Szasz, Thomas S. (1920–2012)

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Thomas Stephen Szasz (1920–2012) was arguably the world's best-known critic of institutional psychiatry, challenging conventional thinking about freedom and responsibility, madness and medicine, and metaphorical and literal disease for over 60 years. According to some scholars, Thomas Szasz was arguably the most influential rhetorician who criticized conventionally accepted concepts of mental illness and their consequences in the world. For example, Szasz was heavily involved in the declassification of homosexual behavior from the *DSM* (Schaler, 2004; Vatz, 2007).

In his seminal work, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (Szasz, 1961), Szasz argued that mental illnesses are metaphorical, not literal, diseases. According to Szasz, behaviors are strategic, voluntary modes of conduct that reveal a person's values; he thus regarded "involuntary behavior" as a contradiction, except in the case of reflexes. Szasz believed that we should presume that all behavior is freely chosen and is therefore the personal responsibility of the individual. Diseases, on the other hand, refer to cellular abnormalities, lesions, and chemical abnormalities. While people can engage in behaviors that may increase the probability of disease, we are not responsible for the creation of disease itself. We also cannot will disease away. There is no moral component to disease. Thus, Szasz's presumption is entirely consistent with the *traditional* meaning of disease and behavior. Behaviors express a person's values. Diseases have nothing to do with values. To the extent that psychiatry was used to absolve individuals of personal responsibility, Szasz regarded psychiatry as an exculpatory endeavor, which he argued was a fraudulent use of the medical ethos of the helping professions. Accepted professional perspectives of psychiatry, clinical psychology, and social work—any profession that makes problematic or socially disapproved of behaviors its focus—have been altered forever (Rogow, 1970; Schaler, 2004).

Professor Szasz's writings have profoundly influenced the way professionals and laypersons think about social conflict, language, criminal responsibility, suicide, and the right to die. Szasz's ideas reflect the influence of a range of intellectual writings, including those of Edmund Burke (1729–97), Albert Camus (1913–60), F. A. Hayek (1899–1992), Thomas Jefferson (1743–1826), Karl Kraus (1874–1936), Susanne K. Langer (1895–1985), George Herbert Mead (1863–1931), John Stuart Mill (1806–73), Ludwig von Mises (1881–1973), Sir Karl Popper (1902–94), Gilbert Ryle (1900–76), and Rudolf Ludwig Karl Virchow (1821–1902). Indeed, Szasz's theories regarding the proper domain of medicine draw on political philosophy, economic theory, existentialism, sociology, utilitarianism, the importance of falsification in science, category error, and the historical and revolutionary ideas regarding the true histological nature of disease, as defined by Virchow at the end of the nineteenth century. Szasz's approach and revolution in scientific, medical, and ethical thinking arguably met the criteria for scientific revolution, described by Thomas S. Kuhn in his classic book entitled, *The Structure of Scientific Revolutions* (Kuhn, 1962). The implications of Thomas Szasz's ideas in his first two books, *The Myth of Mental Illness* (Szasz, 1961) and *Law, Liberty and Psychiatry* (Szasz, 1963) were broad-ranging, extending far beyond the realms of science and medicine, and into the domains of law, government, and political theory.

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Thomas Szasz believed in the separation of medicine and state, and thus the separation of psychiatry and state. He coined the term "the therapeutic state," to warn society about the dangers posed by the union of state and medicine. "Although we may not know it, we have, in our day, witnessed the birth of the Therapeutic State. This is perhaps the major implication of psychiatry as an institution of social control" (Szasz, 1963, p. 212). Szasz carefully described the similarities between the therapeutic state and the theocratic state in his book *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts, and Pushers* (Szasz, 1985).

While Szasz criticized much of what is considered medicine for mood and behavior—chemicals, electricity, brain surgery, psychotherapy, and psychoanalysis—he was a staunch defender of individuals' right to ingest whatever a person may want to put in his body, as well as the right to engage in any voluntary interpersonal behavior, of course, that violates no participants' rights. Respecting such, Szasz strongly differentiates between institutional psychiatry versus contractual psychiatry. The former, he argued, is based on coercion, the latter on consent. According to Szasz, the greatest political sin is perceived to be autonomy, and the greatest political virtue is implicitly obedience to authority. These ideas informed his thinking about psychoanalysis. Szasz believed in psychiatry and the conversation called psychotherapy, but only between consenting adults. In short, Szasz argued that mental health cures are composed of drugs and talk, mystified as medicine and therapy; they should be legal, but unmasked for what they are.

