

Fifty Years After *The Myth of Mental Illness*

by Thomas Szasz

Thomas Szasz is professor of Psychiatry Emeritus at the State University of New York Health Science Center in Syracuse, New York and Adjunct Scholar at the Cato Institute in Washington, D.C.

This is the preface for the new edition of [The Myth of Mental Illness](#).

Good intentions will always be pleaded for every assumption of authority. It is hardly too strong to say that the Constitution was made to guard the people against the dangers of good intentions.

~ Daniel Webster

1

"My aim in this essay is to raise the question 'Is there such a thing as mental illness?' and to argue that there is not." That was the opening line of my essay, "The Myth of Mental Illness," published in the February 1960 issue of *The American Psychologist*. The book of the same title appeared the following year.¹

In the 1950s, when I wrote [The Myth of Mental Illness](#), the notion that it is the responsibility of the federal government to provide "health care" to the American people had not yet entered national consciousness. Most persons called mental patients were then considered "chronic" and incurable and were confined in state mental hospitals. The physicians who cared for them were employees of the state governments. Physicians in the private sector treated voluntary patients and were paid by their clients or the clients' families.

Since that time, the formerly sharp distinctions between medical hospitals and mental hospitals, voluntary and involuntary mental patients, and private and public psychiatry have blurred into nonexistence. Virtually all medical and mental health care is now the responsibility of and is regulated by the federal government, and its cost paid, in full or in part, by the federal government. Few, if any, psychiatrists make a living from fees collected directly from patients, and none is free to contract directly with his patients about the terms of the "therapeutic contract" governing their relationship. Everyone defined as a "mental health professional" is now legally responsible for preventing his patient from being "dangerous to himself or others." In short, psychiatry is medicalized, through and through. The opinion of official American psychiatry, embodied in the American Psychiatric Association, contains the imprimatur of the federal and state governments. There is no legally valid non-medical approach to "mental illness," just as there is no non-medical approach to measles or melanoma.

This is why, fifty years ago, it made sense to assert that mental illnesses are *not diseases*, but it makes no sense to say so today. Debate about what counts as mental illness has been replaced by legislation about the medicalization and demedicalization of behavior. Old diseases such as homosexuality and hysteria disappear. New diseases such as gambling and smoking appear.

Fifty years ago, the question "What is mental illness?" was of interest to the general public as well as to philosophers, sociologists, and medical professionals. This is no longer the case. The question has been answered – "dismissed" would be more accurate – by the holders of political power: representing the State, they decree that "mental illness is a disease like any other." Political power and professional self-interest unite in turning a false belief into a "lying fact."²

In 1999, President William J. Clinton declared: "Mental illness can be accurately diagnosed, successfully treated, just as physical illness."³ Tipper Gore, President Clinton's Mental Health Advisor, stated: "One of the most widely believed and most damaging myths is that mental illness is not a physical disease. Nothing could be further from the truth."⁴ Surgeon General David Satcher agreed: "Just as things go wrong with the heart and kidneys and liver, so things go wrong with the brain."⁵ A *White House Fact Sheet on Myths and Facts about Mental Illness* asserted: "Research in the last decade proves that mental illnesses are diagnosable disorders of the brain."⁶ In 2007, Joseph Biden – then Senator, now Vice President – declared: "Addiction is a neurobiological disease – not a lifestyle choice – and it's about time we start treating it as such. ... We must lead by example and change the names of our federal research institutes to accurately reflect this reality. By changing the way we talk about addiction, we change the way people think about addiction, both of which are critical steps in getting past the social stigma too often associated with the disease."⁷ At the same time, Biden introduced a bill in the Senate titled "The Recognizing Addiction as a Disease Act." The legislation called for renaming the National Institute

on Drug Abuse as the "National Institute on Diseases of Addiction," and the National Institute on Alcohol Abuse and Alcoholism as the "National Institute on Alcohol Disorders and Health." In 2008, Congress required insurance companies to provide people with mental illnesses "the same access to affordable coverage as those with physical illnesses."⁸

The claim that "mental illnesses are diagnosable disorders of the brain" is not based on scientific research; it is a lie, an error, or a naive revival of the somatic premise of the long-discredited humoral theory of disease. My claim that mental illnesses are fictitious illnesses is also not based on scientific research; it rests on the materialist-scientific definition of illness as a pathological alteration of cells, tissues, and organs. If we accept this scientific definition of disease, then it follows that mental illness is a metaphor, and that asserting that view is stating an *analytic truth, not subject to empirical falsification*.

