

If you asked a psychiatrist what he thought of Thomas Szasz's work he would most probably say 'he's mad!' This in itself illustrates Szasz's argument that labels such as 'mad' are used to stigmatize people whose behaviour or thoughts offend or disturb us. According to Szasz mental illness is nothing but a 'myth' that's purpose is to disguise the bitterness of reality! Szasz suggests that collaboration between psychiatrist and the government has successfully disguised this 'social problem' and presented it as a 'medical problem', a 'disease' of the brain. How true are these claims made by Szasz? This essay will go on to explore further into the validity of this argument made by Szasz.

Many contemporary psychiatrist, physicians and scientist hold the view that some even if a very subtle, neurological defect will be found for all disorders of thinking and behaviour. All mental illnesses are an attribute to physiochemical processes. The difference they see between a mental and a physical disease is that a mental disease manifest's itself by mental symptoms.

Szasz argues, what central nervous system symptom would correspond to a skin eruption or a fracture? It would not be some emotion or complex bit of behaviour. Rather it would be blindness or paralysis of some part of the body', Szasz (1960). He suggests that there are diseases of the brain like 'Parkinson's disease' but they can not be a disease of the 'mind'.

There is some scientific evidence to show that schizophrenia is a biological disease caused by genetic factors, an imbalance of chemicals in the brain, structural brain abnormalities or abnormalities in the prenatal environment. Studies have found that children of schizophrenic parents have a high chance of developing the disorder by up to 13 per cent and those with two schizophrenic parents have a 46 per cent chance. This increased risk is found to be present even when children are adopted. Scientist suggest that excess activity of the neurotransmitter dopamine is the cause of schizophrenia. This hypothesis is supported by the effectiveness of antipsychotic drugs in reducing psychotic symptoms of schizophrenia. This drug works by blocking brain receptors for dopamine. Brain imaging techniques have also found brain abnormalities in some schizophrenics. The brain ventricles appear to be enlarged and there is a smaller volume of brain tissues in comparison to mentally healthy people.

Adoption studies have provided some evidence of a genetic role in depression. These studies show that children of depressed people are vulnerable to depression even when raised by adoptive parents, Mueser, K.T (1998), CD-Rom. A higher than normal level of hydrocortisone can be found in many depressed people. This supports the theory that depression is caused by an imbalance in hormones

Szasz is chiefly arguing that disease or illness can only affect the body and not a person beliefs and thoughts; hence there is no such thing as mental illness. What psychiatrist suggest are symptoms of mental illness are actually a person's reactions to 'problems in living'. Szasz uses the example of Andrew Goldstein and John Hinckley Jr. Both of these committed horrendous crimes, for which they pleaded 'insanity'. Can a brain disease really be the cause of these planned, complex, co-ordinated behaviours? Szasz argues that this is not possible. According to Szasz the whole concept that 'disease' of

the mind are disease of the brain' is used to support the rationality in drug treatment which keeps psychiatrist employed, and to justify the demand for equal insurance coverage for mental disorders, as they be for physical disorders. Szasz uses the example of the signing of the 'Mental Health Parity Act 1996' by Pres. Clinton in the US, which ended the long-held practice of providing less insurance coverage for mental illness than is provided for physical disorders. Szasz states that this shows the influence such ideas have on society and further promotes the concept that mental illness is a disease of the brain hence a 'medical condition'.

Critics argue that medicine is and has never been concerned with known bodily etiology. The mission of medicine is to care for those within society who are suffering. It is argued that szasz exaggerates the difference between mental and physical illness. Ausubel (1962) claims there are commonalities between diagnosis of certain physical and mental symptoms, Guitheil, G.T (2002) On-Line. Also szasz ignores that psychiatrist do not use the term 'disease'. They use the term 'disorder', which addresses their acknowledgment that conditions with no physiological proof of the underlying mechanism can not be termed as 'disease' rather they are 'disorders'.

In Szasz's view that actual concept of 'illness' in itself implies 'deviation' from some set of norms, which are defined by the person who considers himself as deviating from a norm or defines by legal authorities and society in general. Mental illness is found when a deviation from psycho-social, ethical and legal norms is seen. Szasz found it logically absurd that deviations from such norms are sought to be corrected by medical action. He couldn't find the reason behind why psychiatrists are hired to treat a person in order to correct such deviations. Hence solve a problem whose very existence has been defined and established on non-medical grounds.

Social constructionist hold Szasz's theory on the social nature of mental illness as too limited. Although Szasz claims that 'mental illness' is a socially constructed myth, he makes no references to physical illnesses and accepts that they are a biological reality presenting no argument for why he makes this distinction. Schoenmeman, T.J (2002) On-Line, argues that Szasz's theory redefining mental illness as 'problems in living' is based on weak historical evidence.

Because Szasz believes mental illness is a 'problem of living' psychiatry is therefore a discipline concerned with problems in human relations and not with diseases of the brain which are problems for neurology. The analysis and interpretation of problems in human relations can only be given within social and ethical contexts, and psychiatry so we see that psychiatry can not be separated from ethics. So a psychiatrist's socio-ethical orientation influences his ideas on what is wrong with a patient. The following quote from Szasz, T. (1960) On-Line illustrates what this idea further

*"In other words a psychiatrist does not stand apart from what he observes, he is a 'participant observer'. This means that he is committed to some picture of what he considers reality, and he observes and judges the patients behaviour in the light of these considerations."*

Szasz proposes that the officially forbidden truth behind psychiatry is that they refer to as a condition is in fact referred to as a strategy. Terms which are used as though they are descriptions of a psychopathological condition from which individuals suffer, are in fact prescriptions for how an individual should be treated by others. Psychiatrists decide what to do about a person first, and then they decide on an appropriate diagnostic label which they will use to justify their decision. Take for example; if a psychiatrist wants an individual to be acquitted of a criminal charge by reason of insanity, he discovers that the individual was suffering from a mental illness at the moment that the criminal act was committed. Szasz, T (1987)

Critics assert that Szasz sees psychiatrists in the same way the Jews, Jewish literature and Jewish science is seen? If Szasz's views were to be followed patients would be denied their need for help with their disorders, as these mental disorders would be thought of as 'problems in living'. Szasz holds an extremely careless view. Especially when one takes into account the number of suicides committed by those suffering from a mental disorder. If these people were to be left to their own devices and given no help, no doubt this number would increase drastically. Psychiatry plays an important part in the prevention of suicide. Anti psychotic drugs are found to reduce symptoms in 80 to 90 per cent of schizophrenics.