Much of Szasz's argument against regarding mental illness as disease rests on the same rationale and scientific methods used by pathologists in classifying disease, referred to as nosology. Disease refers to cellular pathology, abnormal cells, and histological lesions. Szasz pointed out that standard textbooks on pathology do not include mental illness in their list of diseases, precisely because mental illness refers to a form of behavior, and thus does not meet the nosological criteria for disease classification. To be sure, this is not to deny that the behaviors mental health professionals "diagnose" and label as mental illness exist.

With mixed results Szasz advocated a number of social policy changes, consistent with his medical and rhetorical perspectives. For example, in *Ceremonial Chemistry* (1985) and other works he called for the repeal of all drug prohibitions, a view that has recently gained adherents but is arguably far from successfully reaching its goal. He opposed what usually passes for "drug legalization," which he saw as a further step toward giving physicians control over people's lives. To Szasz and others, (see http://www.drugpolicy.org/, for example), "drug legalization" means government control and distribution, "medical marijuana," and "harm reduction." These are fronts for the "therapeutic state," a term Szasz coined in 1963 to describe the union of medicine and state that has come to replace the theocratic state, the union of church and state. Szasz believes that people have a right to drugs as property, not solely as medicine. According to Szasz, a physician or other empowered by the state has no business to make decisions about what a person chooses to put inside his or her body. Yet, consistent with his libertarian views, Szasz advocated for the complete and total repeal of drug prohibition. Moreover, he believed that medical licensure should be abolished along with prescription laws. Szasz was the first to criticize the "sexual surrogate therapy" of Masters and Johnson as medicalized procuring and prostitution, and he spoke out against much "sex research" and "sex therapy," which he viewed as pornography masquerading as "mental-health education" (Szasz, 1980). Szasz supported the right to suicide, but he was a sharp critic of "physician-assisted suicide." Yet again, "autonomy" is one of his primary values (see Vatz & Weinberg, 1983).

Szasz wrote a guide to practicing what he termed "autonomous psychotherapy." By autonomous psychotherapy Szasz means that a client and a therapist engage in a contractual

relationship. No third party was ever to be involved, a third party such as insurance companies, or especially the state. This is contrasted with institutional psychiatry, where a client is forced into therapy and a mental institution, and while the therapist claims he is a sole agent for the client, he informs the state and others of the client's progress or lack thereof. Szasz emphasized several ethical necessities for the ethical practice of consensual or contractual psychotherapy: The relationship must be absolutely confidential. The therapist must never engage in a dual role with a client. And a client always has the right to leave therapy, and/or fire a therapist at any time. The psychotherapy encounter is also not a form of medicine or medical treatment. He said it had more to do with ethics, secularism, and religion, than law, science, and medicine (Szasz, 1965, 1988).

Szasz was selected as successor to inherit the leadership of psychoanalysis by F .M. Alexander, world-renowned director of the Chicago Institute of Psychoanalysis. Szasz turned down the offer, explaining that through his training in psychoanalysis at the institute he had learned about "what not to do as a psychoanalyst" (Szasz, private communication with J. A. Schaler, 2000). Szasz was not opposed to helping people who wanted help with "problems-in-living," a term he preferred to the invalid concept of "mental illness." It has been argued that his lack of personalizing his theories may be the source of others' appending many of his ideas without giving him significant acknowledgment; it may also be the cause of less perspicacious observers falsely linking his ideas with other iconoclasts who share his criticism of psychiatry but from a collectivist point of view, such as Scottish psychiatrist R. D. Laing (1927–89) (Schaler, 2000; Szasz, 2008).

Szasz never favored a particular school of psychoanalysis or psychotherapy, instead insisting that any form of therapy that encourages the establishment of autonomy was the best form of psychotherapy.

Thomas Stephen Szasz's perspectives on mental health, a concept he consistently regarded as a general term describing behavioral conformity, lack of responsibility, and an invalid rhetorical basis, represent a paradigm that causes many people to reevaluate their advocacy of involuntary treatment practices. While his fight for the rights of mental patients is incomplete, substantial change has occurred because of his attention to the civil liberties and rights of persons labeled and diagnosed as the mentally ill.

SEE ALSO: Definition of Mental Disorder; Diagnostic Essentialism; Syndrome, Disorder, and Disease; Values and Diagnosis

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