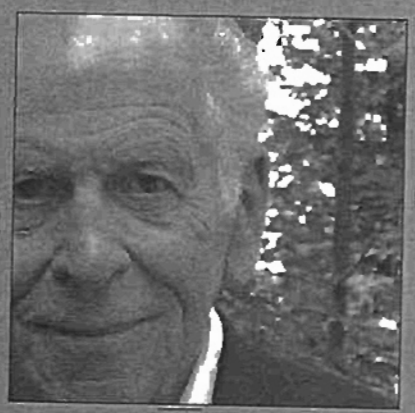
SZASZ UNDER FIRE

The Psychiatric Abolitionist Faces His Critics



Edited by Jeffrey A. Schaler

Many looked upon the abolitionists as monsters.

THOMAS CLARKSON (1790)

It is the union of Church and State that has caused all persecution.

LORD ACTON

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Introduction

JEFFREY A. SCHALER

Thomas Stephen Szasz[1] has challenged conventional thinking about freedom, responsibility, madness, sexuality, medicine, and disease. He has come to be regarded by psychiatrists and psychoanalysts as the most controversial living psychiatrist and psychoanalyst. As Arnold Rogow has put it,

> Of all critics of psychiatry in recent years, Thomas S. Szasz is undoubtedly the best known and he has aroused the most controversy. . . . Szasz has attacked psychoanalysis and psychiatry at their roots by arguing, in a number of books and articles, that mental illness, with the exception of certain organic diseases, is itself a myth, and that therefore psychiatry is more related to moral philosophy and social theory than to medicine.[2]

Szasz is best known for his insistence that "mental illness" is a metaphor, and that we go astray if we take the metaphor literally. Yet belief in mental illness is not his main target. In Szasz's view, people are free to believe in mental illness, exactly as they are free to believe in God, witchcraft, alien abductions, or psychokinetic spoon-bending, to mention a few of the other common beliefs about which Szasz is skeptical.

Szasz is certainly concerned to expose the false beliefs of psychiatrists, but what drives him is the conviction that people should be free to engage—or not engage—in the ceremonies and rituals involved in going to a psychiatrist or a psychotherapist, just as people are free to partake of Easter communion or a Passover seder. Indeed, Szasz holds that there

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[1] Hungarian is a phonetic language with an alphabet containing forty letters, many of them compounds of what would be two letters in English, for example "cs," "gy," and "ly." "Sz" is such a compound letter. It is pronounced as a sharp "s," as in "sand." The letter "á," with the accent, is pronounced as a long "a," as in "father."

[2] Arnold A. Rogow, *The Psychiatrists* (New York: Putnam's, 1970), p. 28.

is a close kinship between psychiatry and what is commonly recognized as religion. As a thinker in the tradition of classical liberalism, influenced by Thomas Jefferson, John Stuart Mill, and Ludwig von Mises, Szasz believes in the separation of religion and state, the separation of medicine and state, and the separation of psychiatry and state.

In Szasz's view, individuals should be free to devote themselves to any variety of psychiatric belief and practice. What Szasz objects to is *forcing* people to see (or not see) a psychiatrist, to reside or not reside in a mental hospital, to partake (or not partake) of drugs, and to believe (or not believe) in any specific set of ideas.

Though Szasz has been called an "anti-psychiatrist," he rejects this label, closely identified with the ideas of R.D. Laing and David Cooper, ideas which Szasz detests. Szasz is against coercion, not "psychiatry between consenting adults." Just as Szasz defends everyone's right to believe in God, so too, he defends everyone's right to believe in alien beings beaming messages to him or her through the fillings in his or her teeth. The state has no business inside a person's head, according to Szasz.

Szasz is a psychiatrist, and yet he is highly critical of psychiatry. He maintains that there is no contradiction. A professor of medicine comments on the nature and practice of medicine. A professor of theology or comparative religion comments on the nature and practice of religion. Just as an atheist can teach theology, the theory of God, angels, demons, and the like, so a psychiatric abolitionist can teach psychiatric theory, the theory of mental illness. Szasz has also been a practicing psychotherapist. When practicing psychotherapy, Szasz claims that he is not doing what "mental health professionals" usually claim to be doing. As Szasz prefers to describe it, he is having conversations with people about their problems.

Szasz has advocated a number of social policy changes, with mixed results to date. He argued against the classification of homosexuality as a disease when this classification was the overwhelmingly predominant view. He alone spoke out against the pretence that circumcision is a medical procedure, and Szasz's position has now become generally accepted. Together with George J. Alexander and Erving Goffman, Szasz founded the American Association for the Abolition of Involuntary Mental Hospitalization in 1970. This organization published a journal, *The Abolitionist*, and provided legal help to mental patients; it was dissolved in 1980 because political opinion was running so strongly in the other direction, yet ironically the Reagan administration's eviction of mental patients from mental hospitals, known as "deinstitution-

alization," is often attributed to Szasz's influence. In *Ceremonial Chemistry* and other works he has fought against the War on Drugs and called for the removal of all drug prohibitions, a view which has gained adherents but is far from its goal. Szasz was the first to criticize the "sexual surrogate therapy" of Masters and Johnson as medicalized procuring and prostitution and he has spoken out against much "sex research" and "sex therapy," which he views as pornography masquerading as "mental-health education."

Szasz supports the right to suicide—but is a sharp critic of "physician-assisted suicide." Szasz opposes what usually passes for "drug legalization," which he sees as a further step toward giving physicians control over people's lives. Yet he advocates the complete and total repeal of drug prohibition and believes that medical licensure ought to be abolished along with prescription laws.

Just as priests were once empowered by the state –the theocratic state—to do certain things to certain people, doctors, and in particular, psychiatrists, are now empowered by the state the therapeutic state[3]—to do certain things to certain people. As Szasz sees it, doctors have now assumed the role in society once occupied by priests and other religious leaders. The theocratic state, says Szasz, has been supplanted by the therapeutic state; the political power of priests has been replaced by the political power of doctors.

What can doctors do now that is possibly so horrid? They can, as agents of the therapeutic state, deprive people of liberty because of their deviant, aberrant, abnormal, and socially-unacceptable behavior. Just as negroes were once defined by the state as three-fifths persons in order to maintain the institution of slavery, people diagnosed as mentally ill are defined—in effect—as three-fifths persons in order to maintain the institution of "psychiatric slavery." The U.S. Constitution protects individual citizens against deprivation of their liberty without due process of law. That protection is circumvented when psychiatrists are empowered by the state to deprive citizens of liberty by diagnosing them as mentally ill and committing them to prisons called "mental hospitals."

Today, people are declared a danger to themselves and others by psychiatrists and deprived of liberty via commitment to a mental hospital. Though these individuals have often committed no crime, they have

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[3] This now widely-employed phrase was coined by Szasz in 1963: "Although we may not know it, we have, in our day, witnessed the birth of the Therapeutic State." *Law, Liberty, and Psychiatry* (Syracuse: Syracuse University Press, 1989), p. 212.

committed a metaphorical crime called "being a threat to self and others." While suicide is currently not forbidden by criminal law, it is effectively forbidden by mental health law, as well as being opposed by most of the churches and other branches of organized religion.

While no one, including psychiatrists, can reliably predict dangerousness towards self or others, psychiatrists are empowered by the state to do just this very thing. As in the Tom Cruise movie *Minority Report*, crimes are punished before they occur, and therefore punished though they never occur. Persons considered a "threat to self and others" effectively lose their entitlement to a trial without being tried, and are deprived of liberty by the state when committed to a mental hospital after being examined by a psychiatrist. If they object to being examined or reject the concept of mental illness, this stance is itself taken for a sign of their mental illness, exactly as disbelief in witches used to be taken as evidence of being a witch. According to Szasz, this whole psychiatric procedure conflicts with the liberal principle of the rule of law.

When a person is accused of committing a crime and is denied his constitutional right to a trial, a psychiatrist may be called in by the court to examine and declare a defendant mentally healthy or mentally ill in what is referred to as a pretrial psychiatric examination. A person who is clearly guilty of a crime may be exculpated and sent to a mental hospital as a result of psychiatric testimony. Psychiatrists who examine a defendant in the present are credited by the court with the competence to assess whether a defendant lacked the necessary intent or *mens rea* in the *past*, when he or she committed the crime. In Szasz's view, the insanity defense is tantamount to denial of justice, just as involuntary commitment is tantamount to unconstitutional deprivation of liberty.

A psychiatric pretrial examination is frequently used to declare a defendant incompetent to stand trial even though the defendant may be fully competent according to normal legal standards. Even when defendants understand the charges brought against them by a prosecutor, are able to assist counsel with a defense, and understand the proceedings of the court. Szasz fully accepts the principle of legal competency, yet as he points out, demonstrable competency may be set aside when a psychiatrist is brought into the picture. For if defendants are diagnosed as mentally ill, legal competency is usually over-ridden by this diagnosis.

