

Szasz and the Unreliable Reader^{**}

When is a 'critique' not a critique?

Anthony Stadlen

Abstract

This paper shows that Szasz (1) opposed the presumption of illness; (2) duelled with dualism; (3) researched the history of 'hysteria'; (4) perceived its profound paradigmatic potential; (5) confirmed the compassion of the confused; (6) denounced 'mental health' and 'anti-psychiatry'; (7) rejected the role of 'physician' to the 'mentally ill'.

Keywords

Szasz, paradigm, hysteria, illness, dualism, Cartesian, scientistic, communication

Introduction

For more than half a century people have deplored what Thomas Szasz said. The trouble is, he usually didn't say it.

Szasz was on the editorial board of *Existential Analysis* from 1994 until his death in 2012. But most existential therapists disapproved of him just as everybody else did. This Journal published various criticisms of him (Cohn, 1992; Sabbadini, 1992; Hetherington, 2002; Wolf, 2002) and two members of the board circulated emails denouncing me for inviting Szasz to conduct an Inner Circle Seminar.

I argued (Stadlen, 2003) that the criticisms were ill-informed and illogical. I called for *serious* criticism of Szasz in this Journal.

Szasz conducted three Inner Circle Seminars in London, in 2003, 2007 and (for his ninetieth birthday) in 2010. Many existential therapists attended, and most expressed enthusiasm of a kind, but it was clear that only a few understood his radical rejection of the 'mental health' in which most of them believed, worked and had their being.

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Last year the Journal published my obituary of Szasz.

In my paper (2003) and my obituary (2013) I tried to show, *inter alia*, that the accusation that Szasz is a ‘Cartesian dualist’ is wrong.

Now, in the last issue of this Journal, Christina Richards (2014) offers what she calls a ‘critique’ of Szasz’s *The Myth of Mental Illness* (1961). She says she seeks to ‘honour’ Szasz’s memory ‘through robust engagement with his thoughts and ideas’ (Richards, 2014: 76). She repeats the claim of Szasz’s ‘Cartesian dualism’ (67, 70).

How ‘robust’ is her ‘critique’?

Is it a critique?

A critique must understand what it criticises. Has Richards delivered a critique? Only then can the question whether it is ‘robust’ arise.

1. ‘Cocaine and scaffold poles’

Richards’s title is: ‘Of cocaine and scaffold poles’. These, for her, indicate ‘mental illnesses’ with a biological cause, her counter-examples to Szasz’s thesis. ‘Cocaine’ refers to ‘cocaine use disorder’ (69); ‘scaffold poles’ to ‘a scaffold pole fall[ing] through [someone’s] head’ and causing a frontal lobe injury (71, 73, 75). Hence the ‘coked up, disinhibited person with a frontal lobe injury’ (76).

But these examples in no way contradict Szasz’s thesis. He agreed that brain illness or injury, or drugs, may cause psychological confusion. He insisted that, if someone proves to have a brain illness or injury, or a ‘toxic psychosis’, then *that* is what they have – a matter for neurologists. But he objected to the *assumption* that they have it.

He wrote (Szasz, 1978a, quoted in Vatz and Weinberg, 1983: 92-3):

It is of course possible that some persons now identified as schizophrenic suffer from a biological brain abnormality; that such an abnormality affects their behavior, making them the victims of an ‘organic psychosis’; and that although such a specific biological defect is at present not yet demonstrable, it may, with the development of more sophisticated biomedical technology, become demonstrable in the future ...

We are already familiar with a score of such diseases – Parkinsonism, epilepsy, pheochromocytoma, Cushing’s syndrome

(endogenous and exogenous), as well as diabetes. All of these diseases 'cause' mental symptoms.

Richards notes (69) that *DSM-5* includes 'physical illnesses that affect the mind'. She argues that these are, therefore, 'mental illnesses'. Szasz accepted such illnesses, but not as 'mental illnesses'. She declares that 'social illness is, in a very real sense, brain illness and vice versa' (70). Szasz rejected the concept of 'social illness' as a vague metaphor. But he accepted as obvious that social, interpersonal and psychological problems can have physical, biological and medical consequences, and vice versa.

Szasz's first papers were in 'psychosomatic medicine', including 'The psychosomatic approach in medicine' (Alexander and Szasz, 1952) written with his teacher Franz Alexander. In *The Myth of Mental Illness*, Szasz criticised philosophical confusion in this field, including Alexander's 'image of mind and body as two aspects of the same coin' (Szasz, 1961: 103). But he assured me, at the end of his life, that he stood by his early papers and saw this as a field wide open for research.

