



The Myth of Mental Illness

Thomas Szasz

[Download now](#)

[Read Online ➔](#)

The Myth of Mental Illness

Thomas Szasz

The Myth of Mental Illness Thomas Szasz

s/t: Foundations of a Theory of Personal Conduct

A classic work that has revolutionized thinking throughout the Western world about the nature of the psychiatric profession and the moral implications of its practices. "Bold and often brilliant."--*Science*

The Myth of Mental Illness Details

Date : Published February 23rd 2010 by Harper Perennial (first published 1961)

ISBN : 9780061771224

Author : Thomas Szasz

Format : Paperback 368 pages

Genre : Psychology, Nonfiction, Philosophy, Health, Mental Health, Science, Medicine, Psychiatry

 [Download The Myth of Mental Illness ...pdf](#)

 [Read Online The Myth of Mental Illness ...pdf](#)

Download and Read Free Online The Myth of Mental Illness Thomas Szasz

From Reader Review The Myth of Mental Illness for online ebook

Lozz says

“There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases. If such a test were developed...then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease.” —Dr. Thomas Szasz, Professor Emeritus of Psychiatry, New York University Medical School, Syracuse

Also, I thought this would be relevant. These are from a recent United Nations report:

86. An assessment of the global burden of obstacles alarmingly suggests their burden may be heavier than any burden of 'mental disorders'. The crisis in mental health should be managed not as a crisis of individual conditions, but as a crisis of social obstacles which hinders individual rights. Mental health policies should address the 'power imbalance' rather than the 'chemical imbalance'

87. The urgent need for a shift in approach should prioritise policy innovation at the population level, targeting social determinants and abandon the predominant medical model that seeks to cure individuals by targeting 'disorders'.

William Adams says

Spring fever is not really a fever, homesickness is not really sickness, and mental illness is not really illness. That's the argument of Thomas Szasz, professor emeritus of psychiatry at the State University of New York in Syracuse. He has been repeating and elaborating that message since publication of his iconoclastic book in 1961.

A fiftieth anniversary reissue has a new preface and two essays published in 1997 and 2006. The essays, “Mental Illness is Still a Myth,” and “Defining Disease,” restate his thesis, referencing some of the two dozen books he has written in the intervening years. The new preface is a succinct yet lively summary of his position, and could serve as a standalone introduction to his ideas, attitudes, and bombastic style.

Szasz asserts that “The claim that ‘mental illnesses are diagnosable disorders of the brain’ is not based on scientific research; it is a lie, an error, or a naive revival of the somatic premise of the long-discredited humoral theory of disease” (p. xii). Szaszian rhetoric does not countenance qualification, accommodation, or counterargument: those who disagree are naïve, mistaken, or liars.

A pugnacious style can be entertaining, but Szasz makes numerous serious errors of argumentation. For example, he argues that mental illness cannot be caused by brain disorder because if brain pathology is found (as happened with syphilis and epilepsy), then the patient was misdiagnosed: it never was a mental illness; it was a brain disorder all along (p. xiii). But surely that is a circular argument.

Szasz rejects all behavioral evidence of illness. If there is no demonstrated physical pathology, there is no illness, period. That's why the idea of a purely mental illness is a myth. For example, since there is no clear biological determinant of schizophrenia, it is merely an unusual belief system, not a mental illness (p. 279).

Szasz admits that people can have serious problems living with themselves and others because of their strange beliefs and odd behavior. Such people can benefit from psychotherapy, and even from psychoactive drugs, but such a person is not a “patient,” does not have an “illness,” and the therapist is not providing a “treatment.”

Is Szasz just pedantic? Not at all. It matters what words are used because language shapes understanding, and that becomes public policy, which ultimately leads to laws regulating social life. If you have a “mental illness,” it’s not your fault. It is just bad luck, like getting diabetes or cancer. The disease has nothing to do with who you are as a person.