Szasz does not advocate the use of illegal drugs- -far from it. He argues that drug use and addiction are moral, ethical and political issues, not medical issues, and that the state has no business interfering in such private matters. Drugs are nowadays considered safe and dangerous, good and bad, on account of their alleged potential for addiction, sup-

posedly a public health issue. Szasz argues that drugs themselves are neither safe nor dangerous, neither good nor bad—again, drug use is an ethical issue. Good, bad, safe, and dangerous are not qualities to be found within the physical properties of any drug. It all depends on how drugs are being used and who considers them good or bad, safe or dangerous. Drugs are considered "good" when doctors and society label them as such. Antibiotics, for example, and psychiatrically-prescribed drugs, are considered "good." Marijuana and psychedelic drugs are supposed to be "bad." Just as the government should not interfere with the beliefs or ideas a person puts inside his or her mind, Szasz holds that the government should not interfere with the foods, drugs, or other substances a person puts inside his or her body.

Szasz carefully discriminates between legitimate public and private health matters. An example of a legitimate public health matter is the control of contagious disease. Smallpox is a matter of public health concern, and it may be right for the government to coerce smallpox carriers, if this is necessary to prevent harm to other people. A decision to see a doctor about controlling one's weight, or a decision to smoke cigarettes, is a private matter, and none of the government's business.

Szasz advocates that psychiatrists and doctors be stripped of the power the state now bestows upon them. The state entangles itself with medicine when it uses force to deprive citizens of basic constitutional protections. Psychiatry and medicine become an extension of law and government. The state entangles itself with medicine when it is instrumental in excusing criminal behavior. It entangles itself with medicine when the government gives financial support to psychiatrically-based treatment programs for "bad" behavior. And it entangles itself with medicine when it interferes in what should be an entirely contractual relationship between doctor and patient, therapist and client.

Thomas Szasz's autobiographical statement which immediately follows this Introduction ends where *The Myth of Mental Illness* begins. (Important episodes from Szasz's subsequent life are described in some of his replies to the critical essays in this book.) Although *The Myth of Mental Illness* is still (some thirty books later) the work for which he is best known, it was not Szasz's first book, nor was its publication the first time the title had appeared in print. Szasz's first book was *Pain and Pleasure: A Study of Bodily Feelings*, published in 1957. The title "The Myth of Mental Illness" first appeared on an article published in *American Psychologist* in 1960. As the bibliography of Szasz's writings at the back of this book shows, he published a number of articles before he became famous for challenging institutional psychiatry.

The "Szasz Affair" at Upstate Medical Center

The battle over Szasz's position at Upstate Medical Center is a watershed event in the history of international thinking about psychiatry, an event which dramatically changed the lives of many individuals, some of them to become influential thinkers and writers. No full account of this stormy and fateful conflict has yet been published anywhere. Here I give a brief outline of what occurred. An appendix to this book reproduces some of the relevant documents.

In 1961, when *The Myth of Mental Illness* appeared, Szasz was a tenured professor of psychiatry at the State University of New York's Upstate Medical Center in Syracuse. Friends and colleagues of Szasz were well acquainted with his views on psychiatry and mental illness, and were generally sympathetic. This did not immediately change following publication of *The Myth of Mental Illness* in 1961.

That book, however, attracted a lot of attention. It was widely and favorably reviewed. Matters were then brought to a head by Szasz's testimony at the *habeas corpus* hearing for John Chomentowski on April 12th, 1962. Chomentowski was held at the Mattewan State Hospital, in Mattewan, New York after firing a gun in the air when a big real estate developer tried to take over a property Chomentowski had owned and refused to sell. State psychiatrists asserted that Chomentowski was mentally incompetent to stand trial for the incident. Accounts of this case are given in Chapter 4 of Szasz's book, *Psychiatric Justice*, published in 1965 and in a 1997 article by Ronald Leifer.[4] Szasz protected Chomentowski's identity by naming him "Louis Perroni."

The Chomentowski hearing was later described by Leifer as "a highly anticipated event in psychiatric circles, since for the first time Szasz was in an adversarial confrontation with conventional psychiatrists in a public forum." State psychiatrists, distressed by Szasz's testimony, complained to Paul Hoch, New York State Commissioner of Mental Hygiene. Newton Bigelow, director of the Marcy State Hospital and editor of the then prestigious psychiatric journal, *The Psychiatric Quarterly*, published an article in his journal condemning Szasz.[5] This was the begin-

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[4] Leifer, "The Psychiatric Repression of Thomas Szasz: Its Implications for Modern Society," *Review of Existential Psychology and Psychiatry* XXIII, Nos. 1, 2, 3 (1997). At the time, Szasz gave Chomentowski the fictitious name "Louis Perroni" to protect his privacy, but his real name has subsequently been made public.

[5] N. Bigelow, "Szasz for the Gander," *Psychiatric Quarterly 36*, No. 4 (1962), pp. 754–767.

ning of what Szasz's admirers perceive as a concerted campaign by institutional psychiatry to silence Szasz, discredit him, and deprive him of his livelihood.

Dr. Hoch wrote a letter to Marc Hollender –who, in addition to being Chairman of the Department of Psychiatry was also Director of the Syracuse Psychiatric Hospital, a state mental hospital—ordering that Szasz be banned from teaching in the state hospital. Szasz was thereby punished for denying the existence of mental illness. Hoch cited *The Myth of Mental Illness* and Szasz's disbelief in "mental illness" as evidence of his incompetence as a psychiatrist and his unfitness to teach psychiatry. (It was never disputed that all that was wrong with Szasz was his dissenting beliefs and his readiness to propagate them.) Szasz responded that if he could not teach in the hospital, he would no longer attend faculty meetings in the hospital. Thus, Szasz rejected the punishment imposed by Hoch and Hollender and filed a complaint with the university authorities.

The Syracuse Psychiatric Hospital, then located adjacent to the Medical Center, was a state mental hospital, a part of the New York State Department of Mental Hygiene. (The hospital, located elsewhere in the city, is now called Hutchings Psychiatric Center.) The Department of Psychiatry of the Upstate Medical Center (now Upstate Medical University), was a part of the State University of New York. When Hollender and Szasz had come to Syracuse, in 1956, Hollender had assumed two positions: one, as professor and chairman of Psychiatry at the medical school, and another, as director of the state mental hospital; and, because of superior physical facilities, he located his office and all official functions of the department at the state hospital. Szasz, was appointed professor of psychiatry in the medical school. His office was located in a small building housing the department of psychiatry staff. Hollender not only located his office at the Syracuse Psychiatric Hospital, he also moved all psychiatry department faculty meetings and conferences to the site of the state mental hospital.

Szasz and Hollender had known each other in Chicago, were close friends, and saw eye to eye on many issues. They had co-authored several articles. Hollender had voiced the opinion, for example, that there should be no involuntary commitment of the mentally ill.

Hollender loyally carried out Hoch's wishes, communicating to Szasz that he was banned from teaching in the hospital. Szasz's workload and supervision were increased and his secretarial staff reduced, in a concerted effort to make his professional life difficult. Many psychiatry residents and colleagues were outraged at Szasz's being "censured"

and complained to the university administration. The medical school administration as well as the American Association of University Professors (AAUP) investigated the conflict and both found that Hollender's actions violated Szasz's academic freedom.

As the matter dragged on acrimoniously, month after month and year after year, Szasz became concerned that his position was being eroded, and retained George J. Alexander, a law professor at Syracuse University College of Law (now, Professor of Law, Santa Clara University School of Law, Santa Clara University), to defend him against further defamation[6] and possible removal. In the end, Hollender was asked to step down as chairman. He and Szasz retained their positions as professors of psychiatry. However, none of the non-tenured faculty members who supported Szasz had their appointments renewed, while those who opposed Szasz or remained uncommitted kept their jobs.[7] Hollender left the Upstate Medical Center in 1966,[8] while Szasz remained there, becoming emeritus in 1990, and is now highly respected by the present faculty.

Among the many individuals involved in or influenced by the events at Upstate, it's worth mentioning Ron Leifer, later a psychiatrist in private practice and author of *In the Name of Mental Health* and other works; Robert Seidenberg, a distinguished psychoanalyst who has argued against the labeling of any behavior, including homosexuality, as a disease; Peter Breggin, outspoken critic of psychiatry and opponent of the forced drugging of children; Abraham Halpern, a leading expert on psychiatry and law, who at the time pressed for Szasz to be thrown out of Upstate but who now characterizes his own outlook as much more in agreement with Szasz; Julius B. Richmond, Dean of the Medical School in the 1960s, and first Director of Headstart; Frederick K. Goodwin, who was to become Director of the National Institute of Mental Health; and E. Fuller Torrey, author of several notable books on psychiatric topics.

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[6] Among actively disseminated mendacities was the association of Szasz with the John Birch Society. Szasz had no connection with this organization, which had however reprinted something he had written. See the last item in the Appendix below.

[7] For detailed documentation of these events, see the papers in the Thomas Szasz Collection in the Special Collections at Syracuse University Library, Syracuse, New York. For a few selected documents, see the Appendix below.

