CHAPTER 2

Reading 2.2 EXERCISE 7

Pages 113–114 from: Szasz, T. (1960). The Myth of Mental illness. *American Psychologist*, 15: 113–118

My aim in this essay is to raise the question "Is there such a thing as mental illness?" and to argue that there is not. Since the notion of mental illness is extremely widely used nowadays, inquiry into the ways in which this term is employed would seem to be especially indicated. Mental illness, of course, is not literally a "thing"—or physical object—and hence it can "exist" only in the same sort of way in which other theoretical concepts exist. Yet, familiar theories are in the habit of posing, sooner or later—at least to those who come to believe in them—as "objective truths" (or "facts"). During certain historical periods, explanatory conceptions such as deities, witches, and microorganisms appeared not only as theories but as self-evident *causes* of a vast number of events. I submit that today mental illness is widely regarded in a somewhat similar fashion, that is, as the cause of innumerable diverse happenings. As an antidote to the complacent use of the notion of mental illness—whether as a self-evident phenomenon, theory, or cause—let us ask this question: What is meant when it is asserted that someone is mentally ill?

In what follows I shall describe briefly the main uses to which the concept of mental illness has been put. I shall argue that this notion has outlived whatever usefulness it might have had and that it now functions merely as a convenient myth.

Mental Illness as a Sign of Brain Disease

The notion of mental illness derives its main support from such phenomena as syphilis of the brain or delirious conditions—intoxications, for instance—in which persons are known to manifest various peculiarities or disorders of thinking and behavior. Correctly speaking, however, these are diseases of the brain, not of the mind. According to one school of thought, *all* so-called mental illness is of this type. The assumption is made that some neurological defect, perhaps a very subtle one, will ultimately be found for all the disorders of thinking and behavior. Many contemporary psychiatrists, physicians, and other scientists hold this view. This position implies that people *cannot* have troubles—expressed in what are *now called* "mental illnesses"—because of differences in personal needs, opinions, social aspirations, values, and so on. *All problems in living* are attributed to physicochemical processes which in due time will be discovered by medical research.

"Mental illnesses" are thus regarded as basically no different than all other diseases (that is, of the body). The only difference, in this view, between mental and bodily diseases is that the former, affecting the brain, manifest themselves by means of mental symptoms; whereas the latter, affecting other organ systems (for example, the skin, liver, etc.), manifest themselves by means of symptoms referable to those parts of the body. This view rests on and expresses what are, in my opinion, two fundamental errors.

In the first place, what central nervous system symptoms would correspond to a skin eruption or a fracture? It would *not* be some emotion or complex bit of behavior. Rather, it would be blindness or a paralysis of some part of the body. The core of the matter is that a disease of the brain, analogous to a disease of the skin or bone, is a neurological defect, and not a problem in living. For example, a *defect* in a person's visual field may be satisfactorily explained by correlating it with certain definite lesions in the nervous system. On the other hand, a person's *belief*—whether this be a belief in Christianity, in Communism, or in the idea that his internal organs are "rotting" and that his body is, in fact, already "dead"—cannot be explained by a defect or disease of the nervous system. Explanations of this sort of occurrence—assuming that one is interested in the belief itself and does not regard it simply as a "symptom" or expression of something else that is *more interesting*—must be sought along different lines.

The second error in regarding complex psychosocial behavior, consisting of communications about ourselves and the world of about us, as mere symptoms neurological functioning is *epistemological*. In other words, it is an error pertaining not to any mistakes in observation or reasoning, as such, but rather to the way in which we organize and express our knowledge. In the present case, the error lies in making a symmetrical dualism between mental and physical (or bodily) symptoms, a dualism which is merely a habit of speech and to which no known observations can be found to correspond. Let us see if this is so. In medical practice, when we speak of physical disturbances, we mean either signs (for example, a fever) or symptoms (for example, pain). We speak of mental symptoms, on the other hand, when we refer to a patient's *communications about himself, others, and the world about him*. He might state that he is Napoleon or that he is being persecuted by the Communists. These would be considered mental symptoms *only* if the observer believed that the patient was *not* Napoleon or that he was *not* being perseucted by the Communists. This makes it apparent that the statement that "*X* is a mental symptom" involves rendering a judgment. The judgment entails, moreover, a covert comparison or matching of the patient's ideas, concepts, or beliefs with those of the observer and the society in which they live. The notion of mental symptom is therefore inextricably tied to the *social* (including *ethical*) *context* in which it is made in much the same way as the notion of bodily symptom is tied to an *anatomical* and *genetic context* (Szasz, 1957a, 1957b).