According to Szasz mental diseases are invented and then given a name and added to the Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), which is thought of as a pseudo-scientific bible. In this manner psychiatrists have successfully persuaded the scientific community that mental disorders are diseases, and pretend that the terms they construct are descriptions of brain diseases. Few in political power challenge this. Therefore in a sense psychiatrists have much power, as they can label anyone with a mental disorder and this will be socially verified.

It is argued that if internists can classify internal diseases based on their knowledge of them, then why can't psychiatrists create a classification of mental disorders. Because we may not know the cause of something does not mean it does not exist. We did not know about epilepsy 100 years ago. We don't know what the causes of migraine are today, yet it is still a classified medical condition. Szasz's advocacy for private psychiatry for which patients have to pay is also questioned.

Mental illness exists or is 'real' in the exactly the same sense in which witches existed or where 'real', Szasz, T. (1960) On-Line. Most people accused of witchcraft were women. According to Parrinder (1958) out of the two hundred convicted witches in England, only fifteen were men. He put forward that this shows that women were a persecuted minority in a world ruled by men. Most of these women were members of the lower classes. They were poor, stupid, socially helpless and often old and feeble. Calling somebody a witch was like calling somebody mentally ill today. It is safer to accuse the socially unimportant people than those with higher status in society, Szasz, T (1972). For Szasz the concept of mental illness is used to disguise the fact that life for most people is a continuous struggle. With 'illness' being such a deviant thing, it is used as an explanation for man's problems in social living. Just as devils and witches were in

the declining middle ages. It takes attention away from political problems, conflicts, needs and aspirations. The 'myth of mental illness' acts as a social tranquilizer promoting the belief that good mental health automatically insures that one makes the right choice in conducting one's life, hence tranquillity and happiness. However the truth is that it is in fact the 'making of the right choices in life' that are in truth considered as 'good mental health'. With this convenient social tranquilizer society begins to believe that if it was not for the disruptive influence of 'mental illness', social intercourse would be quiet harmonious and so this 'myth' quietly successfully disguises the bitterness, conflict and problems of society. The below quote by Boyers. R (1973) pp101 shows that Boyers shares a similar understanding with Szasz in this regard

*"Schizophrenia is a label which some people pin on others people, under certain social circumstances. It is a form of alienation which is out of step with the prevailing state of alienation. It is a social fact and a political event"*

Szasz uses the example of 'attention deficit hyperactivity disorder'; he questions the very existence of this disorder. He argues that its diagnosis is used to tranquilize the parents and to tranquilize the school system, which is disturbed by a misbehaving child. It offers a rational and scientific answer to this problem, and reassures the parents that this is a problem that can be dealt with in a rational and scientific manner. However, objective tests cannot be carried out to prove its existence. So can it really be a disease of the brain? Reason. (2002) On-Line.

Conversely studies using Brain Scanning techniques have found that children with severe symptoms of ADHD had lower activity than normal in the frontal lobes of the brain. Also areas of the brain called 'caudate nucleus' which is concerned with movement and attention, seemed to be slightly smaller in these children, Mind (2002) On-Line.

*"Behaviour is not, and cannot be a disease except in psychiatry. Controlling behaviour with or without a person's consent is not, and cannot be a treatment, except in psychiatry, and faking illness is not? And cannot be, and illness except in psychiatry. Paradoxically the intellectual bankruptcy of the idea of mental illness is the pillar of which modern psychiatry rests."*

The above quote from, Szasz, T. (1999) On-Line, illustrates szasz theory in a nut shell. Fundamentally szasz insists that behaviour is never a disease and insists on evidence to prove this. People like R.D Laing and Michel Foucault agree with Szasz's view that psychiatry is a form of social control, which is done through stigmatizing behaviour. We see the media becoming more alert to the controversies over what constitutes certain disorders such as 'multiple personality disorder' so we see that disorders presented by psychiatrists are not so easily accepted. We see the use of the term 'disorder' as opposed to disease or illness! Psychiatrists are increasingly acknowledging that the DSM is progressively unscientific.

However we can still see that psychiatric explanation is sought to explain behaviour, take for example the new bill of law being presented at the moment which enables all those

with a mental illness which is likely to cause them to commit violence, to be detained against their will. This supposedly will reduce crimes committed by the mentally ill and so protect society. The passing of this bill is justified by claims made by medical specialists that medical science has proven that violence is caused by brain disease. On the other hand controversy over the validity of passing this bill shows that some of Szasz's ideas are filtering into society.

Most of Szasz's ideas on the myth of mental illness have been proved wrong by genetic studies and the like. Today Szasz is thought of as a sixties anti-establishment rebel. Psychiatry is now dominated by the bio-medical model. Szasz's ideas are thought to be a passing phase in the history of mental health. However one can still note Szasz's theories in connection with cultural factors and can recognise their continuity within the development of ideas within mental health.