Psychiatry, Anti-Psychiatry, Critical Psychiatry: What Do These Terms Mean?

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I thank Professor Fulford for giving me an opportunity to comment on Bracken and Thomas's essay. Unfortunately, this requires accepting the authors' focus on *discourses* rather than *deeds,* on what psychiatrists say and how they say it rather than on what psychiatrists do and how they justify it. This I cannot do in good conscience. Nevertheless, out of respect to Professor Fulford and the journal *Philosophy, Psychiatry, & Psychology,* as well as a sense of professional obligation, I offer herewith my brief comments.

Bracken and Thomas are not the first persons to compare my work with Foucault's, nor the first to comment on my writing style. In 2001, a pseudonymous blogger posted this comment (still available):

> Although the perceptions which motivate Thomas Szasz are similar to those which motivated Foucault to write his first book, *Madness and Civilization*, Szasz's writing style relies on a number of forms Foucault was reluctant to use. Foucault preferred to show the story and let the consequences speak for themselves, thereby insinuating his position. . . . As a result, Foucault's work is ambiguous and difficult to make heads or tails of. Szasz, however, makes clear his disdain for this social cowardice. . . . On this matter, Szasz is definitely the better scholar and the better writer. The flipside of this better writing style is that the "Establishment," while content to let the baroque writings of Foucault slide under their radar, have a special place in Hell reserved for Szasz. In a footnote early in *The Manufacture of Madness,* Szasz quotes his colleague Frederick G. Glaser: "The question will inevitably be raised whether sanctions of some form ought to be taken against Dr. Szasz, not only because of the content of his views but because of the manner in which he presents them. He has not chosen to limit his discussion to professional circles, as his magazine article, not the first that he has written, testifies." ("The dichotomy game: A further consideration of the writings of Dr. Thomas Szasz," American Journal of Psychiatry, 121, May 1965.) The article to which Dr. Glaser refers was published in *Harper's*. Glaser's comments, which practically reek with Inquisitorial undertones of censorship and persecution, reflect the discomfort which Szasz inspires in psychiatrists whose job it is to find "sick" people and "help" them—whether the "patient" wants that help or not. (available from: http://everything2.com/e2node/Thomas%2520Szasz)

Bracken & Thomas (B&T): "Because psychiatry deals specifically with 'mental' suffering, its efforts

are always centrally involved with the meaningful world of human reality" (2010, 219).

Thomas Szasz (TS): Let us begin at the beginning. We relate to others in two opposite ways: by cooperation and by coercion. Some psychiatric relations are consensual, some are coercive. Contractual psychiatry, based on cooperation, is like mutually desired love-making. Coercive psychiatry, based on force, is like rape (Szasz 1987/1997, 2004).

B&T: "As such, it [psychiatry] sits at the interface of a number of discourses: genetics and neuroscience, psychology and sociology, anthropology, philosophy, and the humanities" (2010, 219).

TS: I am unable to recognize in this picture a portrait of contemporary psychiatry in the United Kingdom or the United States. The psychiatrist's paradigmatic practices are involuntary mental hospitalization and the insanity defense. Without these interventions psychiatry, as we know it, would cease to exist. Yet Bracken and Thomas do not even acknowledge their existence (Szasz 1963/1989, 1970/1997, 1993).

B&T: "[Psychiatrists] are always centrally involved with the meaningful world of human reality. . . . Each of these [interfaces] provides frameworks, concepts and examples that seek to assist our attempts to understand mental distress and how it might be helped" (2010, 219).

TS: I do not believe that the attaching of stigmatizing psychiatric diagnoses to individuals whom psychiatrists (ostensibly) seek to help is "always centrally involved with the meaningful world of human reality." I do not agree that such actions assist us in "our attempts to understand mental distress and how it might be helped" and deny that prescribing mind-altering drugs helps in this endeavor. I believe we can gain more understanding of mental distress from Shakespeare and Dostoevsky than from the American Psychiatric Association's *Diagnostic and Statistical Manuals*.