Richards's deployment of 'cocaine and scaffold poles' repeats an often repeated misunderstanding of Szasz, that he denies the influence of 'mind' on 'body' and 'body' on 'mind'. He did not deny what is so described, but he objected to this dualistic way of describing it. But Richards does not see this, and accuses Szasz himself of dualism.

2. 'Cartesian dualism'

Richards's throwaway remark 'Of course, this is Cartesian dualism' (67) and her casual reference to 'Szasz's notion of a Cartesian dualistic split' (70) are not ill-argued. They are not argued at all. Richards ignores Szasz's criticism of, and attempt to transcend, so-called 'Cartesian dualism' in *The Myth of Mental Illness* and elsewhere. She ignores half a century's debate about whether Szasz was a 'dualist', and my evidence in this Journal (Stadlen, 2003; 2013) that he was not.

Szasz wrote to me (2002):

The dualism accusation is a red herring. Suppose, for the sake of argument, I am a dualist, bad man, Jew, Nazi, etc. What has this to

do with whether it is justified to lock up someone who talks of suicide or to claim that homosexuals are diseased?

It matters, though, whether the ‘dualism’ accusation is right or wrong. In another paper I shall develop my argument that it is wrong. Here, I shall merely point to the abundant evidence that Szasz was *trying* to transcend so-called ‘Cartesian dualism’.

Such an attempt is *difficult*. Many have failed, as Szasz says (1961: 103) of Alexander; as Heidegger (2001 [1987]: 120, 143) and Boss (1971: 321-329; 1979 [1971]: 127-131) say of Husserl, Binswanger, Marcel, Sartre and Merleau-Ponty; and as Merleau-Ponty in a 1959 note (1964: 253) says of his own *Phenomenology of Perception*, which Richards (67) commends for its ‘intertwining’ of ‘mind’ and ‘body’.

But the point is that Szasz tried. Richards could have learned this from the sources she mentions, let alone those she does not mention.

She mentions, but does not examine, Szasz’s 1960 paper ‘The myth of mental illness’. She confines herself, without explaining why, to the 1974 edition of the 1961 book *The Myth of Mental Illness*. There are four editions, which differ in important ways: the first (1961), the Paladin (1972), the ‘second’ (1974), and the 50th-anniversary (2010).

She does not mention, let alone examine, any other of Szasz’s thirty-five books or hundreds of papers.

She selects from this vast oeuvre only the simplified 1974 edition of *The Myth of Mental Illness* to compare with what she calls the ‘great strides ... in neuroscience’ from 1960 to 2014. She ignores the ‘great strides’ Szasz made during this time.

In the first (1961) edition of *The Myth of Mental Illness* Szasz mentions ‘Cartesian dualism’ four times. He writes (78):

The concept of ‘mental pain’, like ‘moral disgust’, codifies the Cartesian dualism, according to which the world consists of two sets of realities, one physical and one mental.

He criticises Felix Deutsch and Leon Saul for ‘adhering to the simple Cartesian view of twin realities’ (101), and his former co-author Franz Alexander for continuing ‘to adhere to the traditional Cartesian mind-

body dichotomy, no matter how hard he strained to overcome it' (103). He wrote (104):

The challenge of the Cartesian dichotomy was not met. It was side-stepped.

In each of the three later editions, Szasz mentions 'Cartesian dualism' (by name) once only.

In the Paladin edition (1972: 89), he repeats only the first of the above four references. In the 1974 and 2010 editions, he omits all four but adds a new one (78):

In effect, then, Freud's theory of conversion was an answer to the question, How and why does a psychological problem manifest itself in a physical form? This question rearticulated the classic Cartesian dualism of mind and body and generated the new psychoanalytic riddle of the so-called 'jump from the psychic into the organic' – which psychoanalysis, and especially the theory of conversion, then allegedly sought to clarify.

Thus, although Richards could have found four times as many references to 'Cartesian dualism' in the first edition (1961), she could still have found this one reference, whose importance we shall see in section 3, in the one edition (1974) she does discuss.

She could have found more in Szasz's other writings. The first part of his first book, *Pain and Pleasure: A Study of Bodily Feelings* (1957), has the title 'The Mind-Body Problem in the Light of the Philosophy of Science'. Szasz cuts to the chase (14):

instead of first running into the mind-body problem and then trying to deal with it, I have chosen to tackle this problem first ...

