# The Therapeutic State ~ Psychiatry Versus Liberty

By Thomas Szasz, MD

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For millennia, slavery—involuntary servitude—was a universally accepted social institution. Today, psychiatric slavery—involuntary "treatment for mental illness"—is such an institution. Psychiatric incarceration and forced psychiatric treatment are integral parts of modern medical practice and social life.

The libertarian philosophy of freedom is based on the premise that self-ownership is a basic right and that initiating violence against others is a fundamental wrong. What is self-ownership if not the right to choose what, or how much of it, to ingest? What is initiating violence against another if not forcibly incarcerating him for ingesting too much or too little of a particular substance?

Consider, in this connection, a recent article in the prestigious British Journal of Medical Ethics, titled "Should We Force the Obese to Diet?" Extending the logic of perverted psychiatric "ethics" from anorexia nervosa to morbid obesity, the author concludes: "A person with anorexia can be detained under the Mental Health Act 1983 and forcibly fed. The obese cannot, so far, be forced to diet. The justification for this differential and possibly irrational distinction is unclear. . . . If the latter is competent, why should we assume the former is not? If it is right to force-feed an anorexic, why shouldn't it be right to force-diet the obese?"

## From Status to Contract

Famed English jurist Sir Henry Sumner Maine (1822–1888) aptly observed: "The movement of the progressive societies has hitherto been a movement from Status to Contract." In other words, in liberal (free) societies the law treats persons as contracting individuals, not as members of status groups. Modern psychiatry has declared war on this principle. Marcia Goin, M.D., a former president of the American Psychiatric Association, declares: "We can make contracts with builders, insurers, and car dealers, but not with patients." Builders, insurers, and car dealers make contracts with persons whom psychiatrists call "patients." Why can't psychiatrists make contracts with them? Because contracting implies two (or more) legally equal parties, each putting his

cards on the table. It implies mutual obligations, each party having legal power to compel his partner to fulfill the contract or compensate him for failure to do so.

Such mutuality is contrary to psychiatric ethics. Psychiatrists reject the "base" ethics of commerce in favor of the "loftier" ethics of care. The seller of plumbing services is obligated to deliver only that which his customer has requested and he has agreed to provide. The seller of psychiatric services is obligated to deliver much more: he must protect the customer from himself, even at the cost of depriving him of liberty.

Civilized morality and the free market presuppose a commitment to valuing cooperation and contract more highly than coercion and control. Official psychiatry declares that ethically and legally proper practice requires the rejection of free contract in favor of "therapeutic" coercion. Daniel Luchins, M.D., a professor of psychiatry at the University of Chicago, states: "[E]mphasis on protecting negative liberties may be appropriate for a society of 18th-century country squires, but not for the seriously mentally ill in the United States." In other words, the psychiatrist who contracts with his patient—and fails to protect him, say, from eating too little (anorexia nervosa) or suicide (clinical depression)—deviates from the "standard of psychiatric care" (is derelict in his "duty to protect" and denies the patient his "right to treatment") and is presumed guilty of medical malpractice. This compels all psychiatrists to function as (potentially) coercive psychiatrists and makes non-coercive psychiatry an oxymoron.

Let us not forget that there is no objective test for mental illness, much less a test to measure the severity of this alleged illness. How, then, do psychiatrists know that a mental illness is "serious" enough to justify coercive detention and "treatment"? They know it ex post facto: if the patient injures or kills himself, then he is said to have had a "serious mental illness." The American Constitution prohibits ex post facto laws. The American Psychiatric Association and American mental-health laws espouse and rely on ex post facto determinations.

Does deprivation of liberty under psychiatric auspices constitute odious preventive detention or is it therapeutically justified hospitalization? Should forced psychiatric drugging be interpreted as assault and battery or medical treatment? Part of the answer to these troubling questions lies in clarifying the differences between the literal and the metaphorical meanings of the word "liberty."

## The Meanings of "Liberty"

The literal meaning of liberty is dyadic: freedom from external coercion. In this sense, liberty is an interpersonal concept entailing two or more persons. It is freedom from control by parent, policeman, or psychiatrist.

The metaphorical meaning of liberty is internal or monadic: freedom from "control" by our own passions. In this sense, liberty is an intrapersonal concept entailing only one person. It is freedom from our own unwanted impulses—freedom from lust, covetousness, envy, rage, hopelessness, "mental illness." It is, in short, freedom from "self-enslavement," liberty as self-control.

Philosophers and theologians have long distinguished between outer and inner freedom. Psychiatrists have appropriated this spiritual concept of freedom and founded a pseudomedical, "therapeutic" empire on it. The idea of insanity or mental illness entails the concept of unfreedom: the madman is "possessed" by "irresistible impulses" (formerly the devil, now a brain disease), is a "victim" of "mental illness," has lost his "criminal responsibility." Hence, he is properly a ward of the psychiatrist as agent of the state.

In everyday language we conflate and confuse these two radically different meanings of liberty, for example, when we say that for the adolescent, liberty is freedom from parents and teachers; for the prisoner, freedom from confinement; for the unhappy husband or wife, freedom from marriage; for the overburdened mother, freedom from children; for the sick person, freedom from illness; for the old person, freedom from having to live.

Libertarians discuss ad nauseam freedom from economic controls because they see themselves as among the controlled, and ignore the need for freedom from psychiatric controls because they do not see themselves as among the controlled. If they did, they would see psychiatry as Anton Chekhov ("Ward No. 6") saw it, through the eyes of the psychiatrist who realizes the enormity of what he has done to his "patients" only after he is himself locked up with them:

> [S]uddenly amid the chaos, the terrible, unendurable thought flashed clearly to his mind that these people who now looked like black shadows in the moonlight must have experienced the same pains for over twenty years, day after day. How could it happen that throughout over twenty years he had not known and had not wanted to know that? He had not known, he had no understanding of pain, meaning he was not guilty, yet his conscience, as intractable and hard as Nikita [the brutal attendant], made him grow cold from the top of his head to his heels. He jumped up, wanted to cry out with all his strength and run as fast as possible to kill Nikita, then Khobortov, the superintendent, and the orderly, and then himself, but not a sound came out of his chest.

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