To sum up what has been said thus far: I have tried to show that for those who regard mental symptoms as signs of brain disease, the concept of mental illness is unnecessary and misleading. For what they mean is that people so labeled suffer from diseases of the brain; and, if that is what they mean, it would seem better for the sake of clarity to say that and not something else.

Mental Illness as a Name for Problems in Living

The term "mental illness" is widely used to describe something which is very different than a disease of the brain. Many people today take it for granted that living is an arduous process. Its hardship for modern man, moreover, derives not so much from a struggle for biological survival as from the stresses and strains inherent in the social intercourse of complex human personalities. In this context, the notion of mental illness is used to identify or describe some feature of an individual's so-called personality. Mental illness—as a deformity of the personality, so to speak—is then regarded as the *cause* of the human disharmony. It is implicit in this view that social intercourse between people is regarded as something *inherently harmonious*, its disturbance being due solely to the presence of "mental illness" in many people. This is obviously fallacious reasoning, for it makes the abstraction "mental illness" into a *cause*, even though this abstraction was created in the first place to serve only as a shorthand expression for certain types of human behavior. It now becomes necessary to ask: "What kinds of behavior are regarded as indicative of mental illness, and by whom?"

The concept of illness, whether bodily or mental, implies *deviation from some clearly defined norm*. In the case of physical illness, the norm is the structural and functional integrity of the human body. Thus, although the desirability of physical health, as such, is an ethical value, what health is can be stated in anatomical and physiological terms. What is the norm deviation from which is regarded as mental illness? This question cannot be easily answered. But whatever this norm might be, we can be certain of only one thing: namely, that it is a norm that must be stated in terms of *psychosocial, ethical*, and *legal* concepts. For example, notions such as "excessive repression" or "acting out an unconscious impulse" illustrate the use of psychological concepts for judging (so-called) mental health and illness. The idea that chronic hostility, vengefulness, or divorce are indicative of mental illness would be illustrations of the use of ethical norms (that is, the desirability of love, kindness, and a stable marriage relationship). Finally, the widespread psychiatric opinion that only a mentally ill person would commit homicide illustrates the use of a legal concept as a norm of mental health. The norm from which deviation is measured whenever one speaks of a mental illness is a *psychosocial and ethical one*. Yet, the remedy is sought in terms of *medical* measures which—it is hoped and assumed—are free from wide differences of ethical value. The definition of the disorder and the terms in which its remedy are sought are therefore at serious odds with one another. The practical significance of this covert conflict between the alleged nature of the defect and the remedy can hardly be exaggerated.

