

Ideology and Insanity. Essays on the Psychiatric Dehumanization of Man by T. S. Szasz (London: Calder & Boyars 1973), pp. 264, £3.15.

Reviewed by Sean Sayers

This book is a collection of some of Szasz's most important articles. All but one of them first appeared in scholarly journals during the sixties, and the book itself was published in a cheap paperback edition in the United States in 1969. It is a pity that we have had to wait so long for this and other of his books to appear in Britain; but at last, and very overdue, they are being published on this side of the Atlantic.¹ This is particularly welcome in the case of the present book, since it provides a concise and very readable summary of Szasz's views on a wide variety of issues, without the often inadequately synthesized work of detail that can mar his longer works. For Szasz is no scholar, nor is his work primarily of significance as a contribution to the sciences of sociology or psychology. On the contrary he is a polemicist, and an excellent one too; and this book contains stimulating and thought-provoking polemics on a variety of topics centring round 'the myth of mental illness'.

The essays fall roughly into two groups: there are theoretical essays outlining Szasz's (mainly philosophical) objections to the concept of mental illness; and there are a series of moral and political critiques of the psychiatric procedures that the concept of mental illness serves to rationalize and to justify. These two groups of topics are, however, very closely linked; and what emerges from the whole is a distinctive and provocative discussion of both the theory and practice of contemporary psychiatry.

If the main features of Szasz's theoretical attack upon the concept of mental illness are by now very familiar, it is worth recalling that Szasz was one of the first writers to formulate them for an English-speaking audience. 'Mental illness', he argues, is a 'myth': it is theoretically incorrect and morally and socially pernicious to treat the sorts of problems with which psychiatrists are faced as medical ones. Mental illnesses are different in crucial respects from physical ones: they do not have the same objective, material existence,² and they cannot be understood within the deterministic and causal framework of the natural sciences. The problems confronting psychiatrists are not, in fact, 'illnesses' at all, and it is mystifying to regard them as such: they are personal problems, problems about how people should live their lives. Szasz calls them 'problems in living', by which he implies that they are essentially *moral* and *social* problems. By treating such problems as 'illnesses' the psychiatrist is in fact denying the free will and responsibility of his patients – he is 'dehumanizing' them and treating them as objects for his technical manipulation. And this, Szasz claims, is the inevitable result of attempting to comprehend human activity, which for him is essentially free, in natural scientific terms.

Thus mental illness is a myth, not in the sense that the problems to which these words refer do not exist, but in the sense that the psychiatric account of them in terms of mental illness is mystifying and false. Szasz makes these critical points against the psychiatric account of mental illness strongly and well, and he illustrates them with many illuminating

examples. But unfortunately the theoretical and philosophical base from which he is operating is an oversimplified and crude one: a confusing amalgam of a very simplified form of Sartrean existentialism (minus the metaphysics) and an extreme *laissez-faire* liberalism (verging on anarchism). The existentialism-made-easy is to the fore when he is criticizing the concept of mental illness, whereas it is the *laissez-faire* ideology that guides his attack on psychiatric practice. The common element in these theories is their extreme individualism, particularly in their accounts of human freedom; and since this is Szasz's major preoccupation he moves freely from one theory to the other without noticing any discrepancies. The serious inadequacy of both of these underlying theories, however, becomes fully apparent only when he moves on from criticizing contemporary psychiatry to attempting to give a positive account of the problems involved.

He does a good job of exposing the pretensions of psychiatry and of academic psychology to be scientific disciplines yielding 'value-free' and purely 'objective' results. He is fully aware that such positivistic and mechanistic thinking cannot serve as an adequate framework for a human psychology. Yet he remains totally uncritical of positivism in the natural sciences – he objects only when these methods are applied not to natural objects, but to people, who have free will and responsibility. Thus there is an extreme dualism in his thinking, between the natural and the human worlds, between the natural sciences and the 'moral sciences' that investigate human activity.