B&T: "Although most authors are aware that Foucault and Szasz approached psychiatry from very different angles, nevertheless, there has been a tendency to lump them together as representatives of 'anti-psychiatry.' A typical example is Edward Shorter's (1997) dismissive remark: 'The works of Foucault, Szasz, and Goffman were influential among university elites, cultivating a rage against mental hospitals and the whole psychiatric enterprise'" (2010, 220).

TS: Shorter is an unabashed advocate of coercive psychiatry. Hence, it is reasonable that his view of my work is unfriendly and unsympathetic. So why do Bracken and Thomas cite him? Their remark re-enforces the confusion about antipsychiatry rampant in the literature (Szasz 1976, 1976/1988, 2008). They could have easily remedied this by adding something like, "Szasz has made it clear that he is anti-coercion, not anti-psychiatry. In fact, for almost 50 years he has practiced what he calls 'contractual psychiatry' or 'listening and talking.'"

B&T: 'Whereas Szasz's analysis is predicated on a number of binary distinctions, Foucault works to overcome such distinctions" (2010, 219).

TS: Binariness is an attribute of the natural world and of many social situations created by humans to be binary (Pearce 1987). We are bilaterally symmetrical: we have right sides and left sides; we drive on the right or on the left; defendants are punished or not punished; misbehaving persons may be managed as responsible moral agents or as non-responsible mental patients justifiably coerced by psychiatrists. Ironically, while expressing distaste for "binary" distinctions, Bracken and Thomas support their simplistic thesis, "binary bad, non-binary good," by setting up Foucault and me as a binary pair.

B&T: "In the past ten years, a new movement of critical psychiatry has emerged. Although this shares certain concerns with the critical psychiatry of the 1960s and 1970s, there are substantial differences. We argue that this discourse is more resonant with the Foucauldian approach" (2010, 219).

TS: I do not know what is "critical psychiatry." Does the term imply that there is another kind of psychiatry, properly categorized as "uncritical psychiatry"? I read everything Foucault wrote that has been translated into English and most of what has been written about him. Nevertheless, I do not know what a "Foucauldian approach" is.

The term "Foucauldian" is often used to refer to Foucault's opaque, oracular prose style. Is this what Bracken and Thomas mean when

they express their preference for a "Foucauldian approach" in contrast to, say, a plain-speaking approach?

Foucault was a nihilist—in the sense of extreme skeptic—denying the possibility of objective knowledge or the existence of objective moral values with which to prefer one action over another. In 1953, he declared: "Man can and must experience himself negatively, through hate and aggression" (Miller 1993, 206). In *The Birth of the Clinic,* he wrote: "I should like to make it plain once and for all that this book has not been written in favor of one kind of medicine as against another kind of medicine, or against medicine and in favor of an absence of medicine. It is a structural study that sets out to disentangle the conditions of its history from the density of discourse, as do others of my work." (Foucault 1973, xix). In 1984, he remarked that "he had shared 'no community' with Laing, Cooper, and Basaglia when he wrote *Histoire de la folie*" (O'Farrell 1989, 8). David M. Halperin, the author of *Saint Foucault: Toward a Gay Hagiography*, notes that when "left-wing gay intellectuals tried to credit his writings with contributing to the gay liberation movement," he rebuffed them: "My work has had nothing to do with gay liberation" (Halperin 1995, 31). It has had even less to do with psychiatric liberation.

The one subject on which Foucault took a firm stance is Islamic religious fanaticism, which he fervently embraced, perhaps on the principle of "the enemy of my enemy is my friend." (Afary and Anderson 2005). In 1978, Foucault "made plain his disillusionment with all the secular ideologies of the West and his yearning to see 'another political imagination' emerge from the Iranian Revolution. 'Industrial capitalism,' he said, had emerged as 'the harshest, most savage, most selfish, most dishonest, oppressive society one could possibly imagine" (Halperin 1995, 31).

B&T: "He [Szasz] sees no role for medical involvement in the messy world of madness and distress" (2010, 221).

