

Review: Dr Thomas S. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, Harper, New York, NY, 1974 (2003 edn.)

Pages: 117

Time for Truth About a Lying Fact

The thesis put forward in this book is that 'mental illnesses' are not subject to empirical falsification like normal medical diseases and are therefore unscientific under a materialistic worldview.

Taking this a step further, materialism is a totally insufficient philosophy to apply to treatment of the "mind", seeing as it presupposes people are merely being "meat machines" and the mind is an illusion.

While the author grants some physical causes do lead to physical problems, his precise point is these cases do have physical symptoms and therefore aren't "mental" diseases.

However, when attempting to construct his theory of personal conduct the author flounders somewhat as without God there can be no objective standard (who's to say the rules in his "rules" system are the ones to follow, and not someone else's?).

Nevertheless, this is a bag full of an insiders' gems on the sham of psychiatry: it is a vehicle for social control under a medical cloak; even psychiatrists don't believe their own dogma since as soon as a real pathological cause is found and a given "mental illness" vanishes; they play games with patients labelling them "mentally ill" in order to avoid discussing the truth about their personality defects and sins.

Despite the time passed since it was first written (almost seventy years) the content and ideas are evergreen.

Preface (pp. viii-xxx)

The manuscript was written in in the 1950s, a time when most mental patients were considered “chronic” and incurable, confined to state mental hospitals. Since then, the sharp distinctions between medical and mental hospitals, voluntary and involuntary patients, private and public psychiatry have broken down.

All “mental health professionals” are legally responsible for preventing their patients from being a “danger” to self or others.

Old diseases such as homosexuality and hysteria have been deleted.

Mental illness is a “lying fact”.

The claim mental illnesses are diagnosable brain disorders is unscientific since it is not subject to empirical falsification. It replaces “bad” people with “mentally ill”.

Ignaz Semmelweis (1818-1865) was the famed persecuted doctor who proved being right can be fatal in a society of lies. The “Semmelweis reflex” is named after him.

Modern medicine was born with *Cellular Pathology* in 1858 by Rudolf Virchow who created the cell theory of disease. All disease therefore must be a material phenomenon.

Psychiatry is akin to astrology and operated under the notion that human beings have “brain diseases” that deprive them of free will. It is a vehicle for social control under a medical cloak.

Incarcerated mental patients are being deprived of their liberty.

Even psychiatrists don't believe they treat disease since as soon as a real pathological cause is found, it ceases to become a "mental illness"!

Introduction (pp. 1-13)

Psychiatrists examine patients, prescribe drugs and electric convulsions, sign commitment papers, examine criminals, listen and talk to patients, and study monkeys and other animals.

Modern psychiatric theory assumes personal conduct is determined by prior personal-historical events. This historicist doctrine is religion masquerading as science and the field is only a hundred years old.

Anatomy became the foundation of modern science once dissections were permitted.

I) Charcot and the Problem of Hysteria (pp. 17-31)

Jean-Martin Charcot (1825-1893) was a neuropathologist. Patients in his time were hospitalised because they were poor, unwanted, or disturbed others. Outside of clinical examination, brain postmortem was his favourite tool.

French physician Guillotin reinvented the device as a relatively painless form of execution.

Women display an unyielding tenacity in order to deceive.

Enormous effort has been expended by psychiatrists to claim mental illness is "just another disease".

II) Illness and Counterfeit Illness (pp. 32-47)

Schizophrenics often use language unconventionally and many say they are Jesus. Like homosexuality and obsessions, compulsions, etc., it has now become a “disease”.

The eternal dilemma for the psychotherapists is deciding whether they have a sick patient or a healthy malingerer.

Adjectives such as “mental”, “emotional”, and “neurotic” are semantic strategies.

Munchhausen's syndrome is named after the fanciful histories of Baron Munchhausen.

Successful insanity simulators are nearly always psychopaths.

Psychiatry deals with communications, not mental illness.

III) The Social Context of Medical Practice (pp. 48-69)

If mental illnesses are medical diseases, then the same treatment protocols should work.

In Communist societies physicians are loyal to the state and increasing affluence stimulates demand for psychotherapeutic services. Mental illness is often not diagnosed due to the risk patients may be spies.

The poor usually always only receive physical interventions.

Psychotherapy is similar to religion.

The Hippocratic Oath was abolished after the revolution as incompatible with the spirit of Soviet medicine.

The “doctor’s plot” of 1953 by Jewish physicians murdered several high-ranking soviet officials and caused Stalin’s health to decline.

IV) Breuer and Freud’s Studies on Hysteria (pp. 70-79)

“Hysteria” seems to have disappeared.

Regular physicians distrust psychiatrists.

The search for psychopathological phenomena is driven by prestige and power.