My great, unforgivable sin in *The Myth of Mental Illness* was calling public attention to the linguistic pretensions of psychiatry and its preemptive rhetoric. Who can be against "helping suffering patients" or "treating treatable diseases"? Who can be for "ignoring sick people" or, worse, "refusing patients life-saving treatment"? Rejecting that jargon, I insisted that mental hospitals are like prisons not hospitals, that involuntary mental hospitalization is a type of imprisonment not medical care, and that coercive psychiatrists function as judges and jailers not physicians and healers, and suggested that we view and understand "mental illnesses" and psychiatric responses to them as matters of law and rhetoric, not matters of medicine or science.

This sort of rhetorical preemption is, of course, not limited to "mental health." On the contrary, it is a popular political stratagem. For example, my late friend, the development economist P. T. Bauer saw the same sort of deceptive rhetoric controlling the debate about foreign aid: "To call official wealth transfers 'aid' promotes an unquestioning attitude. It disarms criticism, obscures realities, and prejudices results. Who can be against aid to the less fortunate?"⁹

Although it is intuitively obvious that there is no such thing as a disease of the mind, the idea that mental illness is *not* a medical problem runs counter to public opinion and psychiatric dogma, defining psychiatry as a branch of medicine and mental disease as brain disease. Thus, when a person hears me say that there is no such thing as mental illness, he is likely to reply: "But I know so-and-so who was diagnosed as mentally ill and turned out to have a brain tumor. In due time, with refinements in medical technology, psychiatrists will be able to show that all mental illnesses are bodily diseases." This contingency does not falsify my contention that mental illness is a metaphor. It verifies it: The physician who discovers that a particular person diagnosed as mentally ill suffers from a brain disease discovers that the patient was misdiagnosed: the patient did not have a mental illness, he had an undiagnosed bodily illness. The physician's erroneous diagnosis is not proof that the term "mental illness" refers to a class of brain diseases.

In part, such a process of biological discovery has characterized the history of medicine, one form of "madness" after another being identified as the manifestation of one or another somatic disease, such as beri-beri or neurosyphilis. The result of such a discovery is that the illness ceases to be a form of psychopathology and is classified and treated as neuropathology. If all the "conditions" now called "mental illnesses" proved to be brain diseases, there would be no need for the notion of mental illness and the term would become devoid of meaning. However, because the term refers to the *judgments of some persons about the (bad) behaviors of other persons*, the opposite is what actually happens: The history of psychiatry is the history of an ever-expanding list of "mental disorders."

2

The thesis I had put forward in *The Myth of Mental Illness* was not a fresh insight, much less a new discovery. It only seemed that way, and seems that way even more so today, because we have replaced the old religious-humanistic perspective on the tragic nature of life with a modern dehumanized pseudomedical perspective on it.

The secularization of everyday life – and, with it, the medicalization of the soul and of suffering of all kinds – begins in late sixteenth century England. Shakespeare's *Macbeth* (1611) is a harbinger. Overcome by guilt for her murderous deeds, Lady Macbeth "goes mad": She feels agitated, is anxious, unable to eat, rest, or sleep. Her behavior disturbs Macbeth, who sends for a doctor to cure his wife. The doctor arrives and quickly recognizes the source of Lady Macbeth's problem: "Doctor [to Gentlewoman]. Go to, go to! You have known what you should not. / Gentlewoman. She has spoke what she should not, I am sure of that."¹⁰

The doctor tries to reject Macbeth's effort to medicalize his wife's disturbance:

"This disease is beyond my practice. ... / Unnatural deeds / Do breed unnatural troubles. Infected minds / To their deaf pillows will discharge their secrets. / More needs she the divine than the physician. ... / I think, but dare not speak." Macbeth rejects this "diagnosis" and demands that the doctor cure his wife. Shakespeare then has the doctor say these immortal words, exactly the opposite of what psychiatrists and the public are now taught to say and think:

"Macbeth. How does your patient, doctor? / Doctor. Not so sick, my lord, / As she is troubled with thick-coming fancies / That keep her from her rest. / Macbeth. Cure her of that! / Canst thou not minister to a mind diseased, / Pluck from the memory a rooted sorrow, / Raze out the written troubles of the brain, / And with some sweet oblivious antidote / Cleanse

the stuffed bosom of that perilous stuff / Which weighs upon her heart. / Doctor. Therein the patient / Must minister to himself."¹¹

Shakespeare's insight that the mad person "must minister to himself" is at once profound and obvious. Profound because witnessing suffering calls forth in us the impulse to help, "to do something" for or to the sufferer. Yet also obvious because understanding Lady Macbeth's suffering as a consequence of internal rhetoric (the "voice" of conscience, imagination, "hallucination"), the remedy must be internal rhetoric (self-conversation, "internal ministry").

By the end of the nineteenth century, the medical conquest of the soul is secure.

Only writers are left to discern and denounce the tragic error. Søren Kierkegaard (1813–1855) warned: "In our time it is the physician who exercises the cure of souls. ... And he knows what to do. / [Doctor]: 'You must travel to a watering-place, and then must keep riding a horse ... and then diversion, diversion, plenty of diversion...'/ [Patient]: 'To relieve an anxious conscience?'[Doctor]: 'Bosh! Get out with that stuff! An anxious conscience! No such thing exists any more.'"¹²

Today, the role of the physician as curer of the soul is uncontested.¹³ There are no more bad people in the world, there are only mentally ill people. The "insanity defense" annuls misbehavior, the sin of yielding to temptation, and tragedy. Lady Macbeth is human not because she is, like all of us, a "fallen being"; she is human because she is a mentally ill patient who, like humans, is inherently "healthy" / good unless mental illness makes her "sick" / ill-behaved: "The current trend of critical opinion is toward an upward reevaluation of Lady Macbeth, who is said to be *rehumanized* by her insanity and her suicide."¹⁴

3

Everything I read, observed, and learned supported my adolescent impression that the behaviors we call "mental illnesses" and to which we attach the hundreds of derogatory labels in our lexicon of lunacy are not medical diseases.¹⁵ They are the products of the medicalization of disturbing or disturbed behaviors – that is, *the observer's construction and definition of the behavior of the persons he observes as medically disabled individuals needing medical treatment*. This cultural transformation is driven mainly by the modern therapeutic ideology that has replaced the old theological world view, and the political and professional interests it sets in motion.

Yet, perhaps there was one childhood experience that set me thinking along the lines that led to the writing of *The Myth of Mental Illness* and to the timing of its publication. Growing up in Budapest in the 1920s, I learned about the famous nineteenth-century Hungarian obstetrician, Ignaz Semmelweis (1818–1865) and his tragic fate. His statue stood, and still stands, in a small park in front of the city's old general hospital, not far from the Gymnasium I attended for eight years.

Semmelweis discovered the cause of puerperal (childbed) fever before the discovery of bacteria as causative agents of diseases. As he accurately but impolitely put it, the cause was the doctors' dirty hands. Semmelweis also developed a method for preventing the terrifying epidemics of puerperal fever, endemic to mid-nineteenth-century hospital maternity wards: hand-washing with chlorinated water.

I was deeply moved by the story of Semmelweis's life, the rejection of his discovery and remedy by the medical profession inconvenienced by it, and his incarceration and death in an insane asylum. It taught me, at an early age, that being wrong can be dangerous, but being right, when society regards the majority's falsehood as truth, could be fatal.¹⁶ This principle is especially relevant to the false truths that are a basic part of an entire society's belief system and support economically and existentially important common practices. In the past, fundamental false truths were religious in nature. Today, they are mainly medical in nature. The lesson of Semmelweis's fate served me well.