Reading 2.3 EXERCISE 10

6 Extracts From: Kendell, R. E. (1975). The Concept of Disease. *British Journal of Psychiatry*, 127: 305–315.

Extract 1: page 305–306

It has often been suggested in recent years that there is no such thing as mental illness; that the conditions psychiatrists spend their time trying to treat ought not, properly speaking, to be regarded as illness at all, or even to be the concern of physicians. Szasz is the best-known exponent of this viewpoint, and the core of his argument is essentially this: that as prolonged search has never demonstrated any consistent physical abnormality in those regarded as mentally ill, and as their 'illness' consists simply in behaving in ways that alarm or affront other people, or in believing things which other people do not believe, there is no justification for labelling them as ill, and to do so is to use the word illness in a purely metaphorical sense (Szasz, 1960). Schneider had previously been led by the same reasoning to the conclusion that neurotic illness and personality disorders were 'abnormal varieties of sane mental life' rather than disease, but he took care to exempt schizophrenia and cyclothymia by assuming that both would in time prove to possess an organic basis (Schneider, 1950). The argument Eysenck puts forward in the first edition of his textbook, though written from the quite different standpoint of academic psychology, is a similar one. After observing that 'the term psychiatry does not denote any meaningful grouping of problems or subjects of study' he went on to suggest that the traditional subject-matter of psychiatry should be divided into a small medical part 'dealing with the effects of tumours, lesions, infections and other physical conditions' and a much larger behavioural part 'dealing with disorders of behaviour acquired through the ordinary processes of learning', thereby implying that most of what doctors regarded as mental illness was really learnt behaviour rather than disease, and therefore much better understood, and dealt with, by psychologists than by physicians (Eysenck, 1960). A third line of attack is provided by R. D. Laing, and a fourth is exemplified by the sociologist Scheff. Laing argues that schizophrenia, far from being a disease or a form of insanity, is really the only sane or rational way adolescents have of coping with the intolerable emotional pressures placed on them by society and their families (Laing, 1967). Scheff has developed the somewhat similar argument that what psychiatrists call mental illness is largely a response to the shock of being labelled and treated as insane and the expectations this produces; in other words that schizophrenia is created by the people and institutions that purport to treat it (Scheff, 1963).

Psychiatrists have generally reacted to these various assaults with indignation or disdain. They have either ignored their critics, or told them, with varying degrees of candour, that they don't know what they are talking about, or suggested, with varying degrees of subtlety, that they are motivated by professional jealousy, a taste for publicity, or emotional difficulties of their own. Perhaps there is some truth in these retaliatory jibes. But what matters is the strength of the critics' arguments, not their motives. They come from a variety of backgrounds—psychology, sociology and psychiatry itself—and although they disagree with one another almost as vehemently as they do with orthodox psychiatry, they have one central argument in common—that what psychiatrists regard as mental illnesses are not illnesses at all. The purpose of this essay is to examine this proposition.

The Need for a Definition of Illness

To question the existence of mental illness, or to assert that the word illness in such a context is no more than a misleading metaphor, assumes that one already has a clear idea of what illness is. It is equally meaningless to assert either that something is, or that it is not, illness unless one has a clearly defined concept of illness to start with. Unfortunately, although medicine has adequate working definitions for most individual illnesses, it does not possess an agreed definition or an explicit concept of illness in general (Engle and Davis, 1963). So before we can begin to decide whether mental illnesses are legitimately so called we have first to agree on an adequate definition of illness; to decide if you like what is the defining characteristic or the hallmark of disease.

Extract 2: page 306

It is undoubtedly extremely difficult to pin down the essential element distinguishing illness from non-illness, or, to put it another way, to produce a definition of disease which neatly covers all the individual diseases we currently recognize, and excludes other phenomena.

Changing Concepts of Disease

The main reason why this is so is that, for historical reasons, the defining characteristics of individual diseases are very diverse. To most of the schools of medicine of the ancient world symptoms and signs were themselves diseases. Fever, joint pains and skin rashes were all separate diseases to be studied individually. The idea of disease as a syndrome, a constellation of related symptoms with a characteristic prognosis, originated with Sydenham in the seventeenth century, though the Hippocratic school had had the germ of the idea long before.

Extract 3: page 309

A Statistical Concept of Disease

By 1960 the 'lesion' concept of disease, and its associated assumptions of a single cause and a qualitative difference between sickness and health had been discredited beyond redemption, but nothing had yet been put in its place. It was clear, though, that its successor would have to be based on a statistical model of the relationship between normality and abnormality. Lord Cohen

