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Comment

Curing, Coercing, and Claims-Making: A Reply to Critics

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> "Of all the tyrannies a tyranny sincerely exercised for the good of its victims may be the most oppressive. . . . To be 'cured' against one's will and cured of states which we may not 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." C. S. Lewis (1949)

In 1991, I published a brief essay in the *Lancet*, seeking to demonstrate the differences between diseases and diagnoses, with special emphasis on psychiatric diagnoses of mental diseases. I am pleased that it was sufficiently interesting, or disturbing, to elicit comments by three prominent doctors (Mindham, Scadding and Cawley) in the November 1992 issue of the *British Journal of Psychiatry* (Mindham *et al*, 1992). About the same time, E. Fuller Torrey (1992) commented on my views in the pages of the influential conservative American magazine, *National Review*.

Without recapitulating my entire critique of psychiatry, suffice it to say that it is partly conceptual, and partly moral and political. The focus of my conceptual critique is the distinction between the literal and metaphorical uses of language; and the focus of my moral–political critique is the distinction between dealing with grown persons as adults, possessing free will and rights and responsibilities, as against dealing with them as if they were infants or idiots lacking free will and rights and responsibilities, or as if they were insane, 'possessed' by mental diseases that have deprived them of these specifically human attributes. None of the above-mentioned critics addresses these basic issues. Instead of addressing the thesis I have presented in numerous publications over nearly 40 years, my critics prefer to concentrate on my motives and mental state. Perhaps this is because psychiatrists regard the claims of mental patients as the manifestations of mental diseases, and their own claims as scientific theories and medical therapies, whereas I regard both sets of claims as unwarranted justifications for imposing the claimant's beliefs and behaviour on others.

To claim means to seek, by virtue of authority or right, the recognition of a demand – say, for the validity of an assertion (in religion), or for money damages (in tort litigation). For example, Muslims, Jews, and Christians all claim that God created the world in six days and on the seventh He rested; but each faith lays claim to a different day of the week as the Day of Rest. On a more worldly plain, it is now fashionable for American women to claim 'sexual harassment' to collect money damages from their employer or to obstruct the advancement of a candidate for public office. Moreover, psychiatrists are often enlisted to accredit or discredit the claims of such claimants, and they do so by means of claims wrapped in the professional slang of psychiatric nosology (Szasz, 1993).

We must distinguish claims from assertions and descriptions. Sometimes the difference is a matter of context rather than wording. For example, the adjective 'schizophrenic' may be the description of a man who asserts that his wife is trying to poison him (assuming that she is not); but it functions as a claim when, after shooting his wife, the killer's court-appointed lawyer, desperate to 'defend' him (perhaps against his nominal client's wishes), claims that the illegal act was caused by schizophrenia and that the killer should therefore be 'acquitted' and treated in a mental hospital, rather than punished by imprisonment.

Because my critics view mental diseases as facts rather than as claims, none of them entertains the possibility that the term 'illness', like any other word, may be used literally or metaphorically. Although some psychiatrists now concede that hysteria is not a genuine disease, they are loath to acknowledge that it is a metaphorical disease (that is, a non-disease). In any case, they insist that *serious* mental diseases – such as schizophrenia and bipolar illness – are bona fide *mental* diseases. What makes them so? That they are *brain* diseases. If this is true, it supports my argument that brain diseases are literal illnesses, while mental diseases are metaphorical illnesses.

Because Torrey's comment is the briefest, I shall start with it. He writes: "Dr Thomas Szasz claimed that the illnesses did not really exist at all. Looking back, such opinions now seem more thought-disordered than the opinions of the mentally ill." By failing to distinguish between the literal and metaphorical uses of the word 'disease', Torrey makes it appear as if I deny the reality of brain diseases. At the same time, he regards psychiatric

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coercion *vis-à-vis* those suffering from a 'serious mental illness' as so self-evidently beneficial for the subject, that he does not deign to consider the problem of the rights and responsibilities of individuals subjected to involuntary psychiatric interventions.

