

## Thomas Szasz: The Uncompromising Critic of Psychiatry

A review of



### **Coercion as Cure: A Critical History of Psychiatry**

by Thomas S. Szasz

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Reviewed by

[Jay Joseph](#)

In *Coercion as Cure: A Critical History of Psychiatry*, psychiatrist Thomas S. Szasz returns to many of the positions he has put forward since the 1960s. A major theme of his writing has been that psychiatry is a “pseudoscientific state religion” (p. 10), whose main purpose is to deprive people of their liberty under the guise of providing treatment for those suffering from (nonexistent) “mental illnesses.” As always, Szasz uses direct and forceful language in making his case against “psychiatric slavery” (p. 12). He defines psychiatry as “the theory and practice of coercion, rationalized as the diagnosis of mental illness and justified as medical treatment aimed at protecting the patient from himself and society from the patient” (p. xi).

The book's subtitle should not lead prospective readers to conclude that this is a comprehensive critical history of the psychiatric profession. Rather, Szasz focuses on past and present controversial psychiatric "treatments" such as American psychiatry founder Benjamin Rush's "tranquilizing chair," involuntary confinement, lobotomy (which Szasz calls "cerebral spaying," p. 151), sleep therapy, electroconvulsive treatment (ECT), insulin shock treatment, and the "psychiatrically implemented drugging of mental patients" (p. 177). Unlike more moderate critics, who point to these practices as mere abuses, Szasz sees them as exemplifying the role of psychiatry as an agent of social control. "Despite seemingly radical changes in psychiatric principles and practices during the past half century," he writes, "I contend that the truth about this *mala fide* medical specialty remains so terrible that it invites disbelief" (p. 13).

Szasz argues that coercion is the "practical basis, social function, and fundamental characteristic of psychiatric practice" (p. 177), while ironically pointing out that in the professional literature and in the media, coercion "is the least noted feature of psychiatry as a medical discipline" (p. xiv). As Szasz has pointed out for many years, the state grants psychiatrists the legal right to confine psychiatrically diagnosed people against their will, even though it prohibits this practice in other branches of medicine. For example, a physician or neurosurgeon cannot legally force a patient to have a brain tumor (medical disorder) surgically removed, whereas a psychiatrist is given the right to detain, and force treatment on, someone diagnosed with schizophrenia (a "mental disorder").

Historically, psychiatry and society have justified involuntary psychiatric treatment, in part, on the grounds that many people diagnosed with mental disorders "lack insight" into the nature of their disorder. Throughout the book and in previous writings, Szasz opposes involuntary or coerced treatment and tends to dismiss the idea that psychiatric patients sometimes lack insight. In Szasz's view, a mental hospital is a place where psychiatrists forcibly incarcerate people displaying disturbing or dangerous behavior, in the name of providing "treatment" for people with "mental disorders." As he

writes, "Mental hospitals are prisons. It is psychiatrists, and mainly psychiatrists, who pretend that they are not" (p. 52).

The core of Szasz's argument, first presented in detail in his 1961 book *The Myth of Mental Illness* (Szasz, 1961), is that there are no "mental illnesses" or "diseases of the mind" but only diseases of the body. Thus, psychiatric diagnoses, which lack a proven biological basis, are not diseases or "illnesses." Rather, they are labels that psychiatrists sometimes use to justify the use of coercive practices against people displaying socially unacceptable or disturbing behavior, or who suffer distress caused by various problems of living. However, although Szasz focuses on psychiatry, one could argue that many American institutions use coercion and euphemisms to achieve desired behavior or to maintain the social status quo.

Over the years, supporters of mainstream psychiatry have attempted to counter Szasz's arguments by claiming that mental disorders are valid constructs because they have been shown to have a biological or genetic basis. This claim is frequently repeated in the psychiatric literature and in popular works. However, Szasz has pointed that when a "mental disorder" is shown to have a biological basis, it leaves the realm of psychiatry and becomes the concern of other branches of medicine, such as neurology. In cases where brain pathology is discovered, the patient has a brain disease, not a mental illness.