Once I grasped the scientific concept of disease, it seemed to me self-evident that many persons categorized as mentally ill are not sick and depriving them of liberty and responsibility on the grounds of a non-existing disease is a grave violation of basic human rights. In medical school, I began to understand clearly that my interpretation was correct, that mental illness is a myth, and that it is therefore foolish to look for the causes and cures of the imaginary ailments we call "mental diseases." *Diseases* of the body have causes, such as infectious agents or nutritional deficiencies, and often can be prevented or cured by dealing with these causes. *Persons* said to have mental diseases, on the other hand, have reasons for their actions that must be understood; they cannot be treated or cured by drugs or other medical interventions, but may be helped by persons who understand their predicament to help themselves overcome the obstacles they face.

The societal need to deny embarrassing truths, sometimes called the "Semmelweis reflex," is described as "the reflex-like rejection of new knowledge because it contradicts entrenched norms, beliefs or paradigms. ... the automatic rejection of the obvious, without thought, inspection, or experiment."¹⁷ A deep sense of the invincible social power of false truths enabled me to conceal my ideas from representatives of received psychiatric wisdom until such time as I was no longer under their educational or economic control and to conduct myself in such a way that would minimize the chances of being cast in the role of "an enemy of the people."¹⁸

Unaware of the evidence and reasoning summarized above, interviewers unfailingly ask, "How can a psychiatrist say there is no mental illness? What experiences did you have that led you to adopt such an unusual a point of view? When and why did you change your mind about mental illness?" I try to explain – usually without much success – that I did not have any unusual experiences, did not do any "research," did not discover anything, and did not replace belief in mental illness with disbelief in it. Instead, I exposed a popular falsehood and its far-reaching economic, political, and social consequences and showed that psychiatry rests on two profoundly immoral forensic practices, civil commitment and the insanity defense. Consistent with those conclusions, I rejected the mendacious rhetoric of diagnoses-diseases-treatments, eschewed the massive coercive-excusing apparatus of the institution called "psychiatry," and limited my work to psychiatric relations with consenting adults, that is, confidential conversations conventionally called "psychotherapy."

4

The birth of modern *scientific medicine* is usually dated to the publication, in 1858, of [*Cellular Pathology as Based upon Physiological and Pathological Histology*](#), by the German pathologist Rudolf Virchow (1821–1902). Emanuel Rubin and John L. Farber, authors of the textbook, *Pathology*, state: "Rudolf Virchow, often referred to as the father of modern pathology ... propos(ed) that the basis of all disease is injury to the smallest living unit of the body, namely, the cell. More than a century later, both clinical and experimental pathology remain rooted in Virchow's *Cellular Pathology*."¹⁹

The standard American pathology text, *Robbins Basic Pathology*, defines disease in terms of what pathologists do: "Pathologists use a variety of molecular, microbiologic, and immunologic techniques to understand the biochemical, structural, and functional changes that occur in cells, tissues, and organs. To render diagnoses and guide therapy, pathologists identify changes in the gross and microscopic appearance (morphology) of cells and tissues, and biochemical alterations in body fluids (such as blood and urine)."²⁰

The pathologist uses the term "disease" as a predicate of physical objects – cells, tissues, organs, and bodies. Textbooks of pathology describe disorders of the body, living or dead, not disorders of the person, mind, or behavior. René Leriche (1874–1955), the founder of modern vascular surgery, aptly observed: "If one wants to define disease it must be dehumanized. ... In disease, when all is said and done, the least important thing is man."²¹ For the practice of pathology and for disease as a scientific concept, the person as potential sufferer is unimportant. For the practice of medicine as a human service, in contrast, the person as patient is supremely important. Why? Because the practice of Western medicine is informed by the ethical injunction, *Primum non nocere!* and rests on the premise that the patient is free to seek, accept, or reject medical diagnosis and treatment. Psychiatric practice, in contrast, is informed by the premise that the mental patient may be "dangerous to himself or others" and that it is the moral and professional duty of the psychiatrist to protect the patient from himself and society from the patient.²²