Mindham states that "the greatest indictment of his [my] work is that it has contributed so little to the understanding of psychiatric disorders which may be used in clinical practice." This objection is disingenuous. It is like complaining that a person who rejects the existence of witches and their coercion by priests has failed to contribute to the theological understanding of witchcraft and the clerical management of witches. Or, to use a scientific analogy, it is like complaining that the proponents of quantum mechanics have failed to improve our understanding of the ether.

Mindham, too, ignores the vexing issue of psychiatric coercions and excuses. Implicitly, he supports the policy of depriving mental patients of liberty and not holding them responsible for their crimes, as if civil commitment and the insanity defence and verdict were simply instances of good medical practice that require no special defence. However, my opposition to these policies is a "crusade": "Szasz's reasons for embarking on his self-motivated crusade are beyond the scope of this review. Rarely can there have been a doctor whose ambivalent feelings for his chosen speciality have been so publicly displayed."

I have no ambivalent feelings about psychiatry, in the abstract. As a classical liberal (libertarian), I support the rights of doctors to engage in mutually consenting psychiatric acts with other adults; by the same token, I object to involuntary psychiatric interventions. I believe that psychiatrists, *qua* physicians, should never deprive individuals of their lives, liberties, and properties – even if the security of society requires that they engage in such acts. In adopting this view, I follow the example of the great Hungarian doctor, Ignaz Semmelweis, who believed that obstetricians, *qua* doctors, should never infect their patients – even if the advancement of medical education requires that they do so.

I should add that, like involuntary (non-consensual) financial or medical interventions, involuntary (non-consensual) psychiatric interventions might be justified *vis-à-vis* individuals declared to be *legally incompetent*; that is, *vis-à-vis* persons (such as those in a coma) who have been relieved, with due process by a court of law, of their rights and responsibilities as full-fledged adults. Although the persons entrusted with the task of reclassifying a citizen from moral agent to ward of the state might make use of medical information, they should be lay persons (jurors) and judges, not doctors or mental health specialists; and their determination should be viewed as a legal and political procedure, not as a medical or therapeutic intervention.

Scadding states that he agrees with my "contention that diagnoses are not diseases," and with much else besides. Nevertheless, he tacitly defends the Anglo-American psychiatric status quo. He writes: ". . . surely, only a totalitarian using psychiatric diagnoses as a means of political control could be accused of holding this view" (i.e., that social deviations are brain diseases). Here, Scadding confuses whether a coercive act by an agent of the state is, or ought to be regarded as, a medical procedure or a political policy, and whether it is or is not morally justified. He seems to be saying that such an act is political and unjustified when done by a 'totalitarian', but is not political and is justified when done by a democrat. In my view, depriving a person of liberty is always a political act. By definition, it cannot be a medical act. Whether it is morally justified or not is another matter.

My critics' pretence that coercion is no longer a significant element in contemporary English and American psychiatric practice is steadily belied by reports in the newspapers. As I write this, my local Sunday paper runs a story about a 42-year-old man, named Frank, accused of setting fire to 17 churches in Florida. His defence attorney explains: "If convicted, Frank could be sentenced to 100 years in prison. If he is innocent by reason of insanity, he faces years in a mental hospital" (*Syracuse Herald American*, 1992). The same day, *The New York Times* (1992) runs a story about Bob Havermale, an "avid hunter" present at a bank robbery during which the bandit "pointed a shotgun at his head". Feeling chest pains, Havermale went to a doctor who "told him he was experiencing post-traumatic stress syndrome and urged him to spend the night in the psychiatric unit of St Mary's Hospital [in Quincy, Illinois]. Mr Havermale's stay there was reported to the state, and officials revoked his gun card". Not surprisingly, psychiatrists prefer to occupy themselves with the putative brain diseases of persons called 'mental patients' rather than with the proven social functions of psychiatric diagnoses and hospitals (Szasz, 1987).

Cawley's comments are difficult to deal with, since he attributes views to me I do not hold; indeed, views that are the opposite of those I hold, such as that "The brain cannot be said to have anything to do with behaviour. . ." and that "People's inner experiences are not worth a mention". Cawley's

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ad hominem remarks are also the most unrestrained. He dismisses my argument as "seductive"; contrasts my essay in the *Lancet* with a hypothetical "scholarly and well mannered review", unsubtly implying that my contribution is unscholarly and ill-mannered; and concludes: "It looks as if Szasz is a bit of a cad himself. . . . No doubt in due course, time will deliver its verdict on the author. Saviour or anti-hero?" A cad a saviour?