[8] Hollender was Professor of Psychiatry at the University of Pennsylvania, 1966–69, then Professor and Chairman of the Department of Psychiatry at Vanderbilt University School of Medicine, 1970–78. He was President of the American College of Psychiatrists fom 1977 to 1978 and President of the American Board of Psychiatry and Neurology in 1980. He died in 1998 at the age of 81.

Paul Hoch had led the attempt to destroy Szasz's career and reputation. Shortly afterwards, in 1964, Hoch died suddenly of a heart attack at his home in Albany, aged 62. He had originally been appointed Commissioner of the State of New York Department of Mental Hygiene by Governor Averell Harriman, and was subsequently re-appointed as Commissioner by his (Hoch's) "warm friend and admirer," Governor Nelson A. Rockefeller.

Depending on one's point of view, it may be significant, interesting, merely ironic, or of no relevance whatsoever, that it came to light that Hoch had been deeply involved in lucrative Central Intelligence Agency experiments using psychoactive drugs on unsuspecting subjects. Among the many illegal activities, for example, as reported by John D. Marks, Hoch along with Dr. James Cattell poisoned and killed New York tennis professional Harold Blauer. In the words of the illustrious Dr. Cattell, "We didn't know whether it was dog piss or what it was we were giving him."[9]

Hoch is remembered warmly by mainstream psychiatry. A 1996 tribute to him characterizes him as

> one of the most respected and honored psychiatrists of his generation. A bronze plaque prominently displayed in the lobby of the New York Psychiatric Institute with a bust of Hoch is inscribed as follows: "Compassionate physician, inspiring teacher, original researcher, dedicated scientist, dynamic administrator." Then, as now, over three decades later, it distills the essence of the man.[10]

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[9] John D. Marks, *The Search for the Manchurian Candidate: The CIA and Mind Control* (New York: Times Books, 1979), p. 67. For other background on Hoch, the CIA illegal activities, and Hoch's involvement in them, see Nolan C. Lewis and Margaret O. Strahl, eds., *The Complete Psychiatrist: The Achievements of Paul H. Hoch* (Albany: State University of New York Press, 1968); Joseph B. Treaster, "Mind-Drug Tests a Federal Project for Almost 25 Years" (*New York Times*, 11th August, 1972, pp. 1, 13); *Commission on C.I.A. Activities: Report to the President* (Washington, DC: Government Printing Office, 6th June, 1975); Boyce Rensberger, "C.I.A. in the Early Nineteen-Fifties Was Among Pioneers in Research on LSD's Effects" (*New York Times*, 12th July, 1975, p. 11); Joseph B. Treaster, "Army Discloses Man Died in Drug Test It Sponsored" (*New York Times*, 13th August, 1975, pp. 1, 13); Thomas Szasz, "Patriotic Poisoners," *Humanist* (December 1976, pp. 5–7); Philip Shenon, "C.I.A. Near Settlement of Lawsuit by Subjects of Mind-Control Tests" (*New York Times*, 6th October, 1988, p. A14); Anon., "U.S. to Pay $750,000 in Suit on LSD Testing" (*New York Times*, 12th October, 1988, p. 12); Leonard S. Rubenstein, "The C.I.A. and the Evil Doctor" (*New York Times*, 7th November, 1988, p. 12); Leonard S. Rubenstein, "The C.I.A. and the Evil Doctor" (*New York Times*, 7th November, 1988, p. A19); Albert C. Higgins, "On Psychiatry's Paul Hoch" (www.albany.edu/~ach13/soc325/notes/notes7.html).

[10] Sidney Malitz, *American Journal of Psychiatry* 153: 10 (October 1996), p. 1339.

A Polarizing Figure

Szasz Under Fire is the first in a series of Open Court books which will confront controversial writers with their intellectual critics. Szasz is particularly suited to this project because of his unusually polarizing influence. Szasz's writings have provoked both extraordinary praise and extraordinary denunciation. Critics have been invited based both on their knowledgeability and their strong disagreement with Szasz, at least on the specific topics of their articles.

Szasz has been the target of both scathing criticism and fulsome praise. His ideas have inspired both warm adherence and bitter opposition. There have also been some notable changes of mind, in both directions. Karl Menninger's life and work seemed to be a denial of everything that Szasz stands for,[11] yet Menninger eventually ended up a convert to Szasz's general position. E. Fuller Torrey became known as an enthusiastic proponent of Szaszian ideas, most notably in his book, *The Death of Psychiatry*, published in 1974. Torrey subsequently changed his mind and is now one of Szasz's harshest critics. He has become a hero of the National Alliance for the Mentally Ill, a powerful political lobby funded by the pharmaceutical industry. The cases of Menninger and Torrey are discussed by Szasz below, in his Reply to Slovenko.

As a final contrast I will cite a couple of recent occurrences. When I began the work of organizing and compiling this book, I sent letters to various individuals I thought would be interested in writing essays for it. I sought contributors who would definitely have a strong disagreement with Szasz on at least one issue (though they might agree with him on other issues), and who would mount a strong case against Szasz from a reasoned and knowledgeable perspective.

One of the people I believed would fall into this category was Thomas G. Gutheil, M.D., a Professor of Psychiatry at Harvard and a recognized expert on psychiatry and law. I sent him an invitation on September 6th, 2000. He promptly declined, and that, I assumed was the end of the matter. I proceeded to solicit other promising candidates. I invited Dr. Harold Bursztajn, who also declined. However, he volunteered that he would ask around for other possible contributors, something I had not asked him to do.

On April 18th, 2001, I received the following letter out of the clear blue sky from Dr. Gutheil. The spelling and other mistakes are all in the original.

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[11] See for instance, Menninger, *The Crime of Punishment* (New York: Viking, 1968).

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MASSACHUSETTS MENTAL HEALTH CENTER
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TELEPHONE: 617-734-1300 EXT. 476
THOMAS G. GUTHEIL, M.D.
PROFESSOR OF PSYCHIATRY
DIRECTOR OF MEDICAL STUDENT TRAINING
CO-DIRECTOR, PROGRAM IN PSYCHIATRY AND THE LAW

April 18, 2001
Jeffery A Shaler, Ph.D.
School of Public Affairs
American University
4400 Massachusetts Ave. NW
Washington DC 20016

Dear Dr. Shaler:

Dr. Harold Bursztajn passed on to me the invitation to write for Szasz under fire and I in turn have tried to interest others in this, alas, without success. The reasons given are listed below, which may or may not be helpful to you.

Most of Szasz's ideas of the mythical nature of mental illness have been rendered obsolete by genetic studies, imaging, cross-cultural anthropology and the like. While many legal scholars see him as important to that field, the damage he has done to care of the mentally ill has not been carefully assessed and cannot be overestimated. Well-meaning but misguided advocates following his leads have trashed mental health delivery systems in state after state and have clearly contributed to the adversarialization of the mental health advocacy systems. More clearly venal forces from Ronald Reagan to Scientology have been able to draw on his "teachings" to support their causes, again to the detriment of patients.

My own view is that he was popular as a sixties kind of guy, an anti-establishment rebel where the facts he distorted were not a problem for

> the political force of his claims; any smidgin of value he could have had is long eclipsed, and, except as a trip down memory lane, I can see no reason whatsoever why he deserves a book like this, even a mixed one with opposing views. Dr. Szasz is simply no longer worth it.
>
> I regret that neither I nor Dr Bursztajn was able to help, nor were our recruiting attempts successful to get any one else to care enough to do it.
>
> Regretfully,
> (signed)
> Thomas G. Gutheil, MD.

Readers can study the intelligent and knowledgeable criticisms of Szasz in the present volume, followed by Szasz's replies, and make up their own minds as to whether Dr. Gutheil's opinion is right or wrong.

By way of contrast, on May 20th, 2001, Robert L. King, Chancellor of the State University of New York, bestowed upon Thomas S. Szasz the degree of Honorary Doctor of Science (http://www.szasz.com/upstatedegreeremarks.htm). The citation read as follows:

> State University of New York
>
> Thomas S. Szasz, M.D.
>
> You have raised the level of academic, scientific and societal discourse by putting forth views that have challenged the premises and assumptions of all the various health care professions. Indeed, the vigorous debate you began and still oversee has helped shape society's views on an individual's liberty and responsibility. Your thirty-four years on the faculty of the College of Medicine at the State University of New York Upstate Medical University were extraordinarily productive. During those years you became known as one of the world's best known and widely read mental health professionals. Your twenty-five books and approximately seven hundred scientific papers have profoundly shaped the theory and practice of psychiatry and psychology. Titles such as "The Myth of Mental Illness," "Law, Liberty and Psychiatry,"

"Psychiatric Justice," "The Meaning of the Mind" and "The Ethics and Politics of Suicide," have stood the test of time and are noted as among the influential works of their kind over the past half-century. Strong ideas can be best embraced and debated within a strong institution. The SUNY Upstate Medical University has been proud to stand with you and provide a forum for your ideas. The State University of New York and your colleagues at the SUNY Upstate Medical University salute you and confer upon you the Honorary Degree, Doctor of Science.

