

Psychiatry's Gentleman Abolitionist

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ROBERT A. BAKER

The history of man's unsuccessful and sorry efforts to deal with his mental problems is well documented but seldom read. Moreover, its message has never been accepted and acted upon. We have learned little from our misguided efforts in the name of healing, despite our vaunted scientific progress. The assumption that mental health is synonymous with physical health is a catastrophic mistake and a glaring failure to understand the basic nature of the human being. This erroneous assumption is the foundation and guiding principle of the pseudoscientific branch of modern medicine we call psychiatry.

To correct this error and to revolutionize completely the way that modern medicine regards and treats individuals whose behavior deviates from the norm has been the lifelong crusade of eighty-one-year-old psychiatrist Thomas Szasz. Throughout his brilliant and distinguished career and in the pages of some thirty books and hundreds of articles in scientific, medical, and popular journals, Szasz has waged an often solitary, unrelenting battle against medical misunderstanding, medical error, medical mistreatment, medical abuse, and medical injustice in the industry's dealings with people whose behavior is odd or deviant and who therefore are labeled *mentally ill*. According to Szasz, the very concept of "mental illness" is a colossal mistake and error of judgment.

Since the publication of his first scholarly article in 1947, Szasz has authored a steady stream of publications defending human freedom and individual liberty. He has offered principled opposition to all that infringes on the individual's right to medical self-determination.

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His first book, *Pain and Pleasure* (1957), was a mild criticism of the psychiatric (medical) view that all pain has a physical origin and thus for which medication is the answer. His second book, *The Myth of Mental Illness* (1961), notified the medical world that he was a major intellectual force to be reckoned with. He shocked the psychiatric profession by arguing that in no way was “mental illness” akin to the disorders caused by bacteria or viruses. Labeling people as “mentally ill” freed them from personal responsibility for their actions, gave psychiatrists the power to commit people involuntarily to “mental hospitals,” and promoted the erroneous view that diseases of the mind and diseases of the brain are identical. Almost all so-called mental disorders are emotional disorders—that is, disorders of thinking and behavior that cannot be likened to physical disorders, such as cancer and pneumonia. As psychiatric thinking maintained when *The Myth of Mental Illness* was published, so psychiatric thinking today continues to maintain that all “mental” disorders are “physical”; if no physical or neurological defect has been found to account for a disorder, eventually it will turn up. The quintessential example of this logical error is psychiatry’s futile two-century search for the biological cause and physiological marker of “schizophrenia”—a category error analogous to attempting to photograph a dream.

Szasz has maintained from the outset that involuntary psychiatric commitment is worse than being sentenced to prison because ordinary prisoners are released after serving their time. Not so with mental hospital inmates. They are incarcerated at the discretion of psychiatrists, often for a lifetime and often because they are said to be dangerous. Szasz correctly notes that the alleged dangerousness of “mental patients” does not really matter, but rather who the person is and the manner in which he is dangerous. For example, drunk drivers kill many more people than paranoids, yet paranoids are subjected readily to psychiatric commitment, whereas drunk drivers are not. The “mental hospitals” (prisons staffed by medical guards) where the “mentally ill” are committed do not make their inmates better; they make them worse as soon as the inmates adapt to being institutionalized, losing the social skills they had before confinement.

Szasz’s third book, *Law, Liberty, and Psychiatry* (1963), earned him even more attention and respect and made his views even more controversial and himself more despised by establishment psychiatrists, who did their best to blacken his name and ridicule his views.

Szasz coined the term *therapeutic state* in 1963 to describe a society that invokes medical justifications for stripping individuals of their rights and lives. He unflinchingly has confronted psychiatry’s “medical model,” the pseudoscientific excuse for managing and controlling every aspect of human behavior. Despite his efforts, the therapeutic state has grown in reach and power, with its biological theories and genetic speculations having led to the “diseasing,” “shrinking,” and tranquilizing of Americans. Obeisance to the therapeutic state now renders us a “nation of victims.” Far from succeeding in its avowed program of producing and maintaining “mentally healthy citizens,” psychiatry instead has created a nation of whining, self-pitying, and

irresponsible “drug” and “therapy” addicts, increasingly incapable of living free, independent, and spontaneous lives—the very kind of lives that, paradoxically, psychiatry claims as its goal for its patients.

