The legacy of Thomas Szasz

Future historians will cast Thomas Szasz as the great moral philosopher of psychiatry: the 20th century's most intrepid campaigner for the blindingly obvious. People do not have 'mental illnesses', as they suffer from cancer or diabetes, but experience a wide range of moral, interpersonal, social and political 'problems in living'. Today, Szasz remains misrepresented and misunderstood—cast as a 'mental illness denier' or an 'antipsychiatrist'.

Szasz always acknowledged that people could, and often did, experience great distress. However, he believed that it diminished them to attribute this to some 'ghostly' presence called 'mental illness'. This, he felt, might suggest they were powerless to change. In this way, Szasz is the philosophical 'godfather' for all contemporary 'self-help', 'mutual-support' and 'empowerment' groups.

Antipsychiatry

He also pointed out the foolishness of the 'antipsychiatry' label. Obstetricians may choose *not* to perform abortions but no one would dream of calling them 'anti-obstetricians'. As a libertarian, Szasz believes that people should be *free* to believe in 'mental illness', just as they are free to believe in God or alien abduction. Whether or not *Szasz* believes in such things is irrelevant. People should also be free to *consult* psychiatrists; to *accept* or *reject* their diagnoses; to *take drugs* (whether legal or illicit); to accept electroconvulsive therapy, or even ask for psychosurgery. Szasz's main concern has always been with the *abuse* of psychiatric power, where people are coerced, or deceived, into accepting bogus 'treatments' for their metaphorical 'illnesses'. Sadly, many associated with 'antipsychiatry'—from Ronnie Laing to Franco Basaglia—never challenged this abuse; but merely tried to shift the power from the mainstream to their 'brand' of psychiatry.

As Szasz celebrates his 90th birthday (15 April) a 50th anniversary edition is published of his classic book *The Myth of Mental Illness* (Szasz, 2010), in which he argued that 'mental illness' could only work as a metaphor. It is widely accepted now that there are no 'medical tests' for any form of 'mental illness'. However, few are willing to accept that if there were, these would become 'physical illnesses', not 'mental' ones. 'Mental illness' refers to people's thoughts, feelings or behaviours, which either they or others find 'undesirable'. The 'mentally ill' are 'sick' only in the same sense that a joke or a building might be described as 'sick'. However, this is no academic language game.

From his first day in medical school in the early 1940s Szasz recognised that physicians tried to *relieve* the suffering of people who *asked for*, and *accepted*, medical help. He realised that psychiatrists committed a grave moral wrong by imprisoning and coercing people who *neither* sought *nor* wanted their 'help'. This profoundly humanist view became, and remains, his guiding vision. For 60 years he has campaigned against the misrepresentation of 'problems in living' as 'mental illness' and psychiatry's use of *force* against people experiencing such personal, interpersonal or social distress. As coercion is, again, on the rise, Szasz's critique becomes increasingly relevant.

History will also remember Szasz as the first psychiatrist to challenge the 'diagnosis' of homosexuality as a form of 'mental illness'. By breaking rank with his psychoanalyst colleagues in the early 1960s, he helped promote the social and civil rights gay and lesbian persons now take for granted.

Increasingly, we take for granted the idea that people should be able to set out plans for how they should be treated (or not), should they need, or be obliged to accept, psychiatric care. Szasz paved the way for 'advance directives', when he proposed his 'psychiatric will' over 30 years ago.

Szasz also shifted the focus from talking nonsense about 'mental illness', to talking about the realities of 'problems in living'. He has shown no interest in 'patients, clients, survivors or service-users', preferring, instead, to talk only about *persons*. This deep concern for *people, freedom* and *responsibility*, has influenced greatly the way we now talk, about 'personal needs' and 'mental health problems'.

As we contemplate a new era of personal wellbeing, we might remember the debt we owe to Thomas Szasz.

Reference

Szasz TS (2010) *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* Harper Collins, New York NY

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