And (21):

Freud himself apparently never could shake off the shackles of the classical Cartesian dualism ... He accepted the everyday distinction between mental and physical pain and tried to account

for it along psychological lines. The following excerpts illustrate his adherence to the Cartesian view of mind and body ...

Szasz writes (22) of ‘the common dualistic causal approach to *so-called* mental disorders’ (my emphasis). One would expect this ‘so-called’ from Szasz, who had *never* believed in ‘mental illness’ (Schaler, 2004: 28). But he also writes of ‘the difficulties which the *so-called* Cartesian dualism brings in its wake’ (my emphasis). Thus he realised, in 1957, that *so-called* ‘Cartesian dualism’ *is not* Descartes’s dualism. This was only shown in detail four decades later by the philosophers Gordon Baker and Katherine J. Morris in their book *Descartes’ Dualism* (1996).

This explains, I suggest, why he reduced the references to ‘Cartesian dualism’ in all editions of *The Myth of Mental Illness* after the first. He opposed psychiatric and ‘psychosomatic’ dualism even more fiercely, but in honesty must have hesitated to call it ‘Cartesian’.

The philosophers whom Szasz cites in *Pain and Pleasure* and *The Myth of Mental Illness* all tried to transcend ‘mind-body dualism’: Moritz Schlick (1935), Alfred North Whitehead (1938), Susanne Langer (1942), Bertrand Russell (1948), Gilbert Ryle (1949).

The psychiatrist Ronald Leifer, Szasz’s student in the 1960s, reports (Leifer, 2013) that the first books Szasz set his class were Susanne Langer’s *Philosophy in a New Key* (1942) and Gilbert Ryle’s *The Concept of Mind* (1949), remarkable attempts to transcend dualism.

Szasz adopts Langer’s term ‘non-discursive language’ and Ryle’s terms ‘myth’ and ‘category-mistake’ and his proposal that ‘mind’ and ‘body’ are like team spirit and team rather than two sides of a coin. Ryle’s first chapter is ‘Descartes’ Myth’.

In *Philosophical Sketches* (1962: 2) Langer herself acknowledges Szasz’s *Pain and Pleasure* (1957) as a recent attempt to resolve ‘the mind-and-body problem’.

The philosopher Antony Flew, in *Crime or Disease?* (1973), praised Szasz’s work. The philosopher Katherine Morris, co-author of *Descartes’ Dualism* (Baker and Morris, 1996), wrote to me (2014):

I've always had the idea that [Szasz] (like Descartes and other great thinkers) was a much deeper, more complex and more defensible thinker than many of the popular accounts would allow.

In *The Meaning of Mind: Language, Morality, and Neuroscience* (1996), Szasz argues that 'mind' is a verb, wrongly reified as a noun. This alone shows the absurdity of attributing to Szasz the dualistic view that 'mind' and 'body' are separate substances.

I shall sketch some of Szasz's ideas in this late book, not because all are correct (some are not), but to show that he was still exploring radical ways to transcend dualism.

He claims 'mind' was used only as a verb before the sixteenth century. This is wrong. Chaucer (1957 [1933]) uses it *ca.* 1386 as a noun, rhyming it five times in *The Man of Law's Tale* alone.

But Szasz is surely right that 'mind' has been increasingly reified and substantialised over the centuries to culminate in today's alienated and dehumanised psychiatric concept of 'mind'.

He wrongly says that (106) 'when Descartes wrote in French he always used the word *l'âme* [the soul]'. Descartes also used the Latin *mens* and the French *esprit*, which both mean 'mind'.

Szasz concludes (107):

If I interpret Descartes' thesis correctly, it is a mistake to blame him for the division of the human being into body and mind and to name this dichotomy 'Cartesian'.

This is not quite right. But it shows again that Szasz had independently realised what Baker and Morris (1996) demonstrated that very year: that Descartes's dualism was not 'Cartesian dualism'.

Szasz says (107) that Descartes was

a pioneer neuromythologist, the first to claim to have discovered evidence for locating the soul inside the cranium.

But Descartes was born in 1596. Shakespeare (1957: 443), writing *ca.* 1594-6, already has Prince Henry, in *King John* (act 5, scene 7), speak of his dying father's

... pure brain
Which some suppose the soul's frail dwelling-house ...