Szasz courageously has fought the therapeutic state in a series of books and articles that attack its fundamental assumptions and contentions: *The Manufacture of Madness* (1970), *Ceremonial Chemistry* (1974), *Schizophrenia: The Sacred Symbol of Psychiatry* (1976), *The Theology of Medicine* (1977), *The Myth of Psychotherapy* (1978), *The Therapeutic State* (1984), and *Pharmacocracy: Medicine and Politics in America* (2001). In *Our Right to Drugs* (1992), Szasz shows that under the paternalistic guise of protecting the vulnerable members of our society—children, minorities, the infirm—government has persecuted and injured them. Instead of offering “protection” to blacks and Hispanics from “dangerous” drugs, the “holy war” on people who self-medicate (dishonestly called a “war on drugs”) has allowed the government to persecute them in the name of therapy. Just as tragically, millions of sick Americans are deprived of the valuable medications they need because effective painkillers have been made illegal or available only through a prescription that most physicians are afraid to provide lest they come to the attention of state medical boards and lose their licenses.

In *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry* (New Brunswick, N.J.: Transaction, 2002), his latest thrust at the therapeutic state and psychiatric mendacity, Szasz leaves no doubt as to the legitimacy and credibility of his arguments. Masquerading as therapy and working under the name of medicine, present-day psychiatry subjects its patients (victims) to the most heinous forms of mental and physical oppression. Comparing psychiatry to slavery may seem extreme at first glance, but as Szasz expands his argument, we find his reasoning profound and convincing. Because the state proclaims that psychiatry is a branch of medicine and that all mental diseases are brain diseases, psychiatry takes ever-greater control of people and their behaviors. With the power forcibly to drug, restrain, and imprison, it occupies the throne of the therapeutic state. Despite all of its self-proclaimed efforts to “free” persons from their “illnesses,” it actually oppresses and confines them. Therapeutic enslavement by psychiatry is worse than all the forms of political slavery the world has endured thus far.

In his introduction to *Liberation by Oppression*, Szasz points out that psychiatrists, aided by uncritical judges, have the power to diagnose and treat an individual against his will. He details the similarities between chattel slavery and coercive psychiatric interventions. He observes that psychiatric diagnoses, treatments, and incarcerations—like the Spanish Inquisition—brook no dissent because the doctors have the power to enforce obedience. Standard psychiatric practice relies on coercion, but coercive control of bad behavior should be invoked on moral and political, not medical and therapeutic, grounds. Psychiatric slavery is in every way inimical to individual liberty and responsibility, to the rule of law and the very existence of a free society. Criminal behavior is hardly the only thing that qualifies a person to be treated

forcibly by psychiatry. With the creative expansion of psychiatric diagnoses, virtually everyone now qualifies as “mentally ill” and is vulnerable to forced treatments.

Whereas in the past mental patients were restrained physically, today they are restrained chemically, with pharmacological restraint masquerading as therapy. In psychiatrists’ view, the right to refuse treatment is one right too many. In 1900, 67 percent of the “mentally ill” were deemed “recovered” and released from confinement in an average of 3.9 months. That outcome was a much better result than coercive drug-giving produces today. Unfortunately, most Americans now believe that giving psychiatrists more power is beneficial, and most psychiatrists believe that people have the “right” to be rescued but not to be left alone. Although the evidence for the positive effects of psychiatry is lacking, the proofs of its harm are voluminous, as Szasz powerfully demonstrates.

In the first chapter of *Liberation by Oppression*, Szasz explains that two kinds of people are imprisoned psychiatrically: criminals and crazies. Here he also reviews how the “mentally ill” were treated in the past and considers critical questions. Why do so many people refuse treatment? If psychiatric medications really help, why do so many people stop taking them? And why do so many people *not* consider themselves crazy even if psychiatry has labeled them so? Szasz says that psychiatric practices will always remain controversial and problematic as long as we cannot decide how to regard patients, therapists, and mental hospitals. Are patients competent adults who ought to be treated as moral agents, or are they incompetent wards of the state who need to be sheltered by depriving them of liberty? Are psychiatrists primarily physicians or jailers? Are psychiatric institutions hospitals or prisons?

In the second chapter, Szasz examines the psychiatrist’s role as putative public protector. Assuming the duty to warn about dangerous madmen and to protect both patient and public, psychiatrists greatly expand their power. Accepting the role of rescue agents, psychiatrists wholeheartedly embrace the *Tarasoff* ruling that gave them the duty to warn about the dangerousness of their patients, even though neither they nor anyone else has the ability to predict future violent behavior. Psychiatrists frequently make contradictory claims about their ability to predict patient behavior, but if they actually were able to predict violence, they would not become so frequently the victims of their own patients’ assaults. Nonetheless, claiming that “dangerousness” is a disease further enhances psychiatry’s claim to exercise repressive powers.