V) Hysteria and Psychosomatic Medicine (pp. 80-93)

Causality is merely the assumption certain regularities will persist in the future.

Phantom pain and body parts are regarded by normal physicians as delusions.

VI) Contemporary Views of Hysteria and Mental Illness (pp. 94-103)

In the 1930s, significant focus was placed on “ego psychology”.

Freud and Sullivan attributed painful memories to the persistent operation of behaviours of “hysterically disabled” individuals. This is merely the substitution of a bodily state for a personal problem so the patient can ignore it [this is quite profound!].

Carl Wernicke said “mental disease is brain disease”.

VII) Language and Protolanguage (pp. 104-124)

The three-place relation between sign, object, and user is called the *sign relation*, or *relation of denotation*.

Signs are indexical and are either iconic or conventional in nature. The entire package forms the *language game*.

Semantics is the relationship between signs and objects only, while pragmatics is *sign relation*. Language has three functions of informing, affecting, and promoting.

“Honest” psychiatrists would tell their patients that they probably believe they are sick, that they want them to believe it so they don’t have to talk about real problems which are personal.

When words fall on deaf ears, children and women often get their way with tears.

A fundamental characteristic of psychiatry is imperative sentences often masquerade as indicatives.

For some, every pain constitutes a potential iconic sign of *every other historical pain*.

VIII) Hysteria as Communication (pp. 125-147)

Psychoanalysts presume “attuning” to a patient is required before being able to know what ails them.

Gesture is the “elder brother” of speech.

Indirect messages serve two main functions: transmit information and modify the relationship.

Physicians hypocritically decline to discuss financial matters under the guise “money is not important”. This is one type of indirect communication.

In Hungary it is said: “tell the truth and get your head bashed in”.

Freud declared dissenting patients as “resistant” to “treatment”.

IX) The Rule-Following Model of Human Behaviour (pp. 148-161)

In order to correctly foretell, it is not necessary to know that much about an individual.

A “superego” is a set of rules bigger than himself which a person chooses to follow.

Most people simply believe that what is right is what they do and if something goes wrong they often feel “it’s not their really fault”.

Laws tend to encourage people to engage in the very behaviours they prohibit.

Children often acquire their superegos by blind imitation.

X) The Ethics of Helplessness and Helpfulness (pp. 162-180)

At the heart of psychoanalytic theory is the belief becoming an adult is painful and remaining in childhood is a universal desire.

Successful men are often required to “malingering” to their poorer relatives.

The hysterical transaction of disability is often used to force others to provide for their needs since they are lazy.

“Liberation” is quickly followed by oppression.

The sick believe they are entitled because they are sick and often exploit physicians.

“Medical ethics” are nothing more than parental rules designed to oppress the patient and aggrandise the physician.

Children are liabilities and the disabled useless.

XI) Theology, Witchcraft, and Hysteria (pp. 181-198)

Great effort and vast amounts are spent in pursuit of an attractive body.

Athletes, movie stars, and singers are the modern-day 'saints'.

XII) The Game-Playing Model of Human Behaviour (pp. 199-212)

Powerful individuals coerce others which is why such persons never consult psychiatrists, and are never defined as mentally ill until after they are dead!

A “victim” has three options when faced with a societal game: submit [easy]; withdraw [cowardice]; or seek to change the rules [hard].

XIII) Hysteria as a Game (pp. 213-230)

Three stages of interpersonal mastery are: coercion, self-help, and cooperation.

Domination by apparent helplessness (i.e. a “bad actor”) is not a long-term viable strategy against a competent opponent.

Psychiatrists simply assume patients hold the same values as them!

XIV) Impersonation and Illness (pp. 231-249)

Role-playing is universal. An old person's principal role is being old.

Children are forced to impersonate since they are nobodies.

The hysteric really cannot bear to face up to the truth about their life.

Actors are often profoundly affected in real life by their theatric roles, which can drive behaviours.

Ganser syndrome is impersonation of madness by prisoners to please insanity and evade punishment.

XV) The Ethics of Psychiatry (pp. 250-261)

People need "games worth playing".

The idle rich "work" at playing,

The rate of return on religion is much higher than 'rational' work-a-day pursuits.

Freud advocated "sexual enlightenment" of children.

Conclusions (pp. 262-263)

Epilogue (pp. 264-266)

Old games are constantly scrapped and new ones started, with most people totally unprepared and unable to adapt.

Summary (pp. 267-268)

Appendix I: Mental Illness Is Still a Myth (pp. 269-283)

Words are an essential tool of treatment.

Schizophrenics murder and bipolars suicide.

Appendix II: Defining Disease (pp. 284-300)

Medical practice is shaped by economic, ideological, religious, and political interests. It is a permanent government monopoly.

Nineteenth century psychiatrists turned sin into sickness.

Pharmacocracy is the alignment of medicine and state.