On the "criticism" of the DSM and the concept of schizophrenia by Nancy Andreasen, former editor of the *American Journal of Psychiatry*. My brief essay was rejected by the editor of the *Schizophrenia Bulletin* as not "presenting new material or argument, so it would fail on the advancing knowledge/original material standard." TS

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Essence or Existence: The Problem of Psychiatry-Schizophrenia

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1

Systems of thought rest on certain assumptions that are immune to criticism from within the particular system. Monotheistic religions rest on the assumption that God exists; medicine, on the assumption that bodily disease exists; psychiatry, on the assumption that mental illness exists. Long ago I advanced the view, based on evidence and reasoning that I shall not repeat here, that mental illnesses do not and, indeed, cannot exist because they are not demonstrable diseases of the body. However, as the nonexistence of deities does not impede the flourishing of religion-theology, so the nonexistence of mental illnesses does not impede the flourishing of schizophrenia-psychiatry.

Psychiatrists tend to view psychiatric history as one great humanistic-scientific advance after another. Nancy Andreasen begins her recent essay in the *Bulletin*, "DSM and the Death of Phenomenology in America," with these words: "During the 19th century and early 20th century, American psychiatry shared many intellectual traditions and

values with Great Britain and Europe. These include principles derived from the Enlightenment concerning the dignity of the individual and the value of careful observation."[1] She then continues: "Psychiatry is among the oldest of the medical specialties. It began when individuals trained as general physicians developed a special interest in the treatment of the seriously mentally ill. This became a widespread movement throughout Britain, Europe, and the United States through the leadership of individuals such as Chiarugi, Pinel, Rush, or the Tukes. The movement arose from the crucible of the dawn of modern science and the philosophy of the Enlightenment." In the best tradition of Whig historiography, Andreasen is silent about the psychiatrist's ethically embarrassing practices -- incarcerating the innocent (civil commitment), and excusing the guilty (the insanity defense).

A pillar of the American psychiatric establishment during the reign of the DSM, Andreasen affects to be a critic of it: "DSM discourages clinicians from getting to know the patient as an individual person because of its dryly empirical approach." The last thing psychiatrists (as opposed to psychoanalysts) want to know is their patients as persons. So long as psychiatrists possess and exercise the power to deprive "mental patients" of liberty, they deprive themselves of the possibility of understanding the patients as persons. The now-fashionable psychopharmacological misunderstanding of problems in living as chemically caused brain diseases is the latest historical evidence supporting the contention that the psychiatrists' humanistic claims are exercises in bad faith.

"These concerns," Andreasen continues, "led the author to write several editorials

for the *American Journal of Psychiatry* about the current problems that have been created by DSM. ... Europeans can save American science by helping us figure out who really has schizophrenia or what schizophrenia really is." One wonders how Andreasen reconciles her uncertainty about "who really has schizophrenia" with the standard psychiatric practice of using the diagnosis of schizophrenia to deprive innocent persons of liberty and excuse guilty persons of their crimes.

2

Phenomenology is one of those erudite terms the cognoscenti like to use to impress common folk. Although the term has many uses, some rather obscure, its basic meaning is simple and important: it refers to a method of study and reasoning that emphasizes concrete observable "existence," as opposed to speculation about abstract unobservable "essences" that lie behind our limited human capacity to know the external world. In that sense, phenomenology is related to empiricism and existentialism and may be contrasted with Platonic idealism and other philosophies of "essentialism."

The history of schizophrenia -- from Eugen Bleuler's invention of the "diagnosis" in 1911 to the present "treatments" of it -- is an example of the futility of trying to solve a problem defined in essentialist terms by empirical means. Andreasen's claims notwithstanding, an unbiased look at the history of psychiatry shows that psychiatrists never adopted an empiricist-phenomenological approach to their own practices or to the problems of the persons they ostensibly studied. I say this because the most obvious and most enduring characteristic associated with psychiatry is *incarceration*. In 1913, Karl

Jaspers acknowledged the unique importance of this element of psychiatric practice: "Admission to hospital often takes place against the will of the patient and therefore the psychiatrist finds himself in a different relation to his patient than other doctors. He tries to make this difference as negligible as possible by deliberately emphasizing his purely medical approach to the patient, but the latter in many cases is quite convinced that he is well and resists these medical efforts."[2]

Recently, historian Eric J. Engstrom wrote: "Wernicke noted that the medical treatment of [mental] patients began with the infringement of their personal freedom. Given the high premium placed upon personal freedom, Wernicke therefore reasoned that the responsibility of psychiatrists was enormous. In other words, <u>by virtue of their carceral authority</u>, psychiatrists had become the true guarantors of individual rights and the rule of law."[3x] It would be difficult to square such a role for a psychiatrist with the fundamental Anglo-American principles of due process and the rule of law.

Psychiatry began as the practice of confining persons stigmatized as mad in madhouses.[4] It continues to rest on coercion.[5] Persons called "mad" were deprived of liberty not because they were ill but because their behavior annoyed or threatened others and because they were poor and powerless. This is still the case. The mental diseases

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[x] Karl Wernicke (1848-1904), a German neuropathologist and neuropsychiatrist, was the first to describe many neurological abnormalities, some of which are identified by his name, for example Wernicke's aphasia and Wernicke's dementia.

attributed to persons -- from drapetomania, to masturbatory insanity, homosexuality, and schizophrenia -- were rationalizations for depriving them of liberty and imposing diverse interventions on them in the name of therapy. This is still the case.

So long as psychiatrists refuse to separate acquiring scientific knowledge about the phenomena they call mental disorders from assuming the roles of judges and jailers, their practices will continue to pose insoluble moral problems for them and provide abundant ammunition for their critics.

References

1. Andreasen, N., DSM and the Death of Phenomenology in America: An Example of Unintended Consequences. *Schizophrenia Bulletin*, 2007. 33: 108–112.

2. Jaspers, K. 1963. *General Psychopathology* [1913], 7th edition. Translated by J. Hoenig and M. W. Hamilton. Chicago: University of Chicago Press, pp. 839-840.

3. Engstrom, E. J., 2003. *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*. Ithaca, NY: Cornell University Press, p. 251, emphasis added.

4. Szasz, T. 1994/1998. *Cruel Compassion: The Psychiatric Control of Society's Unwanted*. Syracuse: Syracuse University Press.

5. Szasz, T., 2007. *Coercion As Cure: A Critical History of Psychiatry*. New Brunswick, NJ: Transaction Publishers.

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