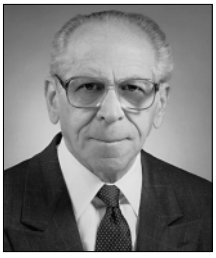
Mental Illness: Sickness or Status?



BY THOMAS SZASZ

Popular belief and scientific dogma notwithstanding, the term "mental illness" refers to unwanted behavior, not medical malady. Specifically, the term refers to the role of "mental patient," a social status imbued with far-reaching legal and political implications. The law assumes that persons called "mental patients" are more likely to be dangerous to themselves and/or others than are persons not so called, an assumption most people accept as self-evident. Herein lies the source of the psychiatrist's traditional social obligation to control "harm to self and/or others," that is, suicide and crime.

We are cast into roles before we come into this world and inexorably after we enter it. We are assigned a name, an age, a gender, and a religion. John Doe, infant, male, Protestant.

As the years pass the roles ascribed to us multiply and form our sense of self, the "I." The child says, "I am John, my brother is Michael, my mother is Mom, my father is Dad, and my dog is Puppy." John is being taught his role, his identity. He is beginning to learn "his place," his part in the plays we call "family," "school," and "society."

From an early age the child is told many other things as well: that he is excitable, or disobedient, or selfish, or clever, or a Mama's boy; or perhaps that he is odd, uncontrollable, bad, and mad. As he hears such messages habitually directed at him, he is likely to become the person the important others tell him he is. Psychologists call this the self-fulfilling prophecy. It is a good term, but it is too narrow. The notion overlooks that the individual cast into a role is not a mannequin whom others are free to dress as they please. The subject cast into a particular role is also an active agent—even as a child, and increasingly as he ages—free (within limits) to submit to and embrace or resist and reject the role into which others seek to cast him.

Being the member of a community, a religion, a nation, a civilization entails joining the cast of a particular national-religious-cultural drama and accepting certain parts of the play as facts, not just props necessary to support the narrative. For example, we in the West today accept as facts that the earth is spherical, that lead is heavier than water, that anemia is a blood disease, and attention deficit hyperactivity disorder is a mental disease. I maintain that while there are mental patients, there are no mental diseases: there are no mental illnesses or madnesses *in* the bodies or minds of the denominated subjects or in nature. Instead, there is the role of madman or mental patient into which a person is cast by his family and society, which he then assumes and plays, or against which he rebels and from which he tries to escape. Occasionally, individuals teach themselves how to be mental patients and assume the role without parental or societal pressure in order to escape unbearably painful situations or the burdens of ordinary life.

Life is full of dangers. Magic and religion are mankind's earliest warning systems. Science arrived on the scene only about 400 years ago, and scientific medicine only 200 years ago. We flatter and deceive ourselves if we believe that we have outgrown the apotropaic use of language (from the Greek *apostropaios,* meaning "to turn away").

Many people derive comfort from magical objects (amulets), and virtually everyone finds reassurance in magical words (incantations). The classic example of an apotropaic is the word "abracadabra," which *The American Heritage Dictionary of the English Language* defines as "a magical charm or incantation having the power to ward off disease or disaster." I submit that we use the phrases "mental illness," "dangerousness to self and others," and "psychiatric treatment" as apotropaics to ward

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off dangers we fear, much as ancient magicians warded off the dangers people feared by means of incantations. Some years ago I suggested that "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." Growing reliance on compulsory mental-health interventions for protection against crime and suicide illustrates the phenomenon.

In 1960, when I first publicly asserted that mental illness is a myth, I meant to remind people that, according to scientific-medical definition, disease is a predicate of bodies. If we accept that definition, we need not examine any particular person to know that he does not have a mental illness. Separating literal from metaphorical diseases is a variation on Kant's theme of separating "analytic truths" from "synthetic truths."

We know that bachelors are unmarried without investigating their marital status. The truth of an analytic proposition is contained in the meaning of the words involved. Analytic truths are "truths of reason," based on logic and the precise use of language. Conversely, we know that lead is heavier than water by reference to appropriate observations or reliable records. The truth of a synthetic proposition is contingent on what we call and accept as "facts." Physicians discover diseases, such as malaria. Psychiatrists construct and deconstruct diseases, such as homosexuality.

We need linguistic methods to verify or falsify analytic statements, empirical methods to verify or falsify synthetic statements. Diseases have causes, such as infectious agents or nutritional deficiencies, and often can be prevented or cured by dealing with these causes. Persons have reasons for their actions, regardless of whether they are said to have or not have mental diseases. It is as foolish to look for the causes or cures of the behaviors we call "mental illnesses" as it would be to look for the causes and cures of the behaviors we call "religions." Action, behavior, conduct, call it what you will, is goal-directed and meaningful. Unless it's "senseless mental illness."

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On October 6, 2005, the *New York Daily News* reported:

"Depressed banker in Queens rampage." A "perfect gentleman" banker . . . wounded his teenage son and fatally shot himself yesterday during a rampage in their million-dollar Queens home. . . . Mark Low, 61, a Manhattan banker who battled depression, finally fled down the stairs and fired a shotgun into his mouth. . . . "He was depressed—just snapped," another police source said. . . . Police seized four unlicensed guns and several prescription drug bottles—including the anti-depressant Lexapro—in the dad's name from the neat, two-story home on Browvale Lane. Shocked neighbors described the seemingly mild-mannered Mark Low as a caring father and black-belt karate instructor who practiced martial arts in the backyard. . . . "He never raised his voice," [said a neighbor]. "He never had a temper. . . . He was a perfect gentleman. . . . It just doesn't make sense."

Physicians use biological, chemical, and physical tests to diagnose disease. Pathologists demonstrate the anatomical, histological, and physico-chemical lesions of diseases. There are no objective medical tests for mental illnesses, and pathologists have not found lesions pathognomonic of such diseases. When pathologists discover such lesions in patients or cadavers, the lesions are considered evidence of physical disease, not "mental disorder." *Credo quia absurdum est.*