While we wait for posterity's verdict, if any, I would like to offer a modest self-evaluation. I have suggested, and supported with evidence and reasoning, that psychiatrists who give disease names to the (mis)behaviour of persons function as law-makers, not scientists. Law-makers do not discover prohibited rules of conduct, called 'crimes', they create them. Killing is not a crime, only unlawful killing is – for example, murder. Similarly, psychiatrists do not discover (mis)behaviours, called 'mental diseases', they create them. Killing is not a mental disease; only killing defined as due to mental illness is – for example, schizophrenia causing hetero-homicide (murder) or bipolar illness causing auto-homicide (suicide). This is the sort of diagnosis-making that alienists engaged in when they created masturbatory insanity; that Bleuler engaged in when he created schizophrenia; and that the task forces of the American Psychiatric Association now engage in when they construct new psychiatric diagnoses, such as body dysmorphic disorder – and deconstruct old ones, such as homosexuality.

Lastly, I have pleaded, as did C. S. Lewis, that we do not ignore the differences between cure and control. Affirming this distinction must not be confused with praising the former, and condemning the latter. Both healing the sick and controlling the rule-breaker are necessary for maintaining the social order. Healing the sick has been the traditional social mandate of the medical profession; punishing the criminal has been the traditional social mandate of the criminal justice system. Confining and controlling the 'deviant' – the dependent, the troublesome, the sinful, and the 'bizarrely' criminal – ostensibly as diseased, and supposedly for the purpose of treating them, has been the traditional social mandate of the psychiatric profession. Such is our world. It is neither the worst, nor the best, of all possible worlds.

I have sought to alert the medical and psychiatric professions, as well as the public, to the tendency in modern societies, both democratic and totalitarian, of reclassifying deviant and criminal acts as mental diseases, deviant and criminal actors as psychiatric patients, and social controls as therapeutic interventions; and to the consequent lessening of reliance on free will, self-discipline, and criminal sanctions for the maintenance of the social order, and increased reliance on a wide variety of psychiatric and quasi-psychiatric measures, epitomised by the use of psychiatric hospital admission and psychiatric drugging. To pithily describe confusing metaphorical mental diseases with literal brain diseases, I have suggested the phrase "the myth of mental illness"; and to name the political order in which the state uses doctors and hospitals rather than policemen and prisons to coerce and confine miscreants, and justifies constraint and compulsion as therapy rather than punishment, I have proposed the name "Therapeutic State".

The personal freedom of which the English and American people are justly proud rests on the assumption that we have a basic right to life, liberty, and property (in that order). This is why deprivations of life, liberty, and property have traditionally been regarded as punishments (execution, imprisonment, and the imposition of a fine) – that is, as legal and political acts, whose lawful performance is delegated to agents of the state, and whose enforcement is constrained by due process and the rule of law. No person, in a private capacity – or in the capacity of priest or doctor – has the right to deprive another of life, liberty, or property. In the past, priests had that privilege and power. In the 17th century, the state began to transfer the privilege and power to confine from priests to psychiatrists (alienists or mad-doctors), who eagerly accepted that role and have served as state agents with legitimate authority to deprive persons of liberty under medical auspices. Today, virtually all doctors are, at least in some of their functions, agents of the state. And we are now witnessing a clamour for granting doctors the right to kill persons as a medial intervention.

The interests of individuals and of the state under whose control they live often conflict. Medicalising that conflict – and, more generally, the conflicts that inevitably arise in families and among the members of society – threatens respect for persons as responsible moral agents as well as for the state as an arbiter and dispenser of justice. The state, let us never forget, is an organ of coercion with a monopoly on force – for good or ill. The more power the state gives to doctors (especially psychiatrists), the more they will strengthen the state, as both medical healer and medical destroyer – and the more they will weaken the individual, by depriving 'incompetent' patients of the options to seek and reject interventions classified as therapeutic. If that is the kind of society we want, that is the kind we shall get – and deserve.

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