Therefore you may have to be restrained, stigmatized, sent to prison or a psychiatric institution, forced to take medication you don’t want, required to submit to a medical procedure you have declined, have your parental rights terminated, have your will overturned. It’s nothing personal, you understand. It may be necessary to deny insurance coverage or disability payments, remove you from school, report you to the police. You may be denied a job, separated from your family, forbidden to own a gun, denied parole, divorced, or be subjected to involuntary brain surgery or electroconvulsive shock, all “for your own good” and “for the safety of others.”

That’s what was wrong with the psychiatric, medical definition of “mental illness” fifty years ago, and is still wrong today. Psychiatry has become an instrument of the state, according to Szasz. The state has a monopoly on legitimate violence, the legal right to control its citizens by coercion and force. It has delegated some of that responsibility to psychiatry. That’s why the medical definition of “mental illness” is legally and morally wrong.

What’s the alternative? Szasz does not deny that some people have serious psychological problems. But there are so many difficulties with the term, the concept, and the psychiatric approach to “mental illness” that he wants no part of it. He has restricted his own practice to “psychiatric relations with consenting adults—that is, confidential conversations conventionally called ‘psychotherapy’” (p. xix). People with mental problems, he says, are trying to communicate, but doing it badly because they are playing the social game by different rules than the rest of us.

Fifty years after first publication, the idea that mental illness is a myth is still highly controversial, in part, I submit, because of Szasz’s polemical and hyperbolic rhetoric. Nevertheless, if a reader can get past style to the author’s core ideas, it becomes apparent that Szasz’s legacy includes at least four important contributions.

1. In speaking against “mental illness,” Szasz warned of dehumanization and negative consequences of labeling people. Today, creeping medicalization and pathologizing of everyday life are recognized as problems.
2. Szasz spoke strongly against psychiatry’s use of coercive force against people. Today there are much stricter legal safeguards around involuntary psychiatric commitment, and better-defined criteria for the legal “insanity” defense.
3. Szasz was one of the first psychiatrists to challenge the diagnosis of homosexuality as a form of mental illness. His unrelenting attacks on the assumptions of psychiatric diagnoses have led to greater awareness of the distinction between scientific categories and social prejudice.
4. Szasz has been a champion for individual rights in psychiatry. People should be free to choose or decline

psychiatric care at any time, he argued. Psychiatry and psychology are now more aware of this.

Szasz is a self-described libertarian and also believes that individuals should have free access to all psychiatric and psychoactive drugs, and should be able to choose electroconvulsive shock or lobotomy, if that is what they want. Each person has the right to choose his or her psychological destiny. Whether mainstream attitudes will catch up to that agenda remains to be seen.

Brent says

I think Thomas Szasz is a brilliant person. He's written lots of books during his career, but this one started it all. He questions and criticizes our society's perception and treatment of mental illness with no reservations. I believe his work has been a positive force in reforming psychiatry, but there's still plenty left that can be improved. I plan to re-read this book someday, and I'd like to read more of his books too.

I remember very clearly finding this book in the BYU library and how captivated I was while reading it. I don't remember when it was though. Maybe Winter 2008 semester.

Elyssa says

I read this in college for "Human Health and Behavior" class. The seminar that ensued was lively! The author makes some valid points, but they are enshrined in an extreme and fundamentalist tone, which was alienating and made it difficult to fully endorse his ideas. In addition, he is not a very skilled writer, so it takes a lot of effort to uncover his points. I hope to re-read this soon and revise this review, but for now I can only give the book 2 stars.

Jorge Rodighiero says

It had good ideas, but I feel none were developed to the degree needed

Nick says

Incredibly eye opening book. Shows how the majority of "mental illnesses", except those of clear neurological basis, are not illnesses at all. Mental illness is a metaphor. This isn't to say that what we normally refer to as "mental illness" doesn't exist, clearly these many psychological experiences do exist...but they are not genuine illnesses and when they are assumed to be this can lead to profound misunderstanding.