Upstate Medical University
May 20, 2001

An Autobiographical Sketch

THOMAS SZASZ

Homo sum: nil a me alienum puto. (*I am a man: nothing human is alien to me.*)

—TERENCE

Nil sine magno vita labore dedit mortalibus. (*Life grants nothing to us mortals without hard work.*)

—HORACE

I was born in Budapest, Hungary, on April 15th, 1920, the second son of Lily (Livia) Wellisch and Julius (Gyula) Szász. My name in Hungarian, a language in which the family name comes first, followed by given names, was Szász Tamás István. Tamás was a popular name in Hungary in those days. I always felt very pleased with it. My family and friends called me "Tomi," the diminutive of Tamás, similar to the English "Tom." My third (in English, middle) name, István (Stephen), has deep roots in Hungarian history.

St. Stephen (975–1038) Christianized the Magyars and, in A.D. 1000, with the blessing of the Pope, founded Hungary as a Catholic Kingdom. One of the most important Hungarian national holidays is August 20th, celebrated with fireworks over the Danube, much as July 4th is in the United States. The date commemorates the transfer of St. Stephen's supposedly incorruptible, miraculously preserved right hand—the most sacred Christian relic in Hungary—from the village where it was buried to Buda.

Buda is on the right, western side of the Danube, and is very hilly. It may be of interest to mention here that, in the first century A.D. most of the area that is now Hungary became a part of the Roman empire. A few miles north of Buda stood the Roman settlement of *Aquincum,* so named on account of the many artesian wells in the area. At one time *Aquincum*

was home to thirty thousand people; numerous ruins of it remain and are one of the tourist attractions of Budapest. For centuries, Buda and Pest were separate cities, divided by the Danube, the largest river west of the Volga. Buda and Pest were united into a single city, Budapest, only in 1873.

II

My brother, who has played an exceptionally important role in my life, was born on January 11th, 1918. He was named Szász György János (George John), and was called "Gyuri," the Hungarian diminutive of George.

My mother, Lily- -like other upper-middle-class married women—was a housewife. This did not mean that she had the duties we now associate with that word. All housewifely duties were then delegated to domestics. My brother and I were raised first by a nurse and, from the time I was a year old, by a governess. Other housework was done by a cook and maids, and by help hired for special occasions. We lived in a large apartment, in downtown Budapest, only a block or so from the Danube river. My mother's duty was to manage the domestic help, entertain, and generally support her husband as breadwinner and head of the family.

I loved my mother dearly and was, all my life, very attached to her, and she to me. She was an exceptionally beautiful woman who remained handsome even in her old age. She enjoyed good health and died, in 1990, at the age of ninety-six. (Her younger sister lived to be 101.) She was a quiet and soft-spoken person, gracious and sociable. There was always an air of elegance about her. She lay great importance on being well groomed and well dressed, as did my father also. I "inherited" these traits.

My father, trained as a lawyer, was a successful agricultural businessman. This description fails to convey to the contemporary American reader what his work actually consisted of. However, a precise account and understanding of his occupation would require familiarity with economic and social conditions in Hungary following World War I. He was a squat, compactly built man. My mother was a little taller than he. He was an exceptionally honest man, with a reputation for fairness and integrity. Occasionally, he served as an arbitrator for businessmen who wanted to settle their conflicting claims out of court and save the time and expenses of litigation.

My parents' marriage was extremely harmonious—idyllic would hardly be an exaggeration. This impression has only gained weight in

retrospect, when I compare that relationship with the majority of modern marriages. My father adored my mother. My mother looked up to my father and, when speaking about him, would always say there has never been a better husband in the world. I do not recall a raised voice, much less a quarrel, between them. Credit for the harmoniousness of their relationship belongs largely to my parents, and partly to the traditional character of the marriage relationship, a clear role allocated to husband and wife.

My father was comfortable in the role of *pater familias*: he felt responsible for his family's welfare and provided generously for everyone's needs. He was a dependable person, a man of his word. Our governess, Kisu—about whom more in a moment—idolized him. She thought he was the most wonderful man in the world. He was, indeed, a *very good man.* Under a veneer of conventionality and sternness, there beat a heart of gold and lurked a skeptical mind. He was well-informed, especially about economic and political matters. At the same time, he was a modest and very private person. Besides business, his main interest was his family. Both he and my mother were atheists. We celebrated Christmas.

Until I was about ten years old, the most important person in my life was "Kisu," the governess. The word "kisu"—which might have been a name made up by my family—was a contraction of the Hungarian "kisasszony," literally "little woman", meaning an unmarried woman. In most upper-middle class homes, the governess had a double role: she took care of the children and ensured that they would become bilingual, Hungarian being a useless language outside of Hungary. Most often, her native language was German or French; in a few families, the governess was English-speaking.

Kisu—whose name was Prém Jolán (Yolande)—spoke only Hungarian. She came from a family of German descent and was a Lutheran. She went to church on Sundays and observed the major Christian holidays but was not, certainly by the Hungarian standards of the time, very religious. Born in Budapest, she lost both parents and her brother to tuberculosis when she was still young, was uneducated, and accepted the role of governess as her occupation as if it were the natural order of things.

In the highly stratified social order that still prevailed in Hungary between the wars, there was a fair measure of dignity in the status of a governess. She was entrusted with the everyday care of the child, had virtually complete control over disciplining him, and was formally treated as a part of the family. When we were little, George and I would

have our meals with Kisu. The family table was for adults and older children. When I was seven — perhaps a bit younger — we joined the adult world of meals. Kisu's status was then symbolized by her having the noon and evening meals at the family table, eating food prepared by a cook and served by a maid. She was not expected to do any cleaning or other housework. Her only duty was to care for and be the child's protector and companion, and often the teacher, by conversation, of a second language.

Kisu's whole life was taking care of and loving George and me. Literally, she had no one else in the world. Once in a while, on her day off, she met a distant "cousin" in a coffee house. She loved me dearly and I loved her in return—more and differently than I loved my parents.

I was a "sickly" child. I contracted every contagious disease of childhood, from chicken pox and whooping cough to measles, scarlet fever, and diphtheria. I was probably about seven when I had diphtheria and well remember a period when I was breathing with difficulty, followed by a dramatic development: if I drank a glass of water, the liquid ran out of my nose. My fifth cranial nerve was paralyzed. I did not then realize how close to death I came.

My illnesses taught me some valuable lessons. One was a clear realization of the advantages of being ill: I enjoyed the languorous passivity of lying in bed and dozing, the anxious concern of my parents and governess, the visits of the kindly pediatrician, the choice of whatever food I wanted, and, during recovery, the opportunity to occupy myself with drawing, coloring, assembling puzzles, and, last but not least, learning to sew—from Kisu—and becoming quite skillful with needle and thread. Missing school was an added benefit. I intensely disliked going to elementary school, especially during the first two years. I preferred staying at home. I knew what "secondary gain" was decades before I heard the term.

The second valuable lesson was that I learned to malinger. As I mentioned, I disliked being away from home, being separated from Kisu. So I had a powerful motive to malinger. If Kisu and my parents thought I was ill, I didn't have to go to school. I learned not only how to lie about feeling ill, but how to cough, how to vomit, and how to have a fever, by surreptitiously placing the thermometer close to a lighted light bulb. I was well aware of the difference between being ill and occupying the sick role decades before encountering these terms.

It was some time during these early years that the pediatrician—considered the best in Budapest—who took care of George and me informed my parents that I had "heart trouble." This, as I was able to

reconstruct later, was both a correct and an incorrect diagnosis. I had a pronounced systolic murmur. In elementary school, I was exempted from gym. When I entered the Gymnasium,[1] I rebelled against this restriction, based on an "illness" which, as far as I could see, had no observable basis in fact.

This semi-real, semi-fictitious heart disease played a significant role at various points in my life. It was something of a medical curiosity during my internship in Boston, when the top cardiologists concluded it was due to a small interventricular defect (hole between the left and right ventricles) and wanted to prove it by the then primitive and dangerous methods of angiography. It was not easy to reject their "help." This diagnosis seemed to me most unlikely to be correct: I was twenty-four years old and my heart was not enlarged. In any case, confirming the diagnosis would not have done me any good. In my seventies—when my heart was still not enlarged, indicating that there was no significant leakage—echocardiography established the exact nature of the pathology responsible for the murmur: it is due to a thickening of the aortic valve.

For a while George too was exempted from gym, because the pediatrician declared him to be too thin and advised that he not engage in strenuous sports. We both soon rebelled against these restrictions. We had a ping-pong table in our spacious apartment. George and I spent untold hours in fiercely competitive combat and both of us became very good players. In our teens, we also played tennis, soccer, and in the winter went ice skating and skied in the mountains in Buda. I would also go on long walks all over Budapest, with Kisu when I was younger, and, later, with my mother. One of my happiest memories from my teens is the almost daily stroll with my mother—from home, near the *Erzsébet hid* (Elizabeth bridge), north on the *Korzó* on the Pest side of the Danube, across the *Lánchid* (Chain bridge), then south on the Buda side, returning either by way of the Elizabeth bridge or, if we wanted to make our stroll longer, by way of the *Ferenc József hid* (Franz Joseph bridge, now *Szabadság hid* [Freedom bridge]). I have repeated this walk every time I returned to Budapest, first in 1979, and three or four times since then.