According to pathological-scientific criteria, disease is a material phenomenon, the product of the body, in the same sense that urine is a product of the body. In contrast, diagnosis is not a material phenomenon or bodily product: it is a product of a person, typically a physician, in the same sense that a work of art is the product of a person called an "artist." Having a disease is not the same as occupying the patient role: not all sick persons are patients, and not all patients are sick. Nevertheless, physicians, politicians, the press, and the public conflate and confuse the two categories.²³

Given the demonstrated usefulness and conceptual stability of the pathological definition of disease, how do psychiatrists support their claim that the human conflicts and unwanted behaviors they call "mental illnesses" are diseases in the same *material* sense as bodily illnesses? They do so by means of the self-contradictory claim that mental diseases are brain diseases and by declaring the Virchowian model of disease passé, a patent error. The work of the late Robert Kendell (1935–2002) – professor of psychiatry at the University of Edinburgh and one of the most respected experts on psychiatric diagnoses in the world – is illustrative. He wrote:

1981: "By the 1960s the 'lesion' concept of disease ... had been discredited beyond redemption..."²⁴ He did not say how this was done.

1991: "Szasz's famous jibe that 'schizophrenia does not exist' would have been equally meaningless had it been made in regard to tuberculosis or malaria. The organisms *Mycobacterium tuberculosis* and *Plasmodium falciparum* may reasonably be said to exist, but the diseases attributed to their propagation in the human body are concepts just like schizophrenia."²⁵ Diagnoses of malaria and tuberculosis rest on the demonstration of pathogenic microbes in the patient's body fluids or tissues; diagnoses of depression and schizophrenia rest on no similar objective evidence.

2001: "Not only is the distinction between mental and physical illness ill-founded and incompatible with contemporary understanding of disease, it is also damaging to the long-term interests of patients themselves. ... by implying that illnesses so described are fundamentally different from all other types of ill-health it helps to perpetuate the stigma associated with 'mental' illness."²⁶ The stigma of mental illness rests largely on mental health laws aimed at controlling persons said to be mentally ill and dangerous to themselves or others.

Politicians, pandering to the public's ever-present fears of dangers, find the psychiatrists' willingness to define deviance as

disease and social control as treatment useful in their quest to enlarge the scope and power of the therapeutic state.²⁷ Moreover, the belief that so-called mental health problems stand in the same relation to brain diseases as, say, urinary problems stand in relation to kidney diseases is superficially attractive, even plausible. The argument goes like this. The human body is a biological machine, composed of parts, called organs, such as the kidneys, the lungs, and the liver. Each organ has a "natural function" and when one of these fails, we have a disease. If we define human problems as the symptoms of brain diseases, and if we have the power to impose our definition on an entire society, then they are brain diseases, even in the absence of any medically ascertainable evidence of brain disease. We can then treat mental diseases as if they were brain diseases.

However, a living human being – a person – is not merely a collection of organs, tissues, and cells. The pancreas may be said to have a natural function. But what is the natural function of the person? That is like asking what is the meaning of life, which is a religious-philosophical, not medical-scientific, question. Individuals professing different religious faiths have kidneys so similar that one may be transplanted into the body of another without altering his personal identity; but their beliefs and habits differ so profoundly that they often find it difficult or impossible to live with one another.

5

In the Preface to *The Myth of Mental Illness* I explicitly state that the book is not a contribution to psychiatry: "This is not a book on psychiatry ... It is a book about psychiatry – inquiring, as it does, into what people, but particularly psychiatrists and patients, have done with and to one another."²⁸ Nevertheless, many critics misread, and continue to misread, the book, overlooking that it is a radical effort to recast "mental illness" from a medical problem into a linguistic-rhetorical phenomenon. Not surprisingly, the most sympathetic appraisals of my work have come from non-psychiatrists who felt unthreatened by my re-visioning of psychiatry and allied occupations.²⁹ One of the most perceptive such evaluation is the essay, "The Rhetorical Paradigm in Psychiatric History: Thomas Szasz and the Myth of Mental Illness," by professor of communication Richard E. Vatz and law professor Lee S. Weinberg. They wrote:

In his rhetorical attack on the medical paradigm of psychiatry, Szasz was not only arguing for an alternative paradigm, but was explicitly saying that psychiatry was a "pseudoscience," comparable to astrology. ... [A]ccommodation to the rhetorical paradigm [on the part of psychiatry] is quite unlikely inasmuch as the rhetorical paradigm represents so drastic a change – indeed a repudiation of psychiatry-as-scientific-enterprise – that the vocabularies of the two paradigms are completely different and incompatible. ... This focus on persuasive language in Szasz's rhetorical paradigm has significant ethical implications for both psychiatrists and mental patients. ... Just as Szasz insists that psychiatric patients are moral agents, he similarly sees psychiatrists as moral agents. ... In the rhetorical paradigm the psychiatrist who deprives people of their autonomy would be seen as a consciously imprisoning agent, not merely a doctor providing "therapy," language which insulates psychiatrists from the moral responsibility for their acts. ... The rhetorical paradigm represents a significant threat to institutional psychiatry, for ... without the medical model for protection, psychiatry becomes little more than a vehicle for social control – and a primary violator of individual freedom and autonomy – made acceptable by the medical cloak. ... *The Myth of Mental Illness* is written without the polemics of some of Szasz's later work, yet this first major book, according to Harvard psychiatrist Alan Stone, "earned him the lasting enmity of his profession."³⁰

Noted English medical historian the late Roy Porter began his posthumously published, book, *Madness: A Brief History*, as follows: "In a brace of books, *The Myth of Mental Illness* (1961) and *The Manufacture of Madness* (1970), Thomas Szasz denied there was any such thing as "mental illness": it was not a fact of nature but a man-made "myth." Porter explained further:

"Psychiatry is conventionally defined as a medical specialty concerned with the diagnosis and treatment of mental diseases. I submit that this definition, which is still widely accepted, places psychiatry in the company of alchemy and astrology and commits it to the category of pseudoscience." Why so? The reason was plain: "there is no such thing as "mental illness." For Szasz, who has continued to uphold these opinions for the last forty years, mental illness is not a disease, whose nature is being elucidated by science; it is rather a myth, fabricated by psychiatrists for reasons of professional advancement and endorsed by society because it sanctions easy solutions for problem people. Over the centuries, he alleges, medical men and their supporters have been involved in a self-serving "manufacture of madness," by affixing psychiatric labels to people who are social pests, odd, or challenging. All expectations of finding the aetiology of mental illness in body or mind – not to mention some Freudian underworld – is, in Szasz's view, a category mistake or sheer bad faith: "mental illness" and the "unconscious" are but metaphors, and misleading ones at that. In reifying such loose talk, psychiatrists have either naively pictorialized the psyche or been complicit in shady professional imperialism, pretending to expertise they do not possess. In view of all this, standard psychiatric approaches to insanity and its history are vitiated by hosts of illicit assumptions and *questions mal posés*.³¹

One of the most illicit assumptions inherent in the standard psychiatric approach to insanity is treating persons called mentally ill as sick patients needing psychiatric treatment, regardless of whether they seek or reject such help. This accounts for an obvious but often overlooked difficulty peculiar to psychiatry, namely that the term refers to two radically different kinds of practices: curing-healing "souls" by conversation, and coercing-controlling persons by force, authorized and mandated by the state. Critics of psychiatry, journalists, and the public alike regularly fail to distinguish between counseling voluntary clients and coercing-and-excusing captives of the psychiatric system.³²

In 1967, my efforts to undermine the moral legitimacy of the alliance of psychiatry and the state suffered a serious blow: the creation of the antipsychiatry movement by David Cooper (1931–1986) and Ronald D. Laing (1927–1989). Instead of advocating the abolition of Institutional Psychiatry, they sought to replace it with their own brand of psychiatry, which they called "Anti-Psychiatry." By means of this dramatic misnomer, they attracted attention to themselves and deflected attention from what they did, which included coercions and excuses based on psychiatric authority and power. Antipsychiatry is a type of psychiatry: The psychiatrist qua health-care professional is a fraud, and so too is the antipsychiatrist.³³

Voltaire's famous aphorism, "God protect me from my friends, I'll take care of my enemies," proved to apply perfectly to what happened next: although my critique of the alliance of psychiatry and the state antedates by two decades the reinvention and popularization of the term "antipsychiatry," I was smeared as an antipsychiatrist and my critics wasted no time identifying and dismissing me as a "leading antipsychiatrist."