TS: It should be clear from my writings and lectures and frequent identification as a libertarian that I believe free people in a free society must be as free to choose their doctors and treatments as they are to choose their churches and ministers or their restaurants and meals. (Szasz 1992/1996). Of course, I see "a role for medical involvement in the messy world of madness and distress"—if that is what the customer/patient wants. That is called "freedom of choice," a subject on which I prefer Adam Smith, David Hume, Lord Acton, and Ludwig von Mises to Foucault, Laing, Bracken, and Thomas. Ignoring the adage "If you take the King's shilling, you do the King's bidding" does not invalidate it.

B&T: "Critical psychiatry is a process, not a fixed set of ideas. . . . By critiquing the status quo, by revealing the constructed nature of psychiatric theory and practice, the aim is to create spaces in which excluded voices can be heard. In other words, the aim is not to replace one psychiatric authority with another but to weaken the notion of authority in the field of mental health altogether" (2010, 227).

TS: This is what I call "prettifying the psychiatric plantations." The incarcerated mental patient's problem is not "the notion of authority"; it is the brutal reality of psychiatric power and the psychiatrist's professional duty to exercise it (Szasz 1993/2002). Psychiatrists, even before they were called that, claimed wanting to "weaken the notion of authority in the field of mental health altogether," a claim that lacks credibility. Actions speak louder than words. Psychiatrists can reject coercing and excusing patients and, like other physicians, treat only individuals who consent to receiving their services.

Bracken and Thomas's use of term "authority" in lieu of the term "power" requires a brief comment. People respect and value authority based on competence, that is, on the possession of specialized knowledge and skill: that is why they seek the services of the ophthalmologist—for themselves. People disrespect and fear authority based on power, especially psychiatric power unconstrained by the traditional limitations of the criminal law: that is why they seek the services of the (coercive) psychiatrist—for the unwanted other. So long as that is a reality, psychiatry will remain a "problem" for psychiatrists (as well as patients).

References

Afary, J., and K. B. Anderson. 2005. *Foucault and the Iranian revolution: Gender and the seduction of Islamism.* Chicago: University of Chicago Press.

Bracken, P., and P. Thomas. 2010. From Szasz to Foucault: On the role of critical psychiatry. *Philosophy, Psychiatry, & Psychology* 17, no. 3:219–228.

Foucault, M. 1973. *The birth of the clinic: An archeology of medical perception*, trans. A. M. Sheridan-Smith. London: Tavistock.

Halperin, D. M. 1995. *Saint Foucault: Towards a gay hagiography*. New York: Oxford University Press.

O'Farrell, C. 1989. *Foucault: Historian or philosopher?* New York: St. Martin's Press. http://www.thefoucauldian.co.uk/clare.htm

Miller, J. 1993. *The passion of Michel Foucault*. New York: Simon and Schuster.

Pearce, R. 1987. Symmetry/disruption: A paradox in modern science and literature. In *One culture: Essays in science and literature*, ed. G. Levine, 164–179. Madison: University of Wisconsin Press.

Szasz, T. 1963/1989. *Law, liberty, and psychiatry: An inquiry into the social uses of mental health practices*. Syracuse: Syracuse University Press.

———. 1970/1997. *The manufacture of madness: A comparative study of the inquisition and the mental health movement*. Syracuse: Syracuse University Press.

———. 1976. Anti-psychiatry: The paradigm of the plundered mind. *New Review* 3:3–14.

———. 1976/1988. *Schizophrenia: The sacred symbol of psychiatry*. Syracuse: Syracuse University Press.

———. 1987/1997. *Insanity: The idea and its consequences*. Syracuse: Syracuse University Press.

———. 1992/1996. *Our right to drugs: The case for a free market*. Syracuse: Syracuse University Press.

———. 1993/2002. *Liberation by oppression: A comparative study of slavery and psychiatry.* New Brunswick: Transaction Publishers.

———. 2004. *Faith in freedom: Libertarian principles and psychiatric practices*. New Brunswick: Transaction Publishers.

———. 2008. Debunking antipsychiatry: Laing, law, and Largactil. *Current Psychology* 27:79–101.