(1943) had anticipated this in an essay in which he defined illness simply as 'deviation from the normal . . . by way of excess or defect', and indeed Broussais and Magendie had had the germ of a quantitative concept of disease a hundred years before. But Cohen never developed his suggestion any further, and as it stands his definition is inadequate because it fails to distinguish between deviations from the norm which are harmful, like hypertension, those which are neutral, like great height, and those which are positively beneficial, like superior intelligence. Scadding was the first to recognize the need for a criterion distinguishing between disease and other deviations from the norm that were not matters for medical concern, and suggested that the crucial issue was whether or not the abnormality placed the individual at a 'biological disadvantage' (Scadding, 1967). Although he was primarily concerned with defining individual diseases, his definition of *a* disease has clear implications for the corresponding global concept. He defines illness not by its antecedents—the aetiological agent or the lesion producing the overt manifestations—but by its consequences. In itself this is not new; previous attempts to define illness as a condition producing suffering or as meriting medical intervention had done the same but, as we have seen, had proved inadequate. The concept of 'biological disadvantage' differs from these, however, in being more fundamental and less obviously an epiphenomenon, and in being immune to the idiosyncratic personal judgements of patients or doctors which had proved the undoing of its predecessors.

Extract 4: page 310

The 'Biological Disadvantage' Criterion

Scadding avoided elaborating on what he meant by 'biological disadvantage'. Presumably, though, it must embrace both increased mortality and reduced fertility. Whether it should embrace other impairments as well is less obvious, and the consequences need considering carefully before deciding.

Extract 5: page 314

Despite these doubts about precisely how to define 'biological disadvantage', Scadding's definition is better matched to the ethos of contemporary medicine and to current attitudes to the nature of disease than any of its predecessors, and also more successful in embracing conditions that by common consent are diseases and excluding those that are not. It could still be argued that it and all the other definitions I have discussed are equally inadequate, in which case assertions about the existence or non-existence of mental illness would remain untestable. But if any definition is to be accepted it must surely be this one, or some modification of it.

Having reached this decision I can now come back to my starting point and pose my original question once more. Do mental illnesses possess the essential attributes of illness or not? Do they, by reducing either fertility or life expectancy, produce a significant biological disadvantage?

Extract 6: page 315

Conclusions

I think, therefore, that my earlier conclusion is still justified: we have adequate evidence that schizophrenia and manic-depressive illness, and also some sexual disorders and some forms of drug dependence, carry with them an intrinsic biological disadvantage, and on these grounds are justifiably regarded as illness; but it is not yet clear whether the same is true of neurotic illness and the ill-defined territory of personality disorder.

What is the significance of this conclusion? First, it is an answer to the argument that there is no such thing as mental illness. At least part of the territory regarded by psychiatrists as mental illness fulfils the same criteria as those required for physical illness. But only part of it does so. Many of the conditions which psychiatrists have come to regard as illness, and hence as requiring treatment, do not qualify, or rather there is little evidence at present that they do. This does not necessarily mean that psychiatrists have no right to meddle in these areas, or that people who are anxious or depressed should be dissuaded from visiting their doctors. For one thing, childbirth and family planning provide precedents for the involvement of medicine beyond the boundaries of disease.

Even so, psychiatrists might be well advised to reconsider where their sphere of responsibility should end. A century ago they were concerned only with madness. But from that time onwards their concept of their proper role expanded steadily until the stage was reached, particularly in North America, at which some were claiming a mandate—and the ability—to treat anyone who was unhappy for whatever reason, and anyone whose behaviour was annoying or alarming to other people. It is worth reflecting whether the many attempts we have recently witnessed to discredit the concept of mental illness might not be a reaction to the equally absurd claims we have made that all unhappiness and all undesirable behaviour, are manifestations of mental illness.

The attempt to relieve suffering is medicine's oldest and noblest tradition, and I am not suggesting that psychiatrists should stop trying to help husbands and wives to live together in harmony, or aimless adolescents to find their feet. But if we are to venture into such areas let it be in full recognition of the fact that in doing so we may be straying outside our proper boundary, and that in the end it may turn out that other people can deal with such problems as well as or better than we can, and that in these areas their training and their concepts are more appropriate than ours. By all means let us insist that schizophrenia is an illness and that we are better equipped to understand and treat it than anyone else. But let us not try to do the same for all the woes of mankind.