Richards does not mention *Thomas Szasz: Primary Values and Major Contentions* (Vatz and Weinberg, 1983), which contains long extracts from Szasz's works, criticisms by other writers, and responses by Vatz and Weinberg. Nor does she mention *Szasz Under Fire: The Psychiatric Abolitionist Faces His Critics* (Schaler, 2004), which contains twelve critical essays by world authorities each answered by Szasz at such length that this is in effect his thirty-sixth book.

In *Szasz Under Fire* (Schaler, 2004: 122), Ray Scott Percival tries to interest Szasz in Popper's dualism which, Percival claims, would be

a stronger argument for the myth of mental illnesses ... Popper's argument for dualism is the strongest case against the reductionist view. Popper argues that there are at least three radically different classes of thing ... there are three worlds ...

Szasz responds (Schaler, 2004: 131):

Ray Percival agrees with my argument and seeks to perfect it. He does so, moreover, by using the ideas of Karl Popper, a philosopher whose work I also admire.

But he declines Percival's invitation (134):

Creating the categories of Worlds 1, 2, and 3 was decidedly not one of Popper's good ideas. I recognise only one world, the world of everyday life (which includes all of Popper's three 'worlds').

Thomas Engelhardt acknowledges in his critique of Szasz in *Szasz Under Fire* (Schaler, 2004: 367) that Szasz's position 'should not be read as a Cartesian dualism of substances'. Szasz responds (380-1):

I agree that ... my position 'should not be read as a Cartesian dualism of substances'.

It is regrettable that Richards did not take account of this rich and civilised tradition of dialogue between Szasz and his serious critics.

But, even without it, might she not have questioned the cliché of Szasz's supposed 'Cartesian dualism'? He didn't even believe in 'the mind', let alone in 'mind' and 'body' as separate 'substances'. And his opponents say there are *two* kinds of illness, 'physical' and 'mental' – but *he* said there is only *one*. A singular 'dualist'.

3. 'Hysteria'

Richards (68) writes that 'hysteria' is an 'outdated', 'misogynist' term. She implicitly reproaches Szasz for not using the term 'conversion disorder' already adopted by *DSM-I* (1952).

But Freud invented the terms 'conversion' and 'conversion hysteria' back in 1894 in his paper 'The defence neuropsychoses' and his abstract for that paper respectively (*GW1*: 63, 481; *SE3*: 49, 249). The terms purport to describe what Freud later called 'that puzzling leap from the mind to the body' ('*jener rätselhafte Sprung aus dem Seelischen ins Körperliche*') (*GW11*: 265; *SE16*: 258). The current *DSM-5* (2013) still uses the term 'conversion disorder'.

The concepts of 'conversion' and the 'puzzling leap from the mind to the body' are the quintessence of so-called 'Cartesian dualism', as pointed out by Boss (1963: 133-146) and by Szasz (1974: 78) in the one reference to 'Cartesian dualism' (which I quoted above) in the one edition of *The Myth of Mental Illness* that Richards does refer to.

As it happens, for decades after Szasz's 1961 book, 'hysteria' remained a common diagnosis (Laing: 1961: 32; Walshe, 1963; Slater, 1965; Veith, 1965; Cooper, 1967: 28, n. 1; Henderson and Gillespie, 1969; Krohn, 1978; Slavney, 1990: 3; Micale, 1995).

But that is not the point. Szasz says he is (1974: 10)

using conversion hysteria as the historical paradigm of the sorts of phenomena to which the term 'mental illness' refers.

Szasz's is an *historical* study. He does not *believe* in 'hysteria' or 'conversion'. He is analysing the *use* of these terms, from the 1880s on. He is not interested in finding a politically correct term for the *DSM*.

Why does Richards not criticise *DSM-5* for its outdated 'Cartesian dualism'?

4. 'Perhaps somewhat disingenuous'

Richards writes (68):

*Szasz' use of hysteria throughout **The Myth of Mental Illness** is perhaps somewhat disingenuous. It is trivial to assert that a person with a conversion disorder has nothing physically wrong with them, and that (if we accept Szasz' assertion regarding the term 'mental illness' above) they therefore do not have a mental illness – it is a **diagnostic criterion** that they have nothing physically wrong with them. Szasz therefore must be correct when he suggests that the symptomatology therefore fulfils a communicative purpose only ...*

Richards's charge that Szasz was 'perhaps somewhat disingenuous' is a grave one. In plain English, she is accusing him of lying. She is not the first to do so in this Journal (see Stadlen, 2003).