Szasz proposes the creation of an ingenious new legal instrument, the psychiatric will, a living will that would protect people against psychiatric predations. It would clarify, mediate, and eventually resolve conflict between the coercive psychiatrist and the coerced patient. It would preserve the right of the psychiatrist to administer and the patient to receive treatment, providing the patient agrees. It would compel lawyers and psychiatrists to confront and transcend the misleading conflation of “mental illness” with decisional impairment and legal incompetence. It would facilitate the gradual emancipation of the mental patient from psychiatric tutelage and lead to the eventual abolition of psychiatric slavery. Patient and doctor together

could use the psychiatric will to transform a potentially coercive relationship into a consensual one.

In Szasz's view, psychiatry's fundamental reason for existing is to create two classes of people: the many who are stigmatized as mentally ill and subject to coercive psychiatric intervention and the few who are left unmolested. In the "peculiar institution," the very idea of the self-determination of the slave was an insult to his master. In the therapeutic state, the Patient's Self-Determination Act (PSDA) insults the psychiatrist and strikes him as absurd. Congress enacted the PSDA in 1991 to protect common-law rights and to affirm patients' rights to reject certain treatments and interventions. Because of the inherently coercive nature of psychiatry, this act has never been extended properly to psychiatric patients, who are deemed as unworthy of constitutional protections as were black slaves.

In the last two chapters of *Liberation by Oppression*, Szasz deals with psychiatry's current efforts to expand and solidify its dominion. The first major technique of expansion is outpatient commitment. Incredible as it might seem, Szasz has been blamed for the large-scale deinstitutionalization of mental patients that took place in the 1960s and 1970s. The fiction his critics have spread is that the mental hospitals kicked out their patients because Szasz declared mental illness to be a myth. This claim is as dishonest as it is historically inaccurate. The real justification for deinstitutionalization was economic: it was costing a great deal of money to keep a large number of people incarcerated in the psychiatric prisons. The "solution," agreed to by liberals and conservatives, Democrats and Republicans, has been a tacit agreement that "the only good mental patient is a drugged mental patient." Because most mental-health professionals and most of the general public believe that forcing people to take drugs constitutes treatment, implementing outpatient commitment and then investigating its effectiveness are very big businesses for the psychiatric industrial complex.

According to an old joke in the mental-health business, "The neurotic builds castles in the air. The psychotic lives in them. And the psychiatrist collects the rent." He also collects the taxes and tyrannizes the patient under the guise of liberating him. In this connection, Szasz quotes C. S. Lewis's sage observation: "Of all the tyrannies, a tyranny sincerely exercised for the good of the victims may be the most oppressive. . . . To be 'cured' against one's will and to be 'cured' of states which we do not even regard as disease, is to be put on a level with those who have not yet reached the age of reason or those who never will, to be classed with infants, imbeciles, and domestic animals" (p. 163).

In his epilogue, titled "Liberty Is the Prevention of Control by Others," Szasz poignantly explains, "All my professional life I have opposed the basic principles and practices of psychiatry—mental illness, civil commitment, and the insanity defense. I was not the first person, nor will I be the last, to find himself in opposition to some of the sacred principles of the society and group" (p. 166). He then quotes Lord Acton's statement, "It takes a gentleman to live on terms of hearty friendship and kindness and intimacy with men whose ideas and conduct he abhors and when he

well knows that they view with contempt and horror the principles on which he shapes his own character and life” (pp. 166–67). “As I look back on my life,” Szasz observes, “I pride myself on having been able to follow Acton’s example, at least in this regard” (p. 167).

For more than five decades, the gentleman Thomas Szasz has stood resolute in defying a powerful profession that has tried its best to destroy him but has failed. As a staunch defender of liberty and a champion of the most vulnerable among us, Szasz deserves our deepest gratitude and respect. History will remember him kindly for his unwavering battle against the psychiatric error, pseudoscience, and medical tyranny that, in the name of the therapeutic state, continue to wreak irreparable and unforgivable harm.

Liberation by Oppression is a valiant and worthy effort by one of the great modern thinkers to keep the flame of liberty burning. It is a bold, powerful, and intellectually spirited debunking of the psychiatric pseudoscience that debases the human spirit and damages countless lives. Szasz’s message urgently needs to reach both those who value science and those who share the values of the Declaration of Independence. It is a masterful defense of both reason and individual rights.

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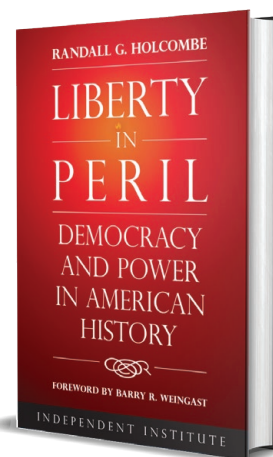
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