For more than fifty years I have maintained that mental illnesses are counterfeit diseases ("nondiseases"), that coerced psychiatric relations are like coerced labor relations ("slavery") or coerced sexual relations (rape), and spent the better part of my professional life criticizing the concept of mental illness, objecting to the practices of involuntary-institutional psychiatry, and advocating the abolition of "psychiatric slavery" and "psychiatric rape."

Not surprisingly, the more aggressively I reminded psychiatrists that individuals incarcerated in mental hospitals are deprived of liberty, the more zealously they insisted that "mental illnesses are like other illnesses" and that psychiatric institutions are bona fide medical hospitals. The psychiatric establishment's defense of coercions and excuses thus reinforced my argument about the metaphorical nature of mental illness and importance of the distinction between coerced and consensual psychiatry

Anyone who seeks to help others – whether by means of religion or by means of medicine – must eschew the use of force. I am not aware of any antipsychiatrist who has agreed with this principle or abided by this limitation. Subsuming my work under the rubric of antipsychiatry betrays and negates it just as effectively and surely as subsuming it under the rubric of psychiatry. *My writings form no part of either psychiatry or antipsychiatry and belong to neither.* They belong to conceptual analysis, social-political criticism, civil liberties, and common sense. This is why I rejected, and continue to reject, psychiatry and antipsychiatry with equal vigor.

The psychiatric establishment's rejection of my critique of the concept of mental illness and its defense of coercion as cure and of excuse-making as humanist mercy posed no danger to my work. On the contrary. Contemporary "biological" psychiatrists tacitly recognized that mental illnesses are not, and cannot be, brain diseases: once a putative disease becomes a proven disease it ceases to be classified as a mental disorder and is reclassified as a bodily disease; or, in the persistent absence of such evidence, a mental disorder becomes a nondisease. That is how one type of mental illness, neurosyphilis, became a brain disease, while another type, homosexuality, became reclassified as a nondisease.

Formerly, when Church and State were allied, people accepted theological justifications for state-sanctioned coercion. Today, when Medicine and the State are allied, people accept therapeutic justifications for state-sanctioned coercion. This is how, some two hundred years ago, psychiatry became an arm of the coercive apparatus of the state. And this is why today all of medicine threatens to become transformed from personal therapy into political tyranny.

References

1. Szasz, T., "The myth of mental illness," *American Psychologist*, 15: 113–118 (February), 1960, [*The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*](#) [New York: Hoeber-Harper, 1961], revised edition (New York: HarperCollins, 1974).
2. Szasz, T., [*Psychiatry: The Science of Lies*](#) (Syracuse: Syracuse University Press, 2008).
3. Clinton, W. J., in "Remarks by the President, the First Lady, the Vice President, and Mrs. Gore at White House Conference on Mental Health," June 7, 1999.
4. Gore, T., in *ibid.*
5. Satcher, D., quoted in "Satcher discusses MH issues hurting black community," *Psychiatric News*, 34: 6 (October 15),

1999.

6. White House Press Office, *White House Fact Sheet on Myths and Facts About Mental Illness*, June 5, 1999. "Myths and Facts about Mental Illness," *New York Times*, June 7, 1999, Internet edition.

7. ABC News, "[Biden bill labels addiction as a disease, sparks debate](#)," August 7, 2007.

8. Bender, B., "[Mental-health parity law a big win for Kennedys](#)," *Boston Globe*, October 4, 2008.

9. Bauer, P. T., *From Subsistence to Exchange and Other Essays* (Princeton: Princeton University Press, 2000), p. 42.

10. *Macbeth*, Act V, Scene I.

11. *Ibid.*, Scenes I and viii.

12. Kierkegaard, S., "A visit to the doctor: Can medicine abolish the anxious conscience?," in *Parables of Kierkegaard*, edited by Thomas C. Oden (Princeton: Princeton University Press, 1978), p. 57.

13. See Hawthorne, N., *The Scarlet Letter* (1850) (New York: Bantam Dell, 2003), pp. 124–125.

14. "[Macbeth Summary](#)," Study Guide.