A writer making such a serious allegation might be expected to present her evidence as clearly and unequivocally as possible. But the syntax of the above passage is confused. The word 'therefore' occurs three times, giving an appearance of logical argument, but it is unclear what are the premisses of the purported conclusions.

She adds the charge (70) that Szasz conflates 'hysteria with mental illness' and 'psychoanalysis with psychiatry'.

However, if I have understood her correctly, it is Richards's reasoning, not Szasz's, that is logically and empirically circular.

Traditional psychiatry, just like psychoanalysis, has regarded, and still regards, 'hysteria' or 'conversion disorder' *both* as a disease like any other *and* as having minimal 'communicative purpose' ('secondary gain'). It was Szasz who proposed that 'hysteria' was *not* a disease and that it was *primarily* a communication.

A glance at *DSM-5* shows that Freud's position on 'hysteria' remains the position of psychiatry today on 'conversion disorder'.

Freud praised Charcot for restoring to the 'hysteric' the dignity of being ill. As Szasz (1961) explains, and as I explain in 'Was Dora "ill"? (Stadlen, 1985; 1989 [1985]), Freud claims that 'hysteria' is a real illness, which 'mimics' other real illnesses. Not the person, as Freud sees it, but the *illness* 'mimics' illness. He does *not* suppose that the illness, let alone the person, is, *in general*, imitating illness as a *communication* to other persons. In his view, 'hysteria' is a 'mental illness', but he insists that it has an 'organic basis', not yet discovered. In this sense it is a *typical* 'mental illness'. This is why Szasz takes it as a *paradigm* for 'mental illness' (and also for the confusions of 'psychosomatic medicine'), and why he is *justified* in doing so.

Szasz had already (1959: xxiii), in his introduction to Ernst Mach's *The Analysis of Sensations* (1959 [1875]), quoted from Freud's 1905 'Dora' case, 'Fragment of a hysteria-analysis' (*GW5*: 276; *SE7*: 113):

It is the therapeutic technique alone that is purely psychological; the theory does not by any means fail to point out that neuroses have an organic basis ...

Freud is insisting that, though there is *apparently*, in Richards's words, 'nothing physically wrong with' the 'hysteric', nevertheless there *is* something 'physically wrong with' him or her. This is crucial.

In 1895 (*GW1*: 227; *SE2*: 160) he wrote that his case studies 'read like novellas', but that this was the right way to bring out 'the relation between *Leidensgeschichte* (deep existential suffering-history or passion narrative) and *Leiden* (surface complaint or 'symptoms')' (*GW1*: 200; *SE2*: 138). However, Freud still took for granted the natural-scientistic view, as Szasz points out (1961: 75):

*Problems of human living – or of **existence** [my emphasis –AS] as we might say today – were thus treated as though they were manifestations of physical illness.*

Towards the end of his life, Freud (*GW14*: 293; *SE20*: 255) called psychoanalysis '*weltliche Seelsorge*' ('secular cure of souls'). But he

stood by his natural-scientific (more correctly, natural-scientistic) vision of man. The existential psychiatrist Ludwig Binswanger in his 1936 lecture for Freud's eightieth birthday called it '*homo natura*', man as object for natural science. Binswanger warned (1947a [1936]: 184; 1963a [1936]: 174; my translation; Needleman's is defective):

the natural-scientific idea of 'homo natura' must destroy the human being as a being living in manifold directions of meaning and only to be understood from them ... until ... precisely everything which makes a human being into a human being and not a brutish creature is annihilated ...

And (1947a [1936]: 188; 1963a [1936]: 178):

Thus Freud stands before us as the paradigmatic man of the twentieth century [seines Säkulum].

This devastating critique by a good friend of Freud's is exactly the point Szasz is making in choosing Freud's theory of 'hysteria' as paradigmatic of the natural-scientific medical-psychiatric theory of 'mental illness' in the twentieth century.

To recapitulate: Charcot redefined men and women who had been called 'malingerers' as 'patients' whose 'mental illness', 'hysteria', allegedly had an 'organic basis'. Freud saw his own patients, such as Dora, as suffering from this 'illness'. If they appeared to be imitating illness, this was an illusion. They were not *persons* but what Freud called, in his 1936 letter of thanks to Binswanger, 'culture-specimens of *homo natura*' (Freud/Binswanger, 1992: 237; 2003 [1992]: 212). Their *illness*, not they, imitated other illnesses. All this would, he assured his readers, eventually be explained by natural science.