The adoption of such a dualism has become a popular way of trying to preserve human psychology from the onslaught of mechanistic natural science. Unfortunately, however, it represents an equal and opposite error to the mechanistic materialism that has so dominated psychiatry and experimental psychology in recent years and to which it is a reaction. The natural world and the human world are not exclusive and opposite realms: people, too, are a part of the natural, the material, the causal world; and they are just as much subject to the laws of nature as any other bodies. Of course to attempt to reduce their behaviour to mechanistic models is as crude and unsatisfactory as it is in the case of other objects or systems that do not function according to mechanical principles; but this is no reason for discarding any attempt to achieve a scientific understanding of human activity.

It is the aim of the sciences to seek objective and practical knowledge of their particular subject-matters on the basis of experience guided and comprehended by theory. The dangers of abandoning these goals can be illustrated from Szasz's own work. He locates himself broadly within the psychoanalytic tradition; but in his account of 'mental illness' (or 'problems in living', as he prefers to say) he rejects or abandons all the important theoretical concepts of psychoanalysis. He replaces the scientific approach of psychoanalysis with a purely moral perspective and attempts to account for human activity by means of extremely simple concepts of human freedom and responsibility. But these provide no adequate basis for understanding or practice in this area, and indeed represent a return to the simplest and least satisfactory of pre-Freudian perspectives.

Szasz's whole psychology is based on the propositions that man is free and morally responsible. The concept of mental illness, he argues, denies these by implying that the conditions

it seeks to describe afflict the passive patient. Seen in the light of man's freedom, the problems of 'mental illness' are moral problems: 'My aim . . . is to suggest that the phenomena now called mental illnesses be looked at afresh and more simply, that they be removed from the category of illnesses, and that they be regarded as the expressions of man's struggle with *the problems of how he should live*' (p. 21).

To regard mental illness in this way, purely as an expression of human individual free choice, is a gross oversimplification of what is an important insight: namely, that human intention is involved in it. However, at the very least it is essential to have some theoretical means to distinguish between the conscious charade of illness ('malingering') and symptom-like behaviour which, while it may indeed be motivated, is not undertaken with the same deliberateness and knowledge. Freud's concept of the unconscious, in the context of his theory of neurosis, fulfils precisely this function: and indeed even Sartre, who attempts to account for all human activity as the expression of an abstract metaphysical freedom, sees the need for the notion of 'Bad faith', which fulfils a similar function in its context. For example, Freud writes:

Illnesses of this kind are the result of intention. . . . The crudest and most commonplace views upon the character of hysterical disorders – such as are to be heard from uneducated relatives or nurses [i.e. that they are malingering] – are in a certain sense right. It is true that the paralysed and bedridden woman would spring to her feet if a fire were to break out in her room, and that the spoiled wife would forget all her sufferings if her child were to fall dangerously ill or if some catastrophe were to threaten the family circumstances. People who speak of the patients in this way are right except upon a single point: they overlook the psychological distinction between what is conscious and what is unconscious. . . . That is why all these asseverations that it is 'only a question of willing' and all the encouragements and abuse that are addressed to the patient are of no avail. An attempt must first be made by the roundabout methods of analysis to convince the patient herself of the existence in her of an intention to be ill.³

Szasz, however, absolutely rejects the concept of the unconscious and provides no alternative account.⁴ Consistently with this, he tends to obliterate the distinction between mental illness and malingering.⁵ Like Sartre, he tries to reduce all human activity to individual free action: but unlike Sartre, his idea of freedom exists in a theoretical and philosophical void. For example, he makes no attempt to reconcile his extreme idea of freedom with the evident and widespread apparent unfreedom and compulsiveness of so many of our activities. His account of mental illness as 'playing the sick role' thus fails to give any understanding of the crucial problems in this area. In effect it is indistinguishable from the moralizing views of the 'uneducated relatives and nurses' to whom Freud refers in the above passage. And by giving central place to the notion of individual responsibility, Szasz also thereby gives central place to individual blame: therapy becomes merely a process of moral 'encouragements and abuse'. All those aspects of psychoanalytic theory and therapy that give them a claim to serious scientific and philosophical attention have been jettisoned and nothing has been gained!