Thom Dunn says

Roy Porter discusses Szasz in the opening pages of his "Madness: A Brief History". Amazon has NO

hardcover in stock. Zero. Zip.

For my part ? "He jests at scars that never felt a wound." @ Szasz : Here is my curse on you, Thomas: May you suffer ten minutes of acute clinical depression. Ten minutes in that "over-heated room", that "bell-jar", that "bed of nails" which we sufferers know when the nerve synapses in the basal ganglia are leeched of neurotransmitters through a too-rapid re-uptake of same....10 minutes....Then we'll talk.

Owlseyes says

This, for sure , will ever be a must-read. I know some of the strong arguments [points] of doctor Szasz:

1-Diagnosis is a tool used by psychiatrists to control and stigmatize people.

2-Hysteria and misbehavior and attention deficit disorder...are not diseases; typhoid fever is,...spring fever is not.

3-Labeling is a stigmatization; treating with drugs is poisoning.

4-Mental disease is a metaphor,...a fable, a mythology.The DSM* is a joke.

5-"Psychiatrists are more and more away from human touch". It's a matter of politics and economy.

6-When Szasz went to medical school, 60 years ago, there were 6 or 7 mental diseases; now they're more than 300.

7-"No behavior (or misbehavior) is a disease or can be a disease".

He's got a point, obviously.

More than one.

*The Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association

Tucker says

Seen in the best possible light, this is a well-read, illuminating presentation of a relativistic theory of cultural norms. The author says that those who break these norms, the "mentally ill," do so for certain reasons, usually because it benefits them to do so. Classifying them as "mentally ill" creates a model in which it is easier for them to continue being "sick". Instead, they should be treated as competent adults who can change

their lives for the better. By way of illustration, the author refers to diagnosed cases of "mental illness" that can be reduced to "a man worried about his job and life-goals [who:] seeks medical attention for hyperacidity and insomnia." (p. 153) When presented this way to the reader, it is obvious that acid reflux and disrupted sleep should not ordinarily require psychiatric medication. The author's argument is validated.

But there is no serious and sustained mention of severe psychological disturbances. For example, in this 300-page book, the words "addiction" or "homicide" appear only once or twice in passing. There is a brief mention of a man who, incidentally to a description of his psychoanalysis, happens to be an unreformed sexual exhibitionist. There is no mention of homelessness, prison, crippling depression, post-traumatic stress, pathological lying, anorexia or other forms of self-harm, domestic violence, obsessive-compulsive behavior, hallucination, or persistent delusions of grandeur. "Suicide" does not appear in the index. Nor does the book anywhere acknowledge the impact of such extreme behavior on family and caregivers. The scope of the book is not explicitly defined to exclude these more dramatic cases, and one wonders how it could possibly have been an oversight.

I find this eloquent assertion that I can analyze my personality and control my public behavior to be personally compelling. But I am not mentally ill. Severely disturbed people, even if they can read this book or have the concepts presented to them, will most likely be unable to benefit from the gentle, vague instruction that they should find better methods of communication. I understand the idea behind re-framing human behavior so that all behaviors can be interpreted as choices rather than as symptoms of illness. I just question the practicality of doing so, particularly for people dealing with acute and severe crises. Not everyone can be talked back to his senses, and even if he can be, his personal best behavior and self-awareness will not necessarily meet social standards for reasonable, moral, and safe conduct.

The author, an M.D., says in his conclusion: "It is customary to define psychiatry as a medical specialty concerned with the study, diagnosis, and treatment of mental illnesses. This is a worthless and misleading definition. Mental illness is a myth. Psychiatrists are not concerned with mental illnesses and their treatments. In actual practice they deal with personal, social, and ethical problems in living." (p. 296) I wonder, then, if he thinks a two-year degree in social work would have been sufficient for his career.

Thomas S. Szasz. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Delta, 1961.

Leabelle says

I find this book extremely troubling and somewhat irresponsible.

Alo says

If you think this book is dangerous then I'm not sure you understood it.

