

Anti -Psychiatry – notes by Dave Spenceley TSTA

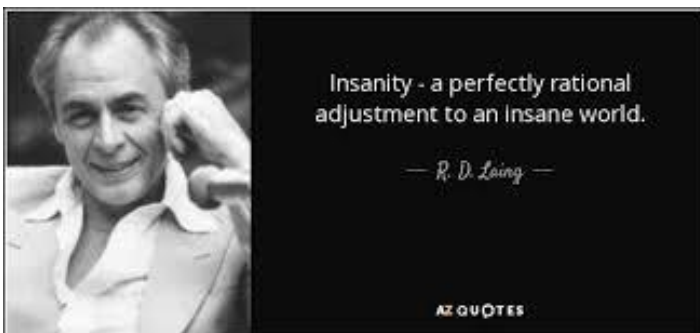
Background / History: During the great humanistic and personal growth movements of the 1950/60/70's the Anti -psychiatry movement had a great influence directly and indirectly upon many. During the 1980's I was learning to become a professional in the field of counselling and psychotherapy initially within a Christian then with in a psychiatric setting. Apart from the psychiatrists, the co-professionals that I worked with all seemed to accept the ideas that were described as anti-psychiatry. Goffman's Asylums, Szasz's The Myth of Mental illness and RD Laing's books were among those which were read widely. These ideas were the natural background of the system in which I worked as I commenced on my TA training.

It is worth noticing the "guru" status that currently is settling on Gabor Maté and his presentations and his recently released book – the Myth of Normal which describes the consequences of trauma. Many of the statements from Goffman, Laing, and Szasz are echoed in Maté's work. Our understanding of trauma and the importance of the empathically attuned parent – child relationship in the formation of healthy functioning and development as described so well by Allun Schore. While psychotherapy has moved forward it appears that pharmacology and the world of psychiatry are still searching for the mental illness gene and magic pill.

Thomas Szasz - R D Lang - Goffman.



Goffman details his theory of the "total institution" in his book Asylums. He describes the roles of "guard" and "captor," suggesting that the features of such institutions serve the ritual function of ensuring that both classes of people know their function and social role, institutionalising them. Goffman concludes that adjusting the inmates to their role has at least as much importance as "curing" them.



RD Laing: Insanity – a perfectly rational adjustment to an insane world. Saying this or similar statements seems completely accepted today.

RD Laing's quotes:

- “Madness need not be all breakdowns. It may also be break-through. It is potential liberation and renewal as well as enslavement and existential death.”
- “Whether life is worth living depends on whether there is love in life.”
- “Insanity -- a perfectly rational adjustment to an insane world.”
- “Schizophrenia cannot be understood without understanding despair.”
- “There is a great deal of pain in life and perhaps the only pain that can be avoided is the pain that comes from trying to avoid pain.”
- “What we call ‘normal’ is a product of repression, denial, splitting, projection, introjection and other forms of destructive action on experience. It is radically estranged from the structure of being. The more one sees this, the more senseless it is to continue with generalized descriptions of supposedly specifically schizoid, schizophrenic, hysterical ‘mechanisms.’ There are forms of alienation that are relatively strange to statistically ‘normal’ forms of alienation. The ‘normally’ alienated person, by reason of the fact that he acts more or less like everyone else, is taken to be sane. Other forms of alienation that are out of step with the prevailing state of alienation are those that are labelled by the ‘formal’ majority as bad or mad.
- “The condition of alienation, of being asleep, of being unconscious, of being out of one’s mind, is the condition of the normal man. Society highly values its normal man. It educates children to lose themselves and to become absurd, and thus to be normal. Normal men have killed perhaps 100,000,000 of their fellow normal men in the last fifty years.”
- “In a world full of danger, to be a potentially see-able object is to be constantly exposed to danger. Self-consciousness, then, may be the apprehensive awareness of oneself as potentially exposed to danger by the simple fact of being visible to others. The obvious defence against such a danger is to make oneself invisible in one way or another.”
- “The range of what we think and do is limited by what we fail to notice. And because we fail to notice that we fail to notice, there is little we can do to change; until we notice how failing to notice shapes our thoughts and deeds.”
- “We all live under the constant threat of our own annihilation. Only by the most outrageous violation of ourselves have we achieved our capacity to live in relative adjustment to a civilization apparently driven to its own destruction.”