One example Szasz discusses in *Coercion as Cure* is epilepsy, which psychiatry once regarded as a mental disorder similar to insanity. Because diagnoses such as schizophrenia, bipolar disorder, attention-deficit/hyperactivity disorder (ADHD), and unipolar depression are claimed—but are not proven—to have a biological basis, they, unlike epilepsy, remain in the realm of psychiatry. Szasz quotes from a neurology textbook that calls on doctors treating people with epilepsy to do things "in collaboration with patients rather than to or for them" (p. 122). And since the medical profession now views epilepsy as a medical rather than a "mental" disorder, the involuntary hospitalization of epileptics is prohibited:

The differences between neurological and psychiatric attitudes towards patients could hardly be more dramatic. The neurologist deals with persons suffering from *demonstrable brain diseases and eschews coercing them*. The psychiatrist deals with persons allegedly suffering from *hypothetical (nondemonstrable) brain diseases and clings to his power to impose unwanted interventions on them*. (p. 122, italics in original)

A weakness in Szasz's response to his critics' claim of a biological basis for mental disorders has been his failure to analyze these claims in detail. Yet, others have shown that the evidence put forward in support of a biological causation of schizophrenia, ADHD, and other diagnoses is weak (Breggin, 1991; Leo & Cohen, 2003; Read, Mosher, & Bentall, 2004). Moreover, the claim by Szasz's critics that mental disorders are valid entities because they have an underlying genetic basis, as well as that genes for mental disorders have already been discovered, has also been subjected to detailed criticism (Joseph, 2004, 2006). In fact, Szasz argues that mental disorders—by definition—can have no biological basis. In 2004, he wrote, "Mental illness does not exist not because no one has yet found such a disease, but because *no one can find such a disease*: the only kind of disease medical researchers can find is literal, bodily disease" (Szasz, 2004, p. 322, italics in original).

In the process of criticizing the psychiatric profession, Szasz treats his fellow critics of psychiatric practices harshly. He refers to David Healy, who has helped expose the psychopharmaceutical industry's manipulation and suppression of data unfavorable to the antidepressant and neuroleptic drugs they profit from, as the "most hypocritical" type of psychiatrist (p. 179). And "psychiatric apologist" (p. 170) Elliot Valenstein is criticized, among other reasons, for writing that lobotomies were found to cause brain damage. In Szasz's view, "Lobotomy is synonymous with brain damage: it is intentional brain damage, just as cutting-off the hands of pickpockets is intentional hand damage" (p. 170). In Chapter 8, he takes yet another opportunity to attack the well-known 1960s "antipsychiatry" leader R. D. Laing. Szasz

attempts to dismiss Laing's contributions by portraying him as a “drug guru” (p. 215) who “made a sport of betraying every promise and trust, explicit and implicit—to wives, children, friends, and patients” (p. 216). Finally, in a discussion of the origins of psychiatry's use of psychotropic drugs to subdue mental patients, Szasz disturbingly equates the role of Jewish-American psychiatrists in promoting these drugs with Josef Mengele and Nazi-era German psychiatrists (pp. 192–195).

While Szasz explores some interesting and little known troubling episodes in the history of psychiatry, psychologists and others interested in Szasz's ideas would do better to consult his previous works, which include *The Myth of Mental Illness* (Szasz, 1961), *The Manufacture of Madness* (Szasz, 1970), and *Insanity: The Idea and its Consequences* (Szasz, 1987). In addition, the edited volume *Szasz Under Fire* (Schaler, 2004; Szasz, 2004) offers several fascinating exchanges between Szasz and his critics.

Today, it is virtually axiomatic in both psychiatry and psychology that discrete mental disorders (a) exist as valid and reliably identifiable constructs, (b) have a biological and genetic basis, and (c) should in most cases be treated with psychotropic medication (and sometimes psychotherapy). Yet these positions have not gone unchallenged, even though psychiatry and psychology textbooks tend to ignore or dismiss the views of critics. Despite some mistaken positions and hyperbole, and a worldview narrowly focused on the question of liberty versus lack of liberty, Szasz has raised important questions about the principles, assumptions, and practices of psychiatry. And given the major influence that psychiatric thought has on the field of psychology, his arguments are important for psychologists to hear—especially those psychologists who question the dominant ideas of their field.

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