Although I am strongly in sympathy with the polemical purposes of Szasz's attack on psychiatry, it nevertheless seems clear to me that the overall effects of his work are to return psychoanalytic theory to its very beginnings and to suggest a theoretical basis for it that can only have the effect of keeping it there. The problems facing all workers in the field of 'mental health' are typically problems of human *unfreedom*: situations in which people, although their behaviour may be motivated and in this minimal sense 'intentional', have in fact lost control and become alienated from their activities and from their lives. It is true, as Szasz is correct to stress, that such problems cannot usefully be treated in terms that try to fit human activity into the crudest of mechanistic frameworks. But nor can they be understood on the basis of a philosophy that postulates an absolute freedom and makes no attempt to account for the apparent unfreedom and alienation that in fact constitute the problems to be dealt with. Freedom, if it is to be a useful concept in psychology, cannot be regarded as an innate constituent of individual human nature; on the contrary, it must be seen as an achievement of human activity, and particularly of *social* activity.

Szasz is, however, positively hostile to any social account of freedom, and this vitiates his social and political criticisms of psychiatric practice. In his introduction he says that he will approach psychiatry as 'essentially a moral and a political enterprise' (p. 3). That the practice of psychiatry involves moral or political questions is something that the majority of contemporary psychiatrists strenuously deny. Szasz conclusively shows this to be false, and he is at his most effective when he is demonstrating the moral and political values implicit in their work. However, his acute appreciation of the social and political nature of contemporary psychiatry is not based on any serious analysis of society and the role of psychiatry within it, but instead derives from his extreme individualism. And this individualism is again a totally inadequate basis for any valuable analysis of the problems, once the polemics against orthodox psychiatry are finished with.

His argument is essentially that psychiatry has become a mechanism of social control and coercion, increasingly under the influence and power of the State: 'The purveyors of mental health care, especially when such care is provided by the government, are actually the purveyors of the moral and socio-economic interests of the state' (p. 48). And he provides powerful and well-documented evidence for these assertions. Furthermore, he extends his critique into all areas in which psychiatry operates. Included in the collection are essays on the 'insanity plea' in legal proceedings, the role of psychiatry in legalizing abortions and the employment of psychology and psychiatry in educational institutions, as well as a sustained onslaught on the practice of involuntary mental-hospitalization ('a crime against humanity'). In all these areas Szasz reiterates his basic point: psychiatrists are called in to legitimize and rationalize certain social and political decisions. The intentions and effects of such psychiatric interventions may be, and often are, liberal and humane ones; but psychiatric procedures are essentially dehumanizing ones nevertheless. In all these cases, what are in fact moral or legal or political problems are mystified and presented under the pseudo-objective and pseudo-medical categories of 'mental illness'. Questions of value and choice are posed as if they were merely technical questions of psychiatry, and in this way the individu-

al's freedom and agency are denied.

According to Szasz, contemporary psychiatry is not in the service of the individual; it has come to be dominated by the values of 'collectivism', embodied in 'modern interventionist liberalism' (that is, Welfare State liberalism), not to mention any more socialistic philosophies that would be even more anathema to Szasz. Attempts to tackle 'mental health problems' at the social level (in 'community psychiatry', for instance), are, for Szasz, the clearest indications of such 'collectivism'. They emphasize 'the supreme value of the collective; to this value, the individual, if he is to become and remain "mentally healthy" must subordinate himself' (p. 226). The aim of such psychiatry is 'social rehabilitation of the mentally ill - that is, conversion of a social misfit into a socially useful citizen' (p. 225). Or to put it another way: the adaptation of the individual to the existing social environment - adjustment and social tranquility.

This critique of current psychiatric practice is powerful, effective and presented with great forcefulness. And out of it Szasz poses the crucial problem with great clarity: contemporary psychiatry serves the interests of the State; too often it functions to dehumanize and enslave men and to enforce their conformity to the *status quo*. How can psychiatric work serve the function of liberating men? But unfortunately Szasz's answer to this question has been predetermined for him by the terms of his philosophy, and is disappointing when it comes and even a little absurd.

Szasz's philosophy is all black and white. The enemy is 'collectivism', which dominates contemporary psychiatry. In opposition to this he asserts his own preferred values of individualism, based on a *laissez-faire* liberalism so simple and extreme that it verges on anarchism. Without more ado, 'collectivism' is equated with oppression, 'individualism' with freedom:

In an individualistic society, men are not prevented by force from forming voluntary associations, nor are they punished for assuming submissive roles in groups. In contrast, in a collectivist society, men are forced to participate in certain organizational activities, and are punished for pursuing a solitary and independent existence. The reason for this difference is simple: as a social ethic, individualism seeks to minimize coercion and fosters the development of a pluralistic society; whereas collectivism regards coercion as a necessary means for achieving desired ends and fosters the development of a singularistic society [pp. 28-9].