Szasz (1961: 48) shows that Freud was not alone in this approach. On the contrary, it was paradigmatic of how psychiatry works. Although Freud was not a psychiatrist, he aspired to be accepted by psychiatrists. To see human action as mere happening, and imitating illness as itself illness, is not exceptional but *typical* of what psychiatrists did then and still do.

Thus, in mid-twentieth century, the eminent psychiatrist and psychoanalyst Kurt Eissler wrote (1951: 252-253):

...malingering is always the sign of a disease often more severe than a neurotic disorder ... It is a disease which to diagnose requires particularly keen diagnostic acumen. The diagnosis should never be made but by the psychiatrist.

In his book *Insanity: The Idea and its Consequences*, Szasz (1987: 205-206) discussed so-called ‘factitious post-traumatic stress disorder’, whose ‘victims’ reported ‘symptoms’ due to their ‘combat in Vietnam’. Some had never even been in Vietnam. But the psychiatrists Edward Lynn and Mark Belza (1984) discussed the ‘etiologies of the disorder and the underlying pathology and ... diagnosis and treatment’. (See also Stadlen, 2001).

And the just published *DSM–5 Clinical Cases* (2014: 189) counsels:

It is incumbent on all providers to remember that patients with factitious disorder are quite ill, but not in the way they pretend.

As for ‘hysterical symptoms’ as *communications*, Szasz notes (1961: 150-1) that, while Freud was ‘a master at elucidating the psychological function of indirect communications’, he did little such elucidating with ‘hysteria’. I presume this was precisely because he saw it as an ‘illness’. But even with dreams, slips and jokes, his *primary* focus was their ‘*intrapsychic*’ function, *not* their *interpersonal* intentionality.

His patient Frau Cäcilie M. had an ‘hysterical symptom’ resembling trigeminal neuralgia. Freud writes (*GW*1: 247; *SE*2: 178):

When I began to call up the traumatic scene, the patient saw herself back in a period of great mental irritability toward her husband. She described a conversation which she had had with him and a remark of his which she had felt as a bitter insult. Suddenly she put her hand to her cheek, gave a loud cry of pain and said: ‘It was like a slap in the face.’ With this her pain and her attack were both at an end.

Szasz suggests (1961: 159) a number of possible communicative meanings of this ‘symptom’. But *Freud* does *not* say that Frau Cäcilie produced this ‘symptom’, or relived this ‘scene’, in the presence of her husband or Freud, *in order* to *communicate* that the remark felt like a slap in the face. This was Szasz’s fundamentally innovative suggestion. Esterson (1982) took it a step further when he suggested to me that her husband may have *intended* it as a slap in the face.

When the ‘young man’ forgets the word *aliquis* in a line of Virgil he was quoting to Freud, Freud interprets (*GW*4: 13-20; *SE*6: 8-14) that the ‘young man’ did so because he was anxious that he might have made his mistress pregnant. Freud does *not* say that he forgot the word *in order* to *communicate* his anxiety to *Freud*.

Freud reports (*GW*5: 235-236; *SE*7: 73-74) that Dora dreams of a fire and smells smoke. He ‘interprets’ to the reader, but does not say whether he ‘interpreted’ to her, that, as he is a ‘passionate smoker’, she would probably like a smoke-smelling kiss from him. But he does *not* say that she dreamed of the fire, or told him her dream, *in order* to *communicate* this supposed desire to *him*.

In all Freud’s writings on ‘hysteria’ – from his 1886 report on his time with Charcot, through the 1893 paper on ‘hysterical paralyses’, the 1895 *Studies on Hysteria*, the 1896 ‘seduction theory’, the 1905 ‘Dora’ case and the 1906 retraction of the ‘seduction theory’, to the 1908 papers on ‘hysterical phantasies’ and ‘hysterical attacks’ – he regards ‘hysteria’ as a typical ‘mental illness’, a real disease that has an ‘organic basis’ yet to be discovered. And he assigns ‘communication’ a nearly negligible role, as so-called ‘secondary gain’. This has been the position of mainstream psychiatry from the nineteenth century to the present *DSM-5*.