As I grew older and was approaching the age of ten—which was the beginning of serious education—I spent more time with my parents and became much closer to them. My mother and I often went for long

[1] EDITOR'S NOTE: In central Europe, a secondary school or high school is called a *Gymnasium*.

strolls and our relationship became more intimate. My father loved to go hunting on the farms he owned and managed—mainly for rabbits, partridges, and pheasants- and I was eager to join him on these outings. When I was eleven or twelve he bought me a .22 caliber rifle. I often accompanied him on his hunting trips and became a good shot. My father had a beautiful, hand-crafted, Belgian double-barreled shotgun. I fired it a few times, but its kick was far too powerful for me to handle. I also enjoyed target shooting with my cousin Bandi's Colt revolver.

III

Some brief comments about the Hungarian educational system in the 1920s and 1930s are in order here. Education was compulsory only to age twelve. Children whose parents expected them to become laborers or farmers or what we would call "blue-collar" workers would attend elementary school for six years, from six to twelve, when their formal schooling ended. In contrast, children whose parents expected them to become "educated persons"—bankers, doctors, engineers, whatever—began their serious education at age ten.

Parents and children had a choice among several types of secondary schools, some oriented toward business and commerce, others toward engineering, and still others—the so-called "classical *Gimnázium*" (Gymnasium)—oriented toward providing the most broadly based education, giving the young person, graduating at eighteen, the option to continue with any university study he chose.

My father, the youngest of three children, and his brother, Ottó, both attended classical Gymnasiums. My father then studied law and received a degree of doctor juris. My uncle studied mathematics, received a doctor of philosophy degree, and became an internationally known mathematician.

I had nothing to do with the decision about which Gymnasium to attend. By the time I was ten, I had long looked up to George as a model whose example I should follow. George was a real *Wunderkind,* very smart and quick-witted, and an omnivorous reader from an early age. He was incredibly well informed when he was a child, and he is still incredibly well informed, on a wide range of subjects, at the age of eighty-six. For example, in his early teens, he would send long letters to our parents when they were away on vacation, expressing his views about the changing political climate in Europe and Mussolini's role in it. He also did something that was unusual in the rigid, Hungarian educational system: he entered the Gymnasium a year early, when he was nine. As a result,

although I was only two years younger, I was three years behind him in school.

Although George and I were extremely competitive, he was always exceptionally good to me. He was precocious, while I was plodding. However, he never looked down on me and always treated me as an equal, which I was in ping-pong and tennis, but not in other ways. He encouraged me to read, helped with my homework, and was then— and has been ever since—unfailingly supportive of my aspirations and work. I owe him—as well as Kisu and my parents —a very great deal.

Hungarian secondary schools were sex-segregated. Hungary was a Catholic country. Most secondary schools were "parochial" schools, that is, run by the major religious organizations. Some of the best schools were Catholic. The Lutheran and Jewish Gymnasiums and the Minta, a state school, were also among the top-ranking Gymnasiums. Admission to the Gymnasiums was open. The student did not have to belong to the religion represented by the school. Any child deemed capable—by parents and elementary school teachers—could enroll.

The open enrollment policy—characteristic also of admission to university, provided the applicant completed the requisite preparatory schooling—did not mean that the student could stay in the school. It was easy to flunk out on account of failure to perform academically or because of misbehavior. I should add that, regardless of which type of school the student attended, instruction in religion was compulsory: the students were split into three groups, Catholics, Protestants, and Jews, instructed in their respective faiths by priest, minister, and rabbi.

In an important sense, religion was compulsory for adults too. Every official document—from birth certificate and passport to the most trivial—required listing the person's religion. The subject had to choose one of the officially recognized religions; choosing "no religion" or "atheist" was not an option. My family was nominally Jewish. I attended classes conducted by a rabbi, an experience that only intensified my aversion to religion, which seemed to consist of conceited beliefs, senseless rituals, and terrifying threats. Only as an adult did I begin to understand religions as important cultural-symbolic manifestations of human nature, and appreciate that most people value dependence on authority and the illusory security it provides more highly than they value independence and having the courage to face the uncertainties of the human condition, unaided by gods and their deputies.

The official name of the Minta—its real name was long and meant something like the Royal Hungarian Training Institute—was one of a

handful of schools in the country that educated not only its students, but also teachers who aspired to excellence and better employment opportunities. Many of the teachers were scholars. Some, after many years of service, rose to become faculty members at the University of Budapest.

George went to the Minta, so I went to the Minta. The school was about a fifteen to twenty minute brisk walk from our house. This was considered a short distance. Walking was considered the normal mode of transportation. Or, for boys and young men, standing on the steps of streetcars and jumping off when the ticket-collector approached. This was not a matter of saving money. It was a matter of honor, a sport, a kind of initiation ceremony into the adult male world.

The school consisted of eight grades. Classes were small, from about twenty-five to thirty-five students for each grade, for a total student body of well under 250. The director of the school was an imposing figure -stocky, bordering on being obese. He always wore a dark suit and a white shirt with a stiff, high collar that made the flesh of his neck bulge. There was a threatening air about him. Regardless of the weather, he stood, with a stern visage and pocket watch in hand, at the front door of the school building ten or fifteen minutes before eight o'clock, watching the students arrive and greeting them. A student who was late, even by a few seconds—indeed, even if he made it by eight o'clock, but had to do so by running down the block—was severely reprimanded. If the offense was repeated, the student's parent was summoned for an interview and warned about the dire consequences of breaking the rules of conduct, which he enforced with fanatical zeal and absolute fairness.

At the end of the eighth grade, the student had to take a difficult comprehensive examination, the *matura.* If he passed, he was qualified to enroll in any university, engineering school, or other higher level institution.

School began at 8:00 A.M. and ended at 1:00 P.M. six days a week. The main meal of the day was around 2:00 P.M. With one exception, that I will mention presently, the student had no choice about what courses to take. The prescribed curriculum included Hungarian language and literature, Latin, and mathematics, one hour, six times a week. History, geography, German, art, and gym, and physics made up the rest of curriculum. At the end of the fourth grade, the student had a choice between taking Greek or French. I chose French.

I found school work demanding and was, especially the first few years, a plodding student. The expectation to excel was thick in the air, in the family as well in the school. The first year, I had a mixture of A's

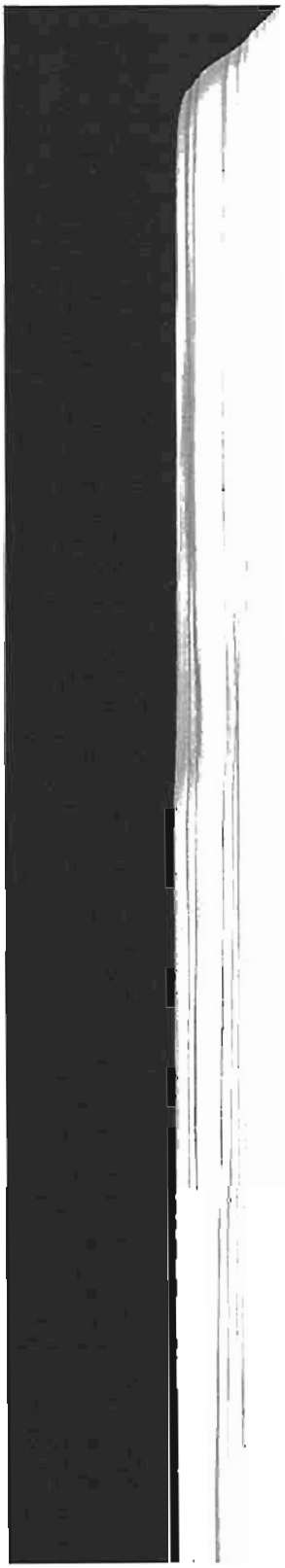
and B's. (A to C was passing, D was near-failure, F was failure.) After that, I had straight A's. However, I had to work very hard to maintain this level of achievement and received a great deal of help, both with schoolwork and homework from George, and also from my cousin Bandi, who lived with us for many years.

I learned many important lessons in the *Minta Gimnázium*. One was summed up very succinctly in the saying, "Megszöks vagy megszoksz." "Grammatically, the phrase is descriptive; loosely translated, it means: "Get used to it or get out." The actual impact of the phrase is injunctive, a warning or threat: "Perform as expected or flee (before you are expelled)."

Initially, this threat was a source of anxiety. But I quickly adapted to it. I learned that behaving properly—being polite, doing what is expected—is a good thing, and that it is enough to pretend to conform; my private life—what I thought remained my own, of no concern to the school authorities. Sadly, in this great country, the United States, these principles are inverted: students are allowed to behave incredibly badly, but their private lives are invaded by professional soul-murderers, poisoning their bodies with drugs and their minds with deceptions. In Budapest in the 1930s, most students behaved properly and did their school work as expected, and the teachers did not care if some of the youngsters were depressed, failed, or committed suicide, which was by no means rare, especially before and after the *matura* examination. We managed very well without grief counselors.