In accordance with this extreme individualism Szasz sees freedom as a purely negative phenomenon: the absence of social (and especially state) control. Thus his recommendations are negative ones: an ending of the State's role in psychiatry, an end to involuntary treatment and hospitalization, and a return to private individual practice in psychiatry under free-market conditions.⁶

The naiveté of these suggestions is staggering, particularly in view of the acuteness with which Szasz sees the evils of contemporary psychiatry. The myopia and ineptitude of the *laissez-faire* philosophy that lies behind them have so convincingly been demonstrated over the last century and more that they hardly need repeating here. In capitalist society *laissez-faire* has consistently produced the very opposite of the

dreamed-of conditions of perfect competition leading to a free, equal and harmonious society. On the contrary, *laissez-faire* has always encouraged the inherent tendencies of capitalism to develop unchecked – anarchy in production, inequality, poverty and exploitation. Eventually the resulting social and economic problems have become so great that the bourgeois-liberal State has had to intervene,⁷ not out of any doctrinaire belief in the inherent benefits of state intervention, but out of social and economic necessity. And as the contradictions of capitalism have developed, so the State has needed to intervene in social and economic life on an increasing scale in order to mitigate and delay the worst effects of the capitalist system.

This all applies equally to the field of psychiatry. The system of private practice has long ago proved incapable of dealing with the psychological and social problems that exist. Private medicine is not in the interests of the 'individual' in general – it serves the interests only of those 'individuals' who can afford to pay for it (ie the interests of a *class*). In any case, and at a more basic level, the problems in this area are more deeply social; and a more radical approach is required than merely tinkering with the administrative arrangements within the profession.

Psychiatry and its problems are indeed social and political; and Szasz's work has drawn attention to this in a forceful and provocative way. However, and despite his own claims to the contrary, the most serious weakness in his work is the crude individualism that underlies it and his consequent failure to think through the problems in properly social or political terms. For this it would be necessary to see freedom (which is his central concern) not as an innate part of individual moral character, nor as something which the 'individual' asserts against and despite the 'collective', but rather as a human and social product that, although it is suppressed in social contexts, can also *exist* and *flourish* only in and through society. And so, from this point of view, the problem is one of creating a social environment that minimizes alienation and all the other forms of unfreedom so misleadingly labelled as 'mental illness' and in which such matters can be tackled in humane and rational ways.

Szasz has done a great deal to focus attention upon the moral, political and social problems of contemporary psychiatry, and for this his work has been, and remains, of the first importance. However, having learned from his polemics we must go on to develop a positive account of man and society, in more sophisticated and satisfactory terms than he provides, in order to think these problems through.

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Review received July 1974.

¹ Apart from the book under review, the following have also been published recently in Britain: *The Manufacture of Madness* (London: Routledge & Kegan Paul 1973); *The Ethics of Psychoanalysis* (London: Routledge & Kegan Paul 1974); and *The Second Sin* (London: Routledge & Kegan Paul 1974).

² Szasz rejects attempts to postulate an organic basis for mental illness as merely hypothetical and without any demonstrable foundation in fact. He also has more dubious, metaphysical, reasons for rejecting organic theories. See, for instance, pp. 12ff.

³ S. Freud, 'Fragment of an Analysis of a Case of Hysteria' ['Dora'], *Collected Papers*, III (London: Hogarth Press and Institute of Psychoanalysis 1925), p. 56.

⁴ See in particular T. S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (London: Secker & Warburg 1962), Book 2, esp. pp. 119ff.

⁵ *Ibid.*, pp. 142-3; see also *Ideology and Insanity*, pp. 51f.

⁶ As Szasz observes, private practice is a product of such conditions and can survive only under them.

⁷ Current Tory hysteria notwithstanding. Although in appearance quite radical, Szasz shares a great deal of common ground with contemporary conservative thought, which also often appeals to extreme individualist and *laissez-faire* ideas.