- “Human beings seem to have an almost unlimited capacity to deceive themselves, and to deceive themselves into taking their own lies for truth.”
- “Perfection is something we should all strive for. It's a duty and a joy to perfect one's nature... The most difficult thing is love. A loveless, driving person that just competes in the rat race is far from perfection in my book.”
- “Our 'normal' 'adjusted' state is too often the abdication of ecstasy, the betrayal of our true potentialities.”
- “There are good reasons for being obedient but being unable to be disobedient is not one of the best reasons.”
- “Here we have the paradox, the potentially tragic paradox, that our relatedness to others is an essential aspect of our being, as is our separateness, but any particular person is not a necessary part of our being.”

Thomas Stephen Szasz (April 15, 1920 – September 8, 2012) was a psychiatrist and academic. He was a libertarian. In 1961 Szasz's third and most well-known book, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, was published. Szasz died when he was 92. From a Hungarian, Jewish family he went with his family to the US in 1938.

- Psychiatry is like a religion and schizophrenia is a symbol worshiped by psychiatrists in the same way that Christians worship Christ.
- Mental hospitals are like prisons.
- Although (mental illness) might have been a useful concept in the nineteenth century, today it is scientifically worthless and socially harmful. In non-psychiatric circles mental illness all too often is considered to be whatever psychiatrists say it is. The answer to the question, who is mentally ill? thus becomes: Those who are confined in mental hospitals or who consult psychiatrists in their private offices.
- It is customary to define psychiatry as a medical specialty concerned with the study, diagnosis and treatment of mental illnesses. This is a worthless and misleading definition.
- Mental illness is a myth.

- Psychiatrists are not concerned with mental illnesses and their treatments. In actual practice they deal with personal, social and ethical problems in living. I have argued that, today, the notion of a person "having a mental illness" is scientifically crippling. It provides professional assent to a popular rationalization — namely that problems in living experienced and expressed in terms of so-called psychiatric symptoms are basically similar to bodily diseases.
- Moreover, the concept of mental illness also undermines the principle of personal responsibility, the ground on which all free political institutions rest.
- Mental illness, of course, is not literally a "thing" — or physical object — and hence it can "exist" only in the same sort of way in which other theoretical concepts exist. Yet, familiar theories are in the habit of posing, sooner or later — at least to those who come to believe in them — as "objective truths" (or "facts"). During certain historical periods, explanatory conceptions such as deities, witches, and microorganisms appeared not only as theories but as self-evident *causes* of a vast number of events. I submit that today mental illness is widely regarded in a somewhat similar fashion, that is, as the cause of innumerable diverse happenings. As an antidote to the complacent use of the notion of mental illness — whether as a self-evident phenomenon, theory, or cause — let us ask this question: What is meant when it is asserted that someone is mentally ill?
- I shall briefly describe the main uses to which the concept of mental illness has been put. I shall argue that this notion has outlived whatever usefulness it might have had and that it now functions merely as a convenient myth.
- Our adversaries are not demons, witches, fate, or mental illness. We have no enemy whom we can fight, exorcise, or dispel by "cure." What we do have are *problems in living* — whether these be biologic, economic, political, or sociopsychological... My argument was limited to the proposition that mental illness is a myth, whose function it is to disguise and thus render more palatable the bitter pill of moral conflicts in human relations.
- In the past, men created witches: now they create mental patients.
- Religious and medical propaganda to the contrary notwithstanding, I hold some simple truths to be self-evident. One of these truths is that just as the dead do not rise from the grave, so drugs do not commit crimes. The dead remain dead. Drugs are inert chemicals that have no effect on human beings who choose not to use them. No one has to smoke cigarettes, and no one has to shoot heroin. People smoke cigarettes because they want to, and they shoot heroin because they want to.
- For millennia, the dialectic of vilification and deification and, more generally, of invalidation and validation—excluding the individual from the group as an evil outsider or including him in it as a member in good standing—was cast in the imagery and rhetoric of magic and religion. ... With the decline of the religious world view and the ascent of the scientific method during the Renaissance

and the Enlightenment, the religious rhetoric of validation and invalidation was gradually replaced by the scientific. One of the most dramatic results of this transformation is the lexicon of psychiatric diagnoses functioning as a powerful, but largely unacknowledged, rhetoric of rejection and stigmatization.

