

The Therapeutic State | Thomas Szasz

[The Art and Science of Pseudology](#)

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The common belief that the scientist's job is to reveal the secrets of nature is erroneous. Nature has no secrets; only persons do. Secrecy implies agency, which is absent in nature. This is the main reason the so-called "behavioral sciences" are not merely unlike the physical sciences but are in many ways their opposites.

"Nature," observed Thomas Carlyle (1795-1881), "admits no lie." While nature neither lies nor tells the truth, persons habitually do both. As the famous French mathematician and philosopher Antoine Augustin Cournot (1801-1877) observed, "It is inconceivable that [in the science of politics] telling the truth can ever become more profitable than telling lies." Indeed, deception and prevarication are indispensable tools for the politician and the psychiatrist—experts expected to explain, predict, and prevent unwanted human behaviors.

The integrity of the natural scientific enterprise depends on truth-seeking and truth-speaking by individuals engaged in activities we call "scientific," and on the scientific community's commitment to expose and reject erroneous explanations and false "facts." In contrast, the stability of political organizations and of the ersatz religions we call "behavioral sciences" depends on the loyalty of its practitioners to established doctrines and institutions and the rejection of truth-telling as injurious to the welfare of the group that rests on its commitment to fundamental falsehoods. Not by accident, we call revelations of the "secrets" of nature "discoveries," and revelations of the secrets of powerful individuals and institutions "exposés."

Because nature is not an agent, many of its workings can be understood by observation, reasoning, experiment, measurement, and calculation. Deception and divination are powerless to advance our understanding of how the world works; indeed, they preempt, prevent, and substitute for such understanding.

Psychiatry is one of the most important institutions of modern American society. Understanding modern psychiatry—the historical forces and the complex economic, legal, political, and social principles and practices that support it—requires understanding the epistemology of imitation and the sociology of distinguishing "originals" from "counterfeits." With respect to disease, the process consists of two parts: One part is separating persons who suffer from demonstrable bodily diseases from those who do not, but pretend or claim to; another part is separating physicians who believe it is desirable to distinguish between illness and health, sick persons and healthy, from physicians who reject this desideratum and insist that everyone who acts or claims to be sick has an illness and deserves to be treated. In an effort to clarify the

difference between medicine and psychiatry—between real medicine and fake medicine—I proposed a satirical definition of psychiatry, slightly revised as follows:

The subject matter of psychiatry is neither minds nor mental diseases, but lies, beginning with the names of the participants in the transaction—the designation of one party as “patient,” even though he is not ill, and the other party as “therapist” even though he is not treating any illness. The lies continue with the deceptions that comprise the subject matter proper of the discipline—the psychiatric “diagnoses,” “prognoses,” and “treatments”—and end with the lies that, like shadows, follow ex-mental patients through the rest of their lives—the records of denigrations called “depression,” “schizophrenia,” or whatnot, and of imprisonments called “hospitalization.” If we wished to give psychiatry an honest name, we ought to call it “pseudology,” or the art and science of lies and lying.

The imitation of illness is memorably portrayed by Molière (1622–1673) in his famous comedy, *The Imaginary Invalid* (*Le malade imaginaire*). The main character is a healthy individual who wants to be treated as if he were sick by others, especially doctors. Since those days, we in the West have undergone an astonishing cultural-perceptual transformation of which we seem largely, perhaps wholly, unaware. Today medical healing is regarded as a form of applied science. At the same time, the medical profession defines imaginary illnesses as real illnesses, in effect abolishing the notion of pretended illness: Officially, malingering is now a disease “just as real” as melanoma.

The view that pretending to be mentally ill is itself a form of mental illness became psychiatric dogma during World War II. Kurt R. Eissler (1908-1999), then the quasi-official pope of the Freudian faith in America, declared: “It can be rightly claimed that malingering is always the sign of a disease often more severe than a neurotic disorder. . . . The diagnosis should never be made but by the psychiatrist.” Now, more than 50 years later, this medicalized concept of malingering is an integral part of the mindset of every well-trained, right-thinking Western psychiatrist. For example, Phillip J. Resnick, a leading American forensic psychiatrist, declares: “Detecting malingered mental illness is considered an advanced psychiatric skill, partly because you must understand thoroughly how genuine psychotic symptoms manifest.”

In World War I soldiers afraid of being killed in battle malingered; psychiatrists who wanted to protect them from being returned to the trenches diagnosed them as having a mental illness, then called “hysteria.” Today, almost a hundred years later, soldiers returning home and afraid of being without “health care coverage” diagnose themselves as having a mental illness, called “post-traumatic stress disorder (PTSD)”: Almost 50 percent of the troops returning from Iraq suffer from post-traumatic stress disorder (PTSD) and depression “because they want to make sure that they continue to get health care coverage once their deployments have ended.” (*Syracuse Post-Standard*, Nov. 25, 2007, E1).

Psychiatrists and the science writers they deceive—and who eagerly deceive themselves—love to dwell on how far psychiatrists have “progressed” from their past practices. They have indeed, if we consider creating ever more mental illnesses/psychiatric diagnoses “progress.” Today psychiatrists assert that the person who regards himself as a mental patient suffers from a bona fide illness and laud him for his insight into his “having a disease” and “need for treatment.” At the same time, they lament the person who “denies” his mental illness, his “lack of insight” into being ill, and his “negative attitudes toward treatment seeking.” For example, from the *International Journal of Eating Disorders* we learn: “Considering that males have negative attitudes toward treatment-seeking and are less likely than females to seek treatment, efforts should be made to increase awareness of eating disorder symptomatology in male adolescents.”

Counterfeit art is forgery. Counterfeit testimony is perjury. But counterfeit illness is still illness—mental illness, officially decreed “an illness like any other.” The consequences of this policy—economic, legal, medical, moral, personal, philosophical, political, and social—are momentous: counterfeit disability, counterfeit disease, counterfeit doctoring, counterfeit rehabilitation, and the bureaucracies, courts, industries, and professions studying, teaching, practicing, administering, adjudicating, and managing them make up a substantial part of the national economies of modern Western societies and of the professional lives of the individuals in them.

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