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The Burden of Responsibility

Posted By [Thomas Szasz](#) • December 2008 • Vol. 58/Issue 10

Life is an unending series of choices and, therefore, “problems in living.” Ordinary choices—what to have for breakfast—we ignore as trivial. Extraordinary choices—whether to kill ourselves (or worse)—we dismiss as the symptoms of mental illness. The profession of psychiatry rests on, and caters to, the ubiquitous human desire to avoid, evade, and deny the very possibility of morally “unthinkable” choices. We use the rhetoric of psychiatry to transform such choices into medical-technical problems and “solve” them by appropriate “medical treatments.” This is why deception and prevarication are intrinsic to the principles of psychiatry, and fraud and force are intrinsic to its practices.

We humans are choice-making animals. The freedom to make choices is both a blessing and a curse. Depending on age, temperament, information, and alternatives, some people experience the opportunity for choice as exhilarating, others as tormenting. Traditionally, it was one of the functions of religion to relieve people of choices. Today, psychiatry and the therapeutic state perform the same job.

Karl Jaspers (1883–1969)—the great twentieth-century German psychiatrist-turned-philosopher—understood this. But he identified only one part of this drama, the patient’s: “Generally formulated, we may say that these people [“neurotics”] are determined that events for which they are accountable and in which they are understandably concerned shall be taken as mere happenings, for which they are entirely irresponsible.” Psychiatrists were, and are, happy to play the other part, authenticating the person’s false self-definition as mental patient—medical object, not moral actor.

Lord Acton

There is important religious precedent for the authoritative declaration of falsehood as truth. In 1870, under the leadership of the legendary Pope Pius IX—Pio Nono, the longest-reigning and one of the most colorful popes in history—the Vatican declared the dogma of papal infallibility. This was anathema to Lord Acton (1834–1902), the most respected Catholic layman in Europe in his time. Alienated from the Church, Acton did not leave it; and, probably because he had not been ordained, he was not excommunicated. It was in the context of this moral conflict that, in 1887, in a letter to Bishop Mandell Creighton, Acton made his famous pronouncement:

“I cannot accept your canon that we are to judge Pope and King unlike other men, with a favorable presumption that they did no wrong. If there is any presumption it is the other way against the holders of power, increasing as the power increases. Historic responsibility has to make up for want of legal responsibility. Power tends to corrupt and absolute power corrupts absolutely.”

Most people who quote Lord Acton’s famous dictum today are unaware it refers to papal power and was made by a devout Catholic. In 1882 Acton, now alienated from his great teacher and lifelong friend, Father Johann Ignaz von Döllinger, who was excommunicated for opposing the infallibility doctrine, writes him:

“I came, very slowly and reluctantly indeed to the conclusion that they [the great Catholic notabilities] were dishonest. And I found out a special reason for their dishonesty in the desire to keep up the credit of authority in the Church. . . . When I got to understand history from the sources, especially from unpublished sources, the reason of all this became obvious. There was a conspiracy to deceive. . . . That men might believe the Pope it was resolved to make them believe that vice is virtue and falsehood truth.”

Acton regarded the claim of papal infallibility as evidence of intolerable religious arrogance and power. I regard psychiatric infallibility—the unfalsifiability and irrefutability of psychiatric diagnoses backed by mental-health laws—as evidence of intolerable psychiatric arrogance and power.

Acton thought “he witnessed the triumph of error in history.” Indeed, he had. Today, we witness a similar—but more ominous—triumph of error in medicine-psychiatry. In addition to persuading the public and the government that human problems are medical diseases,

psychiatrists have succeeded in abolishing the concepts of responsibility, guilt, and innocence, and in replacing punishment with the irrefutable and ineradicable stigmata of psychiatric “diagnoses” and “treatments.” “Modern psychiatry,” I wrote in 1970, “dehumanize[s] man by denying . . . the existence, or even the possibility, of personal responsibility, central to the concept of man as moral agent.” It accomplishes that evil by treating responsibility, following Ambrose Bierce, as “a detachable burden easily shifted to the shoulders of God, Fate, Fortune, Luck or one’s neighbor.” In our day, it is not merely customary but, in matters that really count, mandatory to unload responsibility on Mental Illness (“he snapped,” “had a breakdown,” “battled his demons,” “was on drugs,” “went off prescribed medication,” and so forth).

In Acton’s day the separation of church and state was an established political practice in many countries. Hence, the Church’s moral failures and self-arrogated powers affected only persons who chose to be its adherents. Our predicament is more serious. We live at a time when the alliance of medicine-psychiatry and the state is taken for granted—viewed as an unalterable social fact and undoubted moral and social good. Everyone, regardless of personal choice, is affected, directly or indirectly, by the powers of the therapeutic state.

Psychiatry and the State

Given its limited legal-political powers, the Vatican could not have tried to purge the world of its critics, much less intimidate them into becoming its crypto-supporters. In contrast, in our day the alliance of psychiatry and the state has enabled pharmacocracy to do just that. Its so-called critics—who call themselves “antipsychiatrists,” “critical psychiatrists,” “ethical psychiatrists,” and so on—oppose one or another psychiatric “diagnosis” or “treatment,” rarely even psychiatric coercion. But they all support the view that the misbehavior of individuals afflicted with/suffering from so-called mental illnesses ought not be regulated by the same rules as are the misbehaviors of individuals not so denominated: They recoil from defending an ethic based on personal responsibility for public actions (as distinct from private actions, called “thoughts”) and of every individual’s inalienable right to his or her life and death, lest they appear uncompassionate and, perish the thought, unscientific and illiberal (in the modern, statist sense of “liberal”). Thus they endorse—explicitly or by the assent of silence—psychiatry’s war on responsibility, epitomized by the wars on drugs, mental illness, and suicide and by the insanity defense.

“Truth,” said Thomas Jefferson, “will do well enough if left to shift for herself. She seldom has received much aid from the power of great men to whom she is rarely known and seldom welcome. She has no need of force to procure entrance into the minds of men. . . . It is error alone which needs the support of government.” Jefferson was right in applying this principle to religion: modern states should not (and for the most part do not) lend their coercive powers to the support of the clerical lies of priests. Nor should they lend their coercive powers to the support of the clinical lies of psychiatrists. As long as they do, serious persons ought not to take psychiatry seriously—except as a threat to reason, responsibility, and liberty.

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