By the time I reached my early teens, I had formed a passionately held career choice, or, more precisely, choice for higher education: I wanted to go to medical school. There were no physicians in my family. In Hungary in the 1930s, becoming a physician was not economically rewarding, nor did the career of a practicing physician have the prestige of a university professor or a successful businessman. My father strongly opposed my desire to pursue medical studies.

Perhaps because I had many childhood illnesses—or, more likely, for other reasons—it seemed to me imperative that I become knowledgeable about my most important possession, my body. It seemed to me astonishing, and it still seems to me astonishing, that intelligent, educated people can go through life without having the faintest understanding of how the machine they inhabit works. It was like driving a car and not knowing what's under the hood. This curiosity, which is pervasive, has characterized my life ever since. I wanted to go to medical school not because I wanted to practice medicine but because I wanted to know medicine.



If, for some reason, I could not go to medical school, my second choice was to become a writer. As the years passed after 1933, the career of a writer became highly impracticable, as it seemed increasingly unlikely that I would spend many more years of my life in Hungary.

George finished the Gymnasium in 1935 and entered the University of Budapest to study chemistry. Politically sophisticated, he had one foot out of Hungary as Hitler rose to power in Germany. He had spent several summers in England studying English and became a passionate Anglophile. After the *Anschluss*, in March 1938—I was to graduate in June of that year—neither George nor I planned to remain in Hungary. George was planning to settle in England. I was planning to go to medical school in France. I spoke German and French fluently.

On March 12th, Hitler—who was Austrian, not German—marched into his homeland, not as a conqueror but as an adored Leader. Vienna is only about 150 miles from Budapest. The sirens had been sounded. Momentous decisions followed in quick succession.

IV

My uncle, Otto, had been a distinguished professor of mathematics in Frankfurt. Within months of Hitler's accession to power, he was, as the new Nazi law required, fired: He was a foreigner and a Jew, although he had converted to Catholicism as a young adult —when he and my father changed their names from Schlesinger to Szász—and hence was so identified in his passport. My father did not take this step, partly because he was too averse to all religions, and partly because he correctly assumed that conversion was no protection against virulent anti-Semitism.

Otto's having to leave Germany so soon proved to be very fortunate for him and my whole family. He quickly received invitations to teach from some of the most prestigious American universities and, by the fall of 1933, he was teaching at MIT. After spending some time as a professor at Brown University, he settled in Cincinnati. As a research professor of mathematics at the University of Cincinnati, he had virtually no teaching duties, except for supervising a few Ph.D. students. He could spend most of his waking hours devising mathematical problems and trying to solve them, which was his life's work.

My father and Otto were very close. Every spring, Otto would leave America as soon as the academic year ended and stay in Europe, mostly in Budapest, until school started again in September. His emigration to and settling in the United States was a palpable reminder of

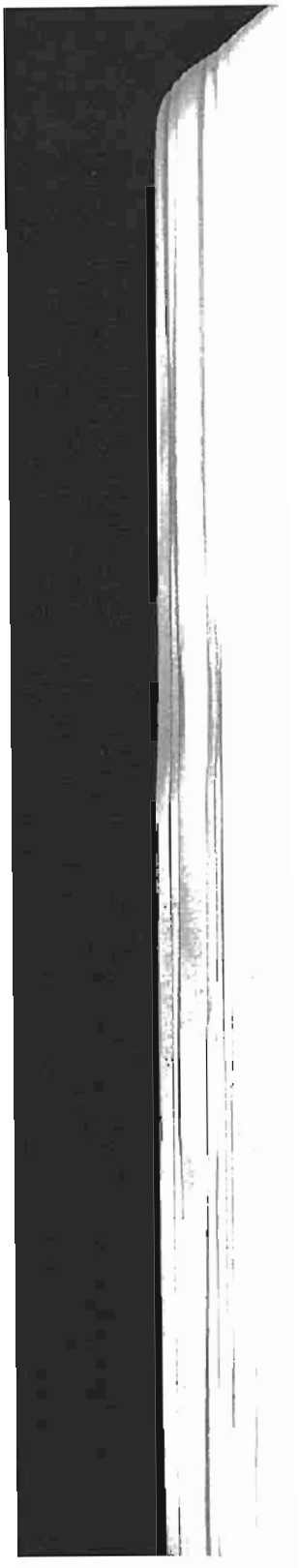
a course of action to seriously consider. However, the immigration quota for Hungarians was minuscule. In 1938, the quota was, for all practical purposes, filled: the waiting list for a visa was measured in decades. So how did I and my family manage to gain entry to this promised land?

The quota system allocated a certain number of immigration visas per year to persons from each European country. The system was not based on the individual's nationality or place of residence, at the time of his application for a visa. It was based on the country of his birth, as that country was politically defined after 1920. Both Otto and my father were born, in the late 1800s, in northern Hungary, that is, what was then a part of the Austro-Hungarian empire. After the Treaties of Versailles and Trianon in 1920—which dismantled the empire and under which Hungary lost two-thirds of its territory—the northern and northeastern parts of what had been Hungary were incorporated into the newly created state, Czechoslovakia. That meant, as Otto discovered in 1933, that, from the point of view of American immigration law, my father was a Czechoslovakian. The Czechoslovakian quota was larger than the Hungarian and was not filled in 1938. My father could thus come to the United States and, once on American soil as a legal immigrant, his wife and minor children could jump the queue and receive a so-called "preference visa."

There was no time to waste. The political situation was deteriorating rapidly. The outbreak of World War II was predictable. Only the exact moment of when this would occur was in doubt. Moreover, on January 11th, 1939, George would reach the age of twenty-one, and would no longer qualify for a special visa.

In July 1938, George was in Paris, staying with my mother's French cousin, "Uncle" Louis (Wellisch), a wealthy stockbroker. (One of my grandfather's brothers had emigrated to France as a young man, in the late 1800s.)

I was in Grenoble investigating the possibility of going to medical school there in the fall. It was there that I received a letter from my father informing me that he and George were going to America, and leaving to me the decision whether to go ahead with my French plans or go with them to the United States. The decision was difficult in principle, but easy in practice. It was difficult because throughout my teens I had been steeped in French literature, poetry, history --the whole nine yards of French *gloire*. I didn't know a word of English. My knowledge about the United States was slight. I was familiar with the history of the First World War and learned that



America was an economic and military colossus that no European power could have hoped to best. I read the works of Mark Twain and learned the usual tales about America as the land of movies, money, and the mistreatment of blacks, with the history of slavery and the Civil War as background.

Those negatives were overwhelmed by the advantages of going to America. In France, I would have been not only alone, but exposed to the dangers of Naziism looming from across the border. In the United States, I would be with George and, probably my parents, who were then still somewhat undecided about the move. And I would be safe from the turmoil of Europe. I immediately returned to Budapest to make preparations for leaving the country for good. I spent my last six or seven weeks in Budapest learning a few words of English— and, with time on my hand and because in America everyone knew how to drive a car—learning how to drive. Since I wanted to know what is under the hood of a car, as well, I also worked, as an unpaid apprentice in a garage. I enjoyed every minute of it. When I arrived in the United States, I didn't speak English, but I alone in my family knew how to drive.

There were many harrowing moments between August, when my father and I joined George in Paris, and October, when George and I left for New York. We spent our last six weeks on the Continent in Rotterdam, to escape a possible German invasion of France, which seemed imminent. We had to wait until my father landed in New York, completed the necessary paper work for an application of so-called "preference visas" for George and me, and until the permission to issue us the visas was received by the American consulate in Amsterdam. The intense, widespread Nazi sympathies of the Dutch were palpable and unforgettable.

At the beginning of October, our visas arrived and, October 14th, George and I boarded the Veendam, a small—11,000-ton—Holland-America liner headed for New York. On October 25th—after a stormy 11-day passage —our ship docked in Hoboken, New Jersey. I have come to view that date as a kind of second birthday.

The realization that I had lost my homeland and my mother tongue, both of which I loved dearly, weighed on me heavily. Abstractly, I should have been happy. In fact, I felt miserable. George, who spoke English, was in better spirits. Only after my family was reunited and I learned English far more quickly than I would have imagined possible, did I begin to appreciate that by losing Hungary— —and coming to America—I gained the whole world.

As I look back at these events, I am struck by the realization that the year of my my birth, 1920, and the year of my emigration, 1938, bracket some of the most momentous events in modern history. The Versailles treaty, in 1920, marked the formal end of World War I. The *Anschluss* and the Munich pact, in 1938, marked the beginning of the palpable prelude to World War II.