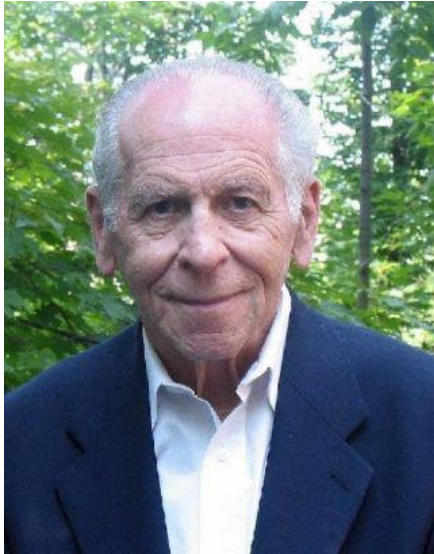
- In the animal kingdom, the rule is, eat or be eaten; in the human kingdom, define or be defined.
- Boredom is the feeling that everything is a waste of time; serenity, that nothing is.
- Happiness is an imaginary condition, formerly attributed by the living to the dead, now usually attributed by adults to children, and by children to adults.
- Anxiety is the unwillingness to play even when you know the odds are for you.
- Courage is the willingness to play even when you know the odds are against you.
- Prostitution is said to be the world's oldest *profession*. It is, indeed, a model of all professional work: the worker relinquishes control over himself ... in exchange for money. Because of the passivity it entails, this is a difficult and, for many, a distasteful role.
- People often say that this or that person has not yet found himself. But the self is not something one finds; it is something one creates.
- Two wrongs don't make a right, but they make a good excuse.
- The stupid neither forgive nor forget; the naïve forgive and forget; the wise forgive but do not forget.
- The wise treat self-respect as non-negotiable and will not trade it for health or wealth or anything else.
- The Nazis spoke of having a Jewish problem. We now speak of having a drug-abuse problem. Actually, "Jewish problem" was the name the Germans gave to their persecution of the Jews; "drug-abuse problem" is the name we give to the persecution of people who use certain drugs.
- Since this is the age of science, not religion, psychiatrists are our rabbis, heroin is our pork, and the addict is the unclean person.

- We speak of a person being “under the influence” of alcohol, or heroin, or amphetamine, and believe that these substances affect him so profoundly as to render him utterly helpless in their grip. We thus consider it scientifically justified to take the most stringent precautions against these things and often prohibit their nonmedical, or even their medical, use.
- But a person may be under the influence not only of material substances but also of spiritual ideas and sentiments, such as patriotism, Catholicism, or Communism. But we are not afraid of these influences, and believe that each person is, or ought to be, capable of fending for himself.
- If you talk to God, you are praying; If God talks to you, you have schizophrenia. If the dead talk to you, you are a spiritualist; If you talk to the dead, you are a schizophrenic.
- Psychiatrists look for twisted molecules and defective genes as the causes of schizophrenia, because schizophrenia is the name of a disease. If Christianity or Communism were called diseases, would they then look for the chemical and genetic “causes” of these “conditions”?
- Although both the natural and moral sciences seek to understand the objects of their observation, in natural science the purpose of this is to be able to control them better, whereas in moral science it is, or ought to be, to be better able to leave them alone. The morally proper aim of psychology, then, is self-control.
- 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.
- Psychiatry is institutionalized scientism: it is the systematic imitation, impersonation, counterfeiting, and deception.... the psychiatrist classifies, controls, predicts. The result is that he classifies people as mad; that he confines them as dangerous (to themselves or others); and that he predicts people's behaviour, robbing them of their free will and hence of their very humanity.
- A child becomes an adult when he realizes that he has a right not only to be right but also to be wrong.

Bruce C. Poulsen writing about Szasz shortly after his death:

If there ever was a critic of our enchantment with psychiatry, it was Thomas Szasz, MD, who died this past week at the age of 92. His 1961 book, *The Myth of Mental Illness*, provided the philosophical basis for the antipsychiatry and patient advocate movements that began in the 1960s and have flourished ever since. Szasz (pronounced “zoz”) argued that a disease model was a category error when it comes to accounting for “problems in living.” The New York psychiatrist, who was born in Budapest and immigrated to the United States in 1938, was originally trained as a psychoanalyst and was on the

faculty of SUNY Upstate until retirement. He shunned the medical model of psychiatry, which he saw as inherently coercive. He was an early critic of psychiatry's former disease model of homosexuality. He argued vigorously against the use of involuntary hospitalizations, the insanity defence, and the psychiatric control of psychotropic medications. His influence has permeated both clinical psychiatry and psychology, leaving the profession with a stronger emphasis on social justice and a legacy of psychiatric scepticism.