Freud’s rhetorical claim (*GW*1: 427; *SE*3: 192) about ‘hysterical symptoms’ was ‘*Saxa loquuntur!*’ (‘The stones speak!’). He, Freud, could decode that they spoke of sexual abuse in childhood. He must have known the inscription above the entrance to the Siegmundstor tunnel in Salzburg: ‘*Te saxa loquuntur*’: ‘The stones speak of you’, of Prince Archbishop Siegmund – or of Siegmund Freud? It may be astonishing to us, who have learned from Szasz, but as far as Freud was concerned the ‘symptoms’ or stones may have been crying out; they may have been speaking *of* him and of his glory as their interpreter, in

ways that only he could interpret; but they were not speaking *to* him or to any god, man or beast. Like clouds they contained information for the meteorologist. At most they were speaking to themselves. But they were not *communicating*.

Freud writes in the ‘Dora’ case (GW5: 240; SE7: 77-78):

He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore.

But Freud gives no indication that he supposes the ‘mortal’ is ‘chattering’ to anyone but himself.

He does write of ‘motives for being ill’ (GW5: 205; SE7: 46):

In Dora’s case that aim was clearly to touch her father’s heart and to detach him from Frau K.

It is on such occasional discussion by Freud of ‘secondary gain’ that Szasz built his communicational theory.

Thus there is not even a *prima facie* case for Richards’s allegation that Szasz’s use of ‘hysteria’ in *The Myth of Mental Illness* is ‘perhaps somewhat disingenuous’.

5. ‘Compassionate practice’

Richards suggests (66):

... there can indeed be ‘mental illness’ but ... this may nonetheless lead to compassionate practice.

And (75):

... we might imagine a mental illness which allows for the provision of services, including the deprivation of liberty where necessary, but which is founded on dignity and respect ...

People may show compassion whether ‘mental illness’ exists or not, and whether they believe it exists or not. They may show compassion while obeying orders to keep their jobs, whether or not they believe it is justified to deprive innocent people of liberty.

6. ‘Mental health and anti-psychiatry’

Richards praises *The Myth of Mental Illness* as ‘a seminal work in the field of critical mental health and anti-psychiatry’ (66).

Szasz’s work was *not* ‘in the field of critical mental health and anti-psychiatry’.

He *denounced* the concept of ‘mental health’, ‘critical’ or uncritical, exactly as he denounced the concept of ‘mental illness’. He regarded both concepts as inseparable aspects of a single myth, metaphor and mystification.

He *denounced* so-called ‘anti-psychiatry’ (Szasz, 1976a; 1978b). His penultimate book was *Antipsychiatry: Quackery Squared* (2009).

In the 50th-anniversary edition of *The Myth of Mental Illness*, not mentioned by Richards, he wrote (2010: xxix):

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, socio-political criticism, civil liberties, and common sense. That is why I rejected, and continue to reject, psychiatry and antipsychiatry with equal vigor.

7. ‘Compassionate physician’

Richards (76) claims that Szasz has ‘proved an inspiration in the development of many aspects of my thinking and practice’. She praises him as a ‘compassionate physician’. He was, but how does she know? He was also highly knowledgeable about medicine. He diagnosed his daughter’s lupus, which the specialists had missed (Szasz, S., 1991: 35). But he wrote (Schaler, 2004: 381):

*I have long ago embraced the risk of impairing my credibility by rejecting the role of the correct psychiatrist **qua** physician who 'believes in mental illness'. I did so because I love medicine, not because I hate it; and because I feel secure enough in my medical identity, which I earned by hard work and maintained by vigilant interest in the subject, without feeling the need to bask in the glory (or shame) it reflects on me when what I do is **not done in my role as a physician**. In short, I have not looked to my medical credentials as a means for validating my work.*

Richards is praising Szasz as a 'physician' to the 'mentally ill' – the opposite of what he said his life's work meant. She claims to 'mean no disrespect to his memory' (76), and I believe her. To disrespect one must understand.

Anthony Stadlen (1940–) is an existential-phenomenological analyst, family analyst, supervisor and teacher in London; convenor of Inner Circle Seminars; historical researcher on paradigm case studies of psychotherapy; former Research Fellow, Freud Museum, London; recipient of Thomas S. Szasz Award for Outstanding Services to the Cause of Civil Liberties.

Address: 'Oakleigh', 2A Alexandra Avenue, London N22 7XE

Email: stadlen@aol.com

Inner Circle Seminars: <http://anthonystadlen.blogspot.co.uk/>

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