues that society constantly worries about the unknown and threatening, whether those come from outside or inside the particular society. Throughout the ages, charlatans have offered society comfort and security in the form of witchcraft and religion. By classifying and controlling a perceived threat from the ‘mentally ill’, psychiatry has taken over this role as ‘protector’. And hence, is not significantly different than those who prosecuted the Spanish inquisition (T. S. Szasz, 1970).

Game Strategy

Your notoriety is a double-edged sword. Yes, people listen when you talk. But most people at the APA publicly disagree with everything you say. That does *not* mean that they don't privately agree.

You are, in many respects, like the Socratic gadfly. You question the hidden assumptions upon which the entire industry of psychiatry and psychology is built. So while some may privately agree with your arguments, they suspect that your position would undermine their livelihoods, and hence will do nothing to support you in public.

It is important then not to seek office (you will lose), or to make grand public pronouncements that will alienate your colleagues. The fact is that you believe that psychiatry, correctly constructed, does have an important role to play in contemporary society. You are thrilled that the APA has decided to drop the DSM II. But you are deeply concerned about what will replace it. You need to find ways to work with your colleagues to ensure that the new version of the DSM avoids hollow, meaningless terminology ‘libido’, avoids pseudoscientific (i.e. not falsifiable) claims, and remains cognizant of the dangers of medicalizing normality.

Warning: Your arguments against psychiatry are almost entirely against psychoanalysts. You argue that ‘mental illness’ cannot be a disease because it has no basis in physiology. But the growing success of psychopharmacology threatens to disrail your argument. In

short: you hold that if it is a disease, it must have a physiological explanation. But here's where you might have a problem: if neuroscience and/or psychopharmacology were capable of providing a coherent explanation of schizophrenia, for example, would you allow schizophrenia as a genuine mental illness? Or would still hold that 'mental illness' is only a metaphor for human behavior?

Objectives

Take your role as gadfly seriously. Question everyone and everything. Object strongly to speakers to assert, without evidence, explanations that appeal to non-existent entities, or that classify actions (behaviors) as states of being.

Propose either a paper in which you critique the medical model used by psychiatry, or collaborate with G. Albee on a symposium on the medical model. This would be best presented in 1974, when the DSM-III is in the works.

The re-writing of the DSM is an important moment in the history of psychology. While you agree with many of the critiques of the DSM-II, you worry that those leading the charge for a new DSM have ulterior motives. The economics of medicine is increasingly dependent upon both medical insurance (a new entity in the American economy) and pharmaceuticals. Both of these entities are highly regulated; and both insist on careful categorization and 'scientific reliability' before paying for treatments. You suspect that some of the individuals, including Robert Spitzer, involved in the rewriting of the DSM are motivated *not* by a dissatisfaction with the scientific validity of existing categories like you, but rather to create a diagnostic manual that will meet the requirements of the insurance and pharmaceutical companies. A DSM that results from these pressures, and not intellectual virtues, will reflect more the demands of economic policy than concern for patients well-being.

At the same time, you want to promote your theory of psychiatry as analysis of sign-behavior as a relevant alternative to psychoanalysis. To that end, you strongly support anything that characterizes psychology as talk-therapy, but reject any attempt to replace talk therapy with psychoactive drugs.

Further Reading

- Popper, K. R. (1957). *The poverty of historicism*. Boston,: Beacon Press.
Popper, K. R. (1959). *The logic of scientific discovery*. New York,: Basic Books.
Szasz, T. (1960). *The Myth of Mental Illness*. *American Psychologist*, 15, 113-118.
Szasz, T. S. (1970). *The manufacture of madness; a comparative study of the Inquisition and the mental health movement* ([1st ed.]). New York,: Harper & Row.

See esp. the chapter titled "The Modern Psychiatric Scapegoat - The Homosexual"

See 315 of 'Discovering the History of Psychiatry' (in Google Books).