V

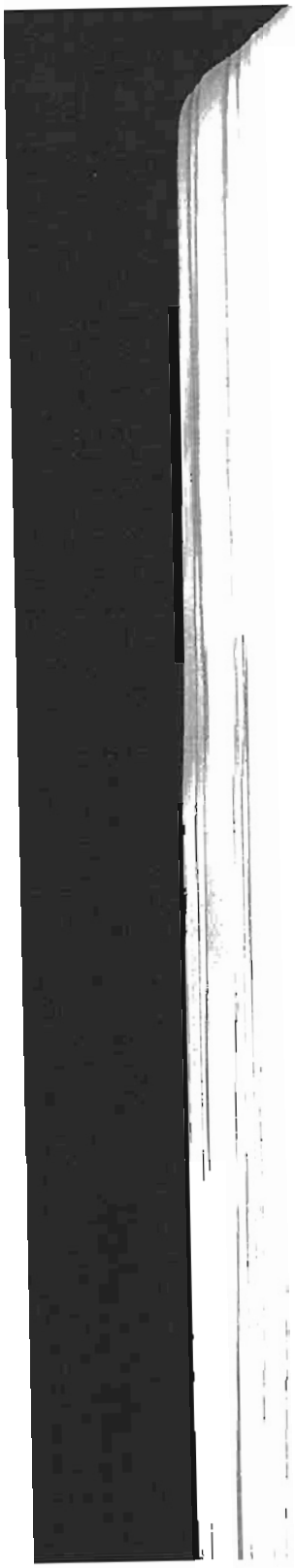
In April 1939, my mother and father arrived in the United States and my family was whole again. Many members of the extended family were in America as well. Magda—my mother's beloved younger sister, our "favorite aunt"—and her family left Germany in 1938. My father's older brother, Otto (who had been divorced), was a distinguished professor of mathematics at the University of Cincinnati. His daughter Brigitta joined him in 1939.

Two important members of the family, and Kisu, stayed behind. One was my maternal grandfather, with Kisu caring for him. The other was my cousin (my father's sister's son) Bandi—nickname for Andrew—who was eleven years my senior and was, in many ways, a second older brother to me. About a year later, my grandfather fell, broke his hip, and died of a fat embolus. My mother was uncertain of precisely how old he was. To me he always appeared to be a very old man. He was probably in his middle or late eighties when he died.

Bandi spent some harrowing years in Hungary until he escaped in 1956, came to the United States, studied library science, and settled in the San Francisco Bay area. He had a good job at a small college where he was beloved, enjoyed his life in America, and—despite the fact that he had been a heavy smoker all of his life—lived to be eighty-seven. I traveled to the west coast frequenly and we spent many happy days together.

Otto's presence in Cincinnati greatly facilitated George and me continuing our interrupted education. George, enrolled as a graduate student in chemistry, received a Master's degree in organic chemistry, and after a short stint of teaching at a small college, received a job as a graduate teaching assistant at Pennsylvania State College and earned a Ph.D. in physical chemistry.

To gain some mastery of English, for several month I audited—that is, sat in on—classes, mainly English and physics. I well remember riding on streetcars in Cincinnati months after my arrival and not being able to understand what people were saying to one another. It was not a pleasant experience.



I matriculated as a college student at the University of Cincinnati in February, 1939. My English was still rudimentary. Although my burning ambition was to go to medical school, the prospect of doing so was dim. Discrimination against Jews—not to mention blacks and women– was then perhaps even more intense here than it had been in Hungary. Most schools admitted only a handful of Jews, who were not only good students but had "pull"– thanks to fathers who were alumni, donors, or prominent physicians or businessmen.

With my prospects for going to medical school dim or hopeless, and with my family's economic situation going from wealthy to strained, I had to prepare myself for a career other than medicine. I was keenly interested in physics, had an excellent background in it from the Minta, and was patient, careful, and good with my hands in the laboratory. The university granted me two year's of college credits for my work in the Gymnasium—for German, French, Latin, and mathematics –and I started to take courses satisfying the requirements for a bachelor's degree in physics, as well as so-called pre-med courses required for admission to medical school. I graduated with a bachelor's degree with honors in physics in May 1941.

Besides learning English and the subjects taught in the courses I took, I was also learning about America. One of my memorable learning experiences was the following. I became superficially friendly with one of my fellow students. One spring day I suggested we go to lunch together in the cafeteria. He gently explained that that was not possible: he was black and we could not eat at the same table. Cincinnati was then still an essentially "southern" city, with restaurants, hotels, movie houses, and so forth closed to blacks. Kentucky, just across the Ohio river, was thoroughly segregated, with separate drinking fountains for blacks and whites. Huck Finn and Jim were becoming flesh and blood. Years later, I had a different, yet similar, experience, that I shall mention presently.

All my college grades were A's, except for the required Freshman English class, which I had to take as soon as I began my studies. I still knew very little English. The other courses I took were in math or the sciences and did not require great competence in the language. In English, I received a D, which was a gift to a foreign-speaking student. I deserved an F minus. I was planning to work my way to a Ph.D. in some branch of experimental physics.

Because of a series of unexpected events, it became possible to reconsider my going to medical school. In the fall or winter of 1940, I applied to twenty-six medical schools. My educational qualifications

could hardly have been better. In those days, it was extremely rare for applicants to medical school to have qualifications beyond completion of the required premed courses. I had a college degree in physics, spoke German and French fluently, and had a solid background in Latin. I received tentative acceptance from virtually all of the schools to which I applied, final acceptance conditional on a personal interview. The purpose of the interviews was to make sure that no "undesirable" applicants—for example, persons suffering from serious physical deformities or handicaps, children of parents from a low economic class, or Jews—were permitted to become physicians. The interview for admission to the Johns Hopkins medical school, which I remember especially clearly, was typical.

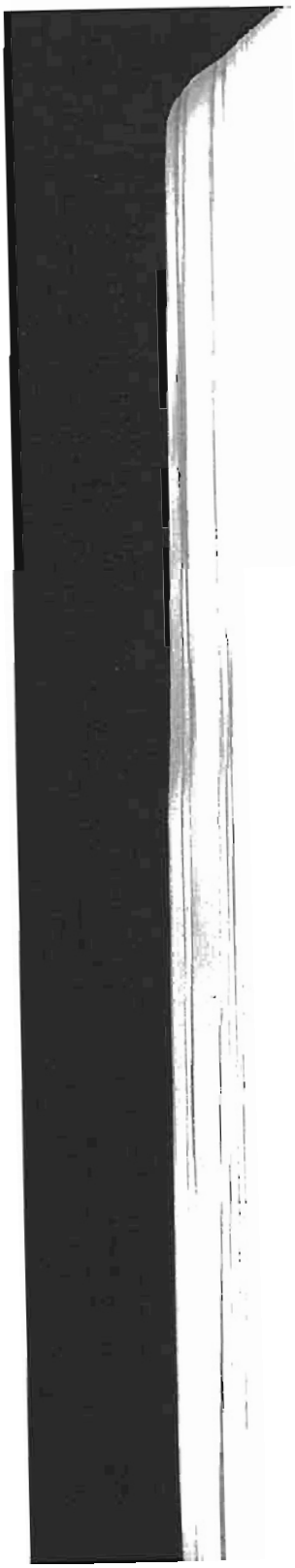
The interviewer was a prominent Cincinnati surgeon, an alumnus of the Johns Hopkins medical school. After an exchange of some polite platitudes, he made some complimentary remarks about my academic qualifications, after which the conversation went approximately like this:

Mr. Szasz, you were not born in the United States. May I ask you some personal questions?
TS: Of course.
Szasz. That's a very unusual name. What kind of name is that?
TS: It's a Hungarian name.
That doesn't sound like a Jewish name. Are you Jewish?

Although I thought of myself as an atheist, I knew what he was asking and said yes. That was the end of every one of these interviews, except one. I was admitted to the University of Cincinnati College of Medicine. Having gone to the university as an undergraduate was an advantage. Receiving exceptionally strong recommendations from college instructors known to the medical faculty probably helped. And so did being a resident of Ohio and having an uncle who was professor of mathematics at the University.

My dream of going to medical school was coming true. During the summer of 1941, I worked as a chauffeur and in a VD (venereal disease) clinic to earn some money and, in August 1941, became a freshman medical student at the University of Cincinnati. Although I never quite overcame the feeling that there was something repellent about dissecting a cadaver, I was entranced by learning anatomy, and everything else that followed.

On September 3rd, 1939, World War II began. Except psychologically, it had little practical impact on my life. On December 7th, 1941,



the Japanese bombed Pearl Harbor and the United States was at war. Physicians of draft age were quickly called up. Medical students were declared to be pursuing studies necessary for the war effort, were drafted *en masse*, given the provisional rank of lieutenant in the Army and then sent back to continue their studies. Physicians considered my heart murmur and abnormal electrocardiogram as evidence of heart disease and I received a medical deferment.

I should mention here that soon after the attack on Pearl Harbor, to increase the production of physicians, the customary three-month summer vacation between academic years was abolished. Medical schools and residency programs were put on a continuous nine-month schedule, with only a few days off between one term and the next.