Zora says

I've read three of Szasz's books and will limit myself to commenting about this one, which is both outdated at

some points and still far too radically ahead of its time to be considered fairly today by many (particularly including those whose income depends on perpetuating these very myths or whose sense of self-worth is somehow tied up in them).

To simplify some of Dr. Szasz's ideas that I find appealing:

- 1) We need to be very skeptical about the entire concept of "mental illness" and the practice of psychiatry, and we should subject it to the same scientific rigors we subject claims about subatomic particles, plate tectonics, or any other bit of reality. Insofar as 99% percent of diagnoses in the DSM have no biological basis, are they actually real illnesses? To say a drug or a therapy "cured" someone, we need clearly defined and testable diagnostic criteria. (E.g., if anxious people's brains look like this and are different than non-anxious people's brains in z ways; after x drug, the brain scans normalize, there may be something to the concept of "mental illness" in this case; but there's no such proofs for most "mental illnesses.") Since studies have shown many times over the years that drugs, talk therapy and placebos have about the same "felt" effect over large populations (though any individual may feel one works better than the next), what can we say about these various approaches? We needn't get all atwitter and overemotional and defensive in asking and answering this; we need to function as scientists, stay disinterested and do careful work in trying to find the real answers. Not the convenient answers...not the profitable answers. The true ones.
- 2) In treating psychological/emotional discomfort with drugs, the best drug is one that the patient herself selects after trying various ones. Prescription drugs are not holy and street drugs evil; drugs are drugs are drugs, and absent a clear test of efficacy along the lines of a brain scan, readable in absence of interested parties by a pathologist, the patient's sense of what works to alleviate emotional pain and what doesn't is the best measure of drug efficacy. The US model of big pharma drug decisions made only by costly doctors plus a war on street and home-grown drugs is infantilizing, insulting, and ineffective. Let people have a variety of drugs to choose from and let them choose, as happens in most countries on earth that aren't out-of-control plutocracies.

Add Szasz to feminist, gay, and other thoughtful challenges about how psychiatry has been used to promote specific social and economic agendas at the cost of the health and longevity and finances of its (at worst) victims, and you have a useful, skeptical vision of what might in fact become an efficacious arm of medicine or what might in fact be shown up in 100 years to be a awful sort of witch doctoring, with its lobotomies and shock treatments and drug-triggered suicides (as we now see the "bleeding" of TB sufferers last century as ineffective and a form of torture). Perhaps in 50 years, a patient will go to a doctor and say "I'm depressed," and they'll get a brain scan and the doctor will say, "you are" or "you aren't," and give them a list of drugs to try, and poor people will be able to access the same list and try them on their own without the expense of an M.D.

But if you compare the treatment of, say, depression today to the treatment of, say, diabetes, you'll see how one is based in science and one really is not. We didn't have these answers about what "mental illness" is and how to treat it in 1960 when Dr. Szasz was first published; we still don't have these answers now; but we need to look for them in a more careful and unbiased way.

Still crucial questions to ask...not many willing to ask them...many financial interests desperate for them not to be asked. If you enjoy radical ideas (in the literal sense of that word, "at the root,") that overturn your assumptions and make you think critically, give Szasz a try.

Stefan Matias says

In the investigation into what constitutes and underlies the so-called 'mental illness' in modern psychology and psychiatry, Szasz doesn't just go on to describe why mental illness isn't an adequate category for the treatment of these problems but also goes in-depth as to what rules and games our everyday lives are determined by. Biological, religious/legislative and interpersonal rules determine how we act, and also those ruling the particular games we operate in. First, he writes on the history of the term 'mental illness' going back to Charcot, Brauer, and Freud, and on the vague meaning of what the category specifically relates to, and later goes on to teach on verbal and non-verbal communication, rules and games, among other themes. In essence, what Szasz thinks about the tasks of psychiatry is not the 'treatment of mental illnesses' but rather being concerned about people's 'personal, social and ethical problems in living.' He thinks that the so-called 'mental illnesses' are really learned disabilities that tries to communicate in a non-verbal way about the patient's inability to conform to the rules of the games he operates in, much different from biological disorders which show themselves as physical illnesses. He has a lot of good points, and I think he's an exceptional scholar, but he seems to exaggerate on certain points. For instance, comparing Charcot's introduction of the concept of mental illnesses to Guillotin's advocating the use of the guillotine. The guillotine made judicial killings less brutal, but also easier, and the introduction of mental illnesses allowed for learned disabilities and non-verbal communication outside the 'rules of the game' to be labeled illnesses, which obliged the psychiatrists to treat them as physical illnesses rather than what they did with the 'malingering' patients before Charcot - i.e. hold them to a higher standard. Another example is the comparison between mental illness patients and those burned as witches in the Medieval times. The witches were the 'scapegoats' then, the Jews were the scapegoats under Nazi Germany, and the 'mentally ill' are the scapegoats today. The adequacy of such hyperbole in an investigation of mental illnesses may be debated. Other than that, I think he was too critical in the socioeconomic analysis of religion, which led to some conclusions which were understandable, others less so, but I still think Mises (1922) gave a better perspective on the socioeconomic features of religion in some respects.

Michael Burnam-Fink says

Szasz makes a frontal assault on the power of psychiatry, arguing that mental illness is a myth and that the power accorded to psychiatrists to decide if people are legally responsible for their actions, have them committed to hospitals, and prescribe various psychotropic medications is fundamentally misfounded. The basic premise of his argument is that only organs can be sick, and the mind is not an organ. Rather, what we see as mental illness are the results of rule-breaking behavior by "mentally ill" people, an attempt to game their social interactions to receive the socially beneficial role of a "sick person" as accorded by Judeo-Christian morality and modern standards of care.

While there is some benefit to challenging the hegemony of mental illness (a recent paper says "Almost half of college-aged individuals had a psychiatric disorder in the past year."), Szasz's argument fails on two major grounds.

The first is modern understanding that cognitive events are linked to neurological events, or in other words, that mental illness are in some way brain disorders. We can draw a spectrum from something totally neurological--Parkinson's disease, to something totally psychological--Borderline Personality Disorder, say, and put things like schizophrenia, depression, bipolar, and their related pharmacological treatments and neurological origins somewhere between them. It's unfair to hold a book published in the late 1960s to

modern beliefs, but again, Szasz doesn't have much to say about this.

The second problem is more damning: even if we accept Szasz's belief that the mentally ill are just playing the game of life by different rules, what is to be done with them? As any good historian of mental illness knows, the lines between insane, criminal, and sinful are far from clear. Psychiatry is the modern way of dealing with malcontents, of offering a source of power and authority that people can draw on to change their lives and social behaviors. Szasz might be right in his argument that psychiatry probably isn't medicine, and it certainly isn't science, but he doesn't engage with the notion that psychiatry is *something*, and that it performs a socially necessary role. Rather than assailing psychiatry as an evil system of fraud that makes people crazy, we must ask how unhappy people can be helped, how their complex problems can be untangled, and what resources are necessary for that to happen.

Jamie says

One can usually find some redeeming qualities in any book, yet this made me struggle to even do that much. I have determined this to be a convoluted piece of garbage. Please don't waste your time or money on a book that does not belong in your archive but rather in the trashcan. Time is precious, so please spend it making memories with family and friends rather than reading tripe from a misinformed, hippy "psychiatrist."

This particular book only furthered my desire to research and uncover the truth...which is that mental illness continues to be as real as cancer and is not a myth. Furthermore, if you are a clinician that believes that mental illness is like the "Easter Bunny"(and is not real) than in my honest opinion you need to leave this profession. There are countless clients that would feel completely invalidated that you opine that their mental illness is not real. Please cease doing damage and address the real issues at hand. You can start by learning to care.

- Jamie Hannah Oliver
