

# Szasz Hailed in U.K. for ‘Questioning Spirit’

*American psychiatrist is celebrated for 50th anniversary of ‘The Myth of Mental Illness.’*

BY BRUCE JANCIN

EXPERT ANALYSIS FROM THE INTERNATIONAL CONGRESS OF THE ROYAL COLLEGE OF PSYCHIATRISTS

EDINBURGH — Anyone interested in how American and British psychiatry differ might find a useful starting point in the Royal College of Psychiatrists’ decision to bring in famed psychiatry critic Dr. Thomas S. Szasz to give a keynote address on the occasion of the 50th anniversary of his book, “The Myth of Mental Illness.”

“It’s unimaginable that the American Psychiatric Association would have done this,” Dr. Szasz, professor emeritus of psychiatry at the State University of New York at Syracuse, told an overflow crowd.

Indeed, in a stirring introduction to the lecture, Dr. Bill Fulford declared, “We owe Thomas Szasz a debt. In spite of vilification, deliberate misunderstanding, and downright abuse, this man has kept alive a questioning spirit around the issue of psychiatric harm. I believe that it behooves all of us who aspire to act as doctors and professionals in the 21st century to work to nurture just such a questioning spirit.”

“I put it to you that we need Thomas Szasz now more than ever,” added Dr. Fulford, professor of philosophy and mental health at the University of War-

wick in Coventry, England, who called Dr. Szasz “one of my early heroes—one of the main reasons I went into psychiatry.”

Dr. Szasz, a somewhat frail but mentally spry 90-year-old, then proceeded to hammer home the same criticisms of the scientific and moral basis for psychiatry that he has raised for half a century.

“My theme is about liberty, and how there is no comparison to be made between liberty and health. Under no circumstances can any kind of question about health make it legitimate to deprive an adult from full liberty,” he said.

Among the American psychiatrist’s key points:

► Suicide, which he called “a longing for nonexistence,” is “the most fundamental of all human rights.”

► Mental illness is not a disease, but rather a form of socially unacceptable behavior and a problem in living. A true illness requires a lesion in the body.

► Mental hospitals are akin to prisons, and involuntary commitment for psychiatric treatment can never be justified.

► Psychiatrists have allowed themselves to become state-sponsored agents of social control and coercion. “Everyone who is a mental health professional is now legally responsible for preventing his patients being dangerous to themselves or others. If that is not social control, I

don’t know what is,” he observed.

► Mental incompetence and detention for forced treatment should be decisions reached through purely legal and judicial means. “A legal procedure is infinitely more humane, reasonable, and protective of human rights than any psychiatrist’s conclusion,” Dr. Szasz said.

► Psychiatrists, whether British, American, or otherwise, ought to read the U.S. Bill of Rights. “The Bill of Rights is a fantastic document. It’s really a list ad-



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dressed not to the people; it’s addressed to the government. It tells the government what it cannot do to people, like deprive them of liberty without due process of law.”

► “The Myth of Mental Illness,” he said, should not be mistaken for a contribution to psychiatry. “It was a contribution against psychiatry.”

One Scottish audience member rose to say that, while he appreciates in the abstract Dr. Szasz’s libertarian arguments, as a caring psychiatrist he feels compelled to intervene with coercive measures when he encounters someone who

is severely mentally ill and unable to act rationally in his own best interests.

“To me it’s a mark of a civilized society that we don’t just leave people in that situation, but that we’re prepared to offer them protection and treatment when they’re not able to make these decisions for themselves,” he argued.

“Your comment is very relevant, and it intensifies my opposition,” Dr. Szasz replied.

He drew parallels between the situation of those who are today labeled mentally ill and women in the era before they won voting rights, which they were denied because, he said, “it was all for their own good.”

“I remember when homosexuals were locked up for treatment,” Dr. Szasz continued. “It’s impolite to mention in psychiatric circles that homosexuality was formerly considered a disease. It reminds people of what they did before, only a few years ago.”

In a similar vein, he recalled that when he was at the Chicago Institute for Psychoanalysis, where he did his analytic training, he was considered abnormal because he was the only person in the building who did not smoke.

“Everybody smoked, nonstop,” he said. Today they would be called nicotine dependent.

“This is society’s unbelievable power to define abnormality,” Dr. Szasz said.

“It’s like he’s a living piece of history,” one admiring audience member was overheard saying to another. ■

## British Psychiatrists Rank Own Specialty as Least Respected

BY BRUCE JANCIN

FROM THE INTERNATIONAL CONGRESS OF THE ROYAL COLLEGE OF PSYCHIATRISTS

EDINBURGH — British psychiatry would seem to have a self-image problem.

In a recent survey, a majority of British psychiatrists ranked their profession as the least respected of five listed specialties. They rated surgery as the most respected.

Nonpsychiatrist physicians who participated in the survey had a more generous view of psychiatry than did the psychiatrists themselves. They rated ob.gyn. as the least respected specialty, closely followed by general practice. Internal medicine was their top vote getter as most respected specialty, Dr. V. Gayathri Burrah reported at the congress.

The survey involved 51 psychiatrists and 50 nonpsychiatrists attending continuing education conferences. Twenty-three of the nonpsychiatrists were internists, 18 were general practitioners, and 5 were surgeons.

The five specialties that respondents were asked to rank in order of perceived respect were psychiatry, ob.gyn., internal medicine, general practice, and surgery. Fifty-seven percent of psychiatrists felt their own specialty was the least respected.

Forty-five percent of psychiatrists thought that their advice was not valued by nonpsychiatric colleagues, and 33% thought referrals to psychiatrists were made only as a last resort. Twenty percent thought that on the whole patients were adequately assessed before referral to psychiatry.

Eighty-eight percent of nonpsychiatrists thought that their advice was valued by colleagues in other specialties. Twenty-eight percent agreed that they made referrals to psychiatry only as a last resort. But 58% felt their patients were adequately assessed before psychiatric referral, according to Dr. Burrah of Coventry and War-

wickshire Partnership Trust.

Psychiatry in the United Kingdom is struggling to recruit graduates of British medical schools.

“There is a perception that

**Nonpsychiatrist physicians who participated in the survey had a more generous view of psychiatry than did the psychiatrists themselves.**

psychiatry is more removed from other medical specialties. This is partly due to the geographical separation of psychiatric services from more mainstream medical services and the

perceived differences in the clinical work done,” he explained.

This was borne out in the survey results. When psychiatrists were asked why many medical school students were veering away from careers in psychiatry, 63% responded that psychiatry is seen as being too nonmedical, while 55% thought that there is a stigma attached to being associated with mental illness.

In contrast, only 36% of nonpsychiatrists thought that psychiatry is a relatively unpopular career choice because it is too nonmedical. Eighteen percent thought the explanation lies in the stigma of being associated with mental illness. Forty-eight percent of nonpsy-

chiatrists thought that trainees did not choose psychiatry, because the patients are too challenging, and 36% said they thought the mental health specialty was too emotionally draining.

Only about one-third of psychiatrists and nonpsychiatrists thought psychiatry was taught in an appealing way in medical school. One-quarter of the psychiatrists said they avoid disclosing their profession in social situations. One-third said their family was disappointed in their career choice; none of the nonpsychiatrists felt that way.

Dr. Burrah declared having no financial conflicts. ■

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