I enjoyed medical school thoroughly. Ever since I was an adolescent, I felt driven by a need to find out "what is under the hood," the metaphor that best captures my eagerness to learn, motivated in part by intellectual curiosity, and in part by fear. I felt that anything I did not understand posed a potential threat to me, that acquiring information and understanding was a matter of prudent self-protection. I wanted to know how radios worked, how cars worked, how the body worked, how the law and society worked, how the economy worked, how history worked - - in short, how life worked. I made the best of my opportunity to learn how the body worked.

In June, 1944, I graduated from medical school, ranking first in my class. My parents were proud. I was proud.

V

I was now comfortably trapped in the lock-step machinery of medical education. After medical school came the internship. I would have been satisfied with doing it in Cincinnati. I was well liked by the faculty and could have stayed close to my parents. However, several of my prominent teachers were eager to show off their prize pupil by securing one of the coveted internship slots for him. At their urging, I applied for an internship at the Harvard Medical Service of the Boston City Hospital. My application was accepted and I spent nine months in Boston, at "Harvard."

My internship was an excellent learning experience. However, the workload was so absurdly heavy that, as a personal experience, it was a period of unremitting, severe hardship, made tolerable only by the realization that it lasted only nine months. During virtually all of that period, interns were "on call" for thirty-six hours at a stretch, followed by

twelve hours off. I could count on sleeping, undisturbed by a ringing telephone and a new admission or some medical crisis, only every other night. The nights I was on call, I got no sleep at all or dozed restlessly for a few hours.

During my internship, as in medical school and the Gymnasium, I was an eager and good student and reliable worker. I was offered coveted residencies at Harvard as well as a research fellowship with a prominent endocrinologist. A career in basic medical research appealed to me, but was foreclosed by the fact that, in 1945, it was a path open only to young physicians who did not have to support themselves for many years to come. As an intern, I received only room and board at the hospital. The fellowship stipends were mere pocket money. I had had enough of poverty and was anxious to complete my training and start making money. Why didn't I stay in Boston for a medical residency? Because I found the human atmosphere vaguely repellent: the Harvard arrogance, the New England anti-Semitism, the pervasive cultural snootiness.

I applied for a medical residency at my *alma mater*, the Cincinnati General Hospital, where I was welcomed back with open arms. My residency—which was another excellent learning experience and which I enjoyed very much—had barely begun when I had to face a difficult decision. I was rapidly moving in the direction of becoming a specialist in internal medicine, with only one option for making money: practicing medicine. This did not appeal to me. It is not why I had gone to medical school. I did that to learn medicine. I had fulfilled that aspiration. It was time to give up medicine and start all over, in another direction.

Although I had an abiding interest in and love for medicine and the hard sciences, my true passion was literature, history, philosophy, politics—or, put more plainly, how and why people live, suffer, and die. Thanks largely to my brother's influence, I too had become an omnivorous and fast reader. In the 1930s, psychoanalysis was in the cultural air of Budapest. I read some of the writings of Freud and Ferenczi before I left Hungary. I read more about psychoanalysis while I was in college. As a medical student, I knew more about the history of psychiatry and psychoanalysis than did my teachers in psychiatry, who always wore white coats and presented themselves to students and faculty alike as sophisticated "clinicians."

Having read some of the perceptive essays on psychiatry and psychoanalysis by the popular writer Karinthy Frigyes, I realized, even before I left Hungary, that psychiatry and psychoanalysis had nothing to do with real medicine or with one another: psychiatrists locked up

troublesome persons in insane asylums for the benefit of their relatives; psychoanalysts, who were not supposed to touch their patients, engaged in a particular kind of conversation with them. Incarcerating people and talking to them were not medicine. Any intelligent child would have known that. Of course, such simple-minded clarity had to be "educated" out of people to make them normal members of society, especially American society.

Although Ferenczi had been a forthright advocate of lay or nonmedical psychoanalysis, and Anna Freud and many of the leading European analysts were not physicians, in the United States psychoanalysis was defined as a medical activity, a special kind of psychiatry. I knew this was bunk long before I finished medical school.

On July 1st, 1945, I began my medical residency in Cincinnati. In the fall or winter, I decided to bite the proverbial bullet: I decided to quit medicine. I planned to finish my residency, which lasted until March 31st, 1946, and then continue with a residency in psychiatry. I went to see the chairman of the department of medicine, Marion Blankenhorn, who was a beloved figure in Cincinnati medical circles. His daughter and I had been classmates. I did not know him well, but I liked him very much and he clearly thought well of me. When I informed him that I was not planning to continue as a second-year resident—which was, of course, the expected thing to do—but apply for a residency in psychiatry in Chicago, he was dumbfounded. After a moment's silence, he said: "I am sorry to hear that, Tom. Medicine is losing a good man."

Ever since, that sentence resonates in my mind whenever I hear psychiatrists insisting on their medical identity and witness the unwillingness of real doctors to publicly disown them as quacks. I found Blankenhorn's casual remark instructive. I thought: "But if he knows that, why does he never say it or act as if psychiatrists were not real doctors?" It was a rhetorical question.

Strange as it may sound, just as I wanted to go to medical school to learn medicine, not to practice it, I served a psychiatric residency to qualify as a psychiatrist and be eligible for training in psychoanalysis, not to practice psychiatry. I felt that I would rather earn a living as a psychoanalyst than as an internist; that I would then have more leisure and opportunity to pursue my intellectual—literary, social, political—interests, and that the role of psychoanalyst would provide a platform from which I could perhaps launch an attack on what I had long felt were the immoral practices of civil commitment and the insanity defense.

In the meanwhile, the war ended. On August 6th, 1945, an atomic bomb destroyed Hiroshima, on August 9th, a second bomb was dropped on Nagasaki, and on September 2nd, the Japanese surrendered.

In the fall of 1945, I applied for a psychiatric residency at the University of Chicago, to commence on April 1st, 1946, and was quickly accepted.

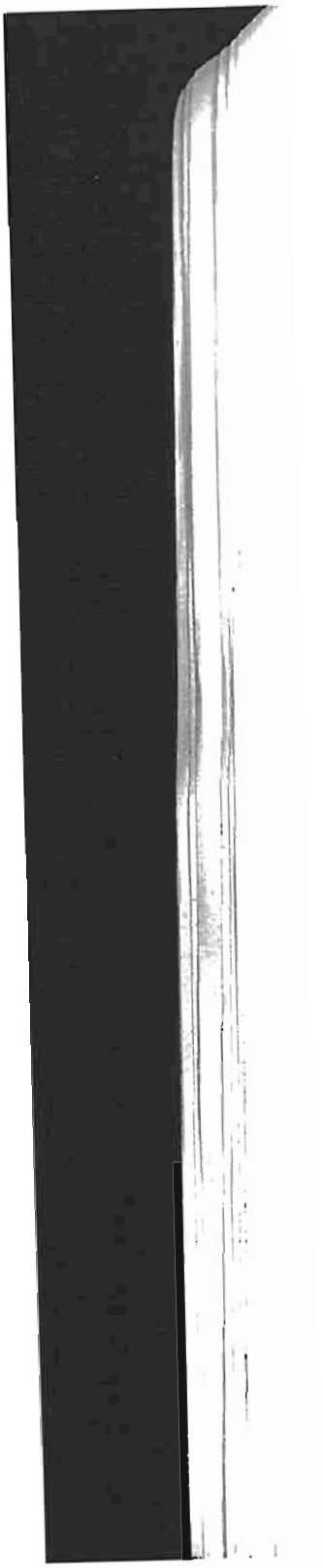
VII

I chose the psychiatric residency in Chicago for two reasons: because it was in Chicago, where I could receive training in psychoanalysis at the Chicago Institute for Psychoanalysis; and because it offered no opportunity for contact with involuntary patients. Both of these elements were important. In combination, they made the University of Chicago Clinics the perfect choice.

April 1946 was a long time ago. Psychiatry and psychoanalysis and the cultural and economic climate in America were utterly unlike what they are today. It was a different world. There were, I think, less than two thousand psychiatrists in the country and most of them were state hospital employees. There were only a few dozen psychoanalysts, most of them European refugees.

The University of Chicago Medical School—and the Clinics, the name of the school's teaching hospital—had no separate department of psychiatry. Psychiatry was a small subdivision of medicine. The staff consisted of three psychiatrists. David Slight, an expatriate from England, was the chairman of the department. He was a pleasant, middle-aged man of no special distinction. I never saw him do any work. As far as I knew, he spent a few hours in his office reading the papers and then disappeared. The rest of the department consisted of a young assistant professor, an instructor, and a single resident, me. There were no classes and few duties. It was expected that young psychiatrists and residents would spend a good deal of their time away from the premises, migrating north to the Institute for Psychoanalysis.

I received credit for my residency in internal medicine and started with the rank of a second-year resident. The psychiatric residency at the University of Chicago Clinics was tailor-made for me. Nothing even remotely like it exists or could exist now, as such a program would not meet the qualifications for a psychiatric residency. The hospital contained no separate psychiatric ward for mental patients. The psychiatric services consisted of a small outpatient clinic, catering mainly to students at the university, and a consultation service, about which more in a moment. Strange as it may seem today, in 1946, that



was the state of affairs in one of the most prestigious