Photograph by Jeffrey A. Schaler

One of Szasz's basic arguments is that mental illness is a myth. He was highly critical of the so-called medical model for understanding human struggles and difficulties. He saw the uses of diagnostic systems (such as the DSM) as wrongly implying the presence of actual disease. Furthermore, he saw such efforts as medicalizing morality and the typical dilemmas and struggles of human life.

Still, the critique offered by Szasz deserves careful reflection, even if some of his views seem radical. We will soon (Note: the DSM 5 was published in 2013 – over 10 years ago as I write these notes) witness a new, fifth revision to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. It is widely assumed that the *DSM-5* represents an advancement in knowledge that will further our understanding in treating psychopathology. The experts have said we should not be concerned. In fact, we should applaud because we have come so far. There is less stigma associated with having a mental illness. Treatment works and suffering is reduced. And so on.

And what could possibly be controversial? At the most basic level, the American Psychiatric Association maintains a kind of monopoly on what constitutes a mental illness. As pointed out recently by Allen Francis, M.D., chair of the previous *DSM-IV*, the new manual has become a victim of its own success. It has become the chief arbiter of who is ill and who is not, and such decisions affect everything from access to school services to disability payments and insurance eligibility.

The benevolent view would be that there will be more access to treatment for everyone. A more cynical view suggests an increase in pathologizing normal experience (e.g., converting shyness into social anxiety disorder). With the addition of many new diagnoses and a broadening of diagnostic criteria for existing diagnoses, the *DSM-5* could shape notions of normality and illness in ways that cannot possibly

be anticipated. What is clear is that its continued dominance as psychiatry's sacra scriptura ensures a continued deference to experts when we are troubled.

If Szasz would have us question our fidelity to experts, psychoanalysis gives us a language for talking about why we might be drawn to experts in the first place. Freud reminds us that there is something intrinsically unmanageable about being human. We struggle to bear what seems unbearable. Our turning to experts is a self-cure for what we cannot tolerate or explain. But is it easier to bear if it can be explained and potentially alleviated by experts? If one is experiencing a persistent and stubborn shyness, is it usefully viewed as social anxiety disorder—a treatable mental illness (complete with psychotherapies and medications)? Thus, we thrust our fears about what we can't seem to bear into the arms of experts.

If Freud would have us be critical of what we assume to be true in our nature, William James would push us to decide on the usefulness of what we've come up with. Would it be more or less helpful to think of one's introverted nature and social fearfulness as a mental health condition? If we think of severe shyness as a treatable illness, am I more likely to seek some solutions rather than others? What are the side effects of a medical metaphor?

It would be hard to argue against the idea that we are better off with the kind of compassionate, non-discriminatory, science-based approaches we enjoy for conditions like autism, cognitive impairments, and severe depression. We no longer live in a demon-haunted world. We would also have a hard time imagining the kind of world that J.G. Ballard described in his futuristic short story, "The Insane Ones," where psychiatrists and psychologists have been outlawed in a kind of libertarian utopia (under the fictitious Mental Freedom legislation) that Szasz might relish. "Discharging their self-hate and anxiety onto a convenient scapegoat, the new rulers, and the great majority electing them, outlawed all forms of psychic control, from the innocent market survey to lobotomy...the mentally ill were on their own, spared pity and consideration, made to pay to the hilt for their failings."

There is surely a middle path—somewhere between Moore's parody and Ballard's libertarianism. Our conceptions about what is normal or sane involve a much bigger project than the DSM, and perhaps we will see the DSM take its place alongside other relics we no longer need (lobotomies come to mind). Similarly, our ideas about self-improvement surely go beyond the language and treatment methods of psychiatry. While appreciating evidence-based practices in psychotherapy and medical advances in psychopharmacology, we need to be alert to a full range of avenues for self-help. Szasz would also remind us not to "mistake medicine for magic."

2012 Bruce C. Poulsen - [revisiting-the-myth-mental-illness-and-thomas-szasz](#)