15. Szasz, T., *A Lexicon of Lunacy: Metaphoric Malady, Moral Responsibility, and Psychiatry* (New Brunswick, NJ: Transaction Publishers, 1993).

16. Szasz, T., "An Autobiographical Sketch," in Jeffrey A. Schaler, editor, *Szasz Under Fire: The Psychiatric Abolitionist Faces His Critics* (Chicago: Open Court, 2004), pp. 1–28.

17. Wikipedia, "[Simmelweis reflex](#)."

18. Ibsen, H., *An Enemy of the People* (1883), translated by James Walter McFarlane (New York: Oxford University Press, 1999).

19. Rubin, E. and Farber, J. L., *Pathology* (Philadelphia: Lippincott, 1994), p. 2.

20. Kumar, V., Abbas, A. K., Fausto, N., and Mitchell, R. N., editors, *Robbins Basic Pathology*, 8th edition (Philadelphia: Saunders / Elsevier, 2007), p. 1.

21. Quoted in Canguilhem, G., *On the Normal and the Pathological* (Boston: D. Reidel, 1978), p. 46.

22. Szasz, T., "Psychiatry and the control of dangerousness: On the apostrophic function of the term 'mental illness,'" *Journal of Medical Ethics*, 29: 227–230 (August), 2003.

23. Szasz, T., "Diagnoses are not diseases," *The Lancet*, 338: 1574–1576 (December 21/28), 1991.

24. Kendell, R. E., "The concept of disease and its implications for psychiatry," in Caplan, A. I., Engelhardt, H. T., Jr., and McCartney, J. J., eds., *Concepts of Health and Disease: Interdisciplinary Perspectives* (Reading, MA: Addison-Wesley, 1981), pp. 443–458; p. 449.

25. Kendell, R. E., "Schizophrenia: A Medical View of a Medical Concept," in Flack, W. F., Jr., Miller, D. R., and Wiener, M., eds., *What is Schizophrenia?* (New York: Springer, 1991), pp. 9–72; p. 60.

26. Kendell, R. E., "[The distinction between mental and physical illness](#)" (Editorial), *British Journal of Psychiatry*, 178: 490–493, 2001.

27. Szasz, T., *Pharmacracy: Medicine and Politics in America* 2001] (Syracuse: Syracuse University Press, 2003).

28. Szasz, T., *The Myth of Mental Illness* (1961), p. xi.

29. See for example Grenander, M. E., editor, *Asclepius at Syracuse: Thomas Szasz, Libertarian Humanist* (Albany, NY: State University of New York, Mimeographed, 1980), 2 volumes; and Hoeller, K., editor, "Thomas Szasz: Moral Philosopher of Psychiatry," *Review of Existential Psychology & Psychiatry*, Special Issue, vol. 23, Nos. 1, 2 & 3, 1997.

30. Vatz, R. E. and Weinberg, L. S., "The Rhetorical Paradigm in Psychiatric History: Thomas Szasz and the Myth of Mental Illness," in Micale, M. S. and Porter, R., editors, *Discovering the History of Psychiatry* (New York: Oxford University Press, 1994), pp. 311–330. See also Vatz, R. E., "The Myth of the Rhetorical Situation," *Philosophy and Rhetoric*, 6: 154–161 (Summer) 1973.

[31.](#) Porter, R., [*Madness: A Brief History*](#) (Oxford: Oxford University Press, 2002), pp. 1–3.

[32.](#) See especially Szasz, T., [*Law, Liberty, and Psychiatry: An Inquiry into the Social Uses of Psychiatry*](#) 1963] (Syracuse: Syracuse University Press, 1989), [*Insanity: The Idea and Its Consequences*](#) 1987] (Syracuse: Syracuse University Press, 1997), and [*Liberation By Oppression: A Comparative Study of Slavery and Psychiatry*](#) (New Brunswick, NJ: Transaction Publishers, 2002).

[33.](#) See Szasz, T., [*Antipsychiatry: Quackery Squared*](#) (Syracuse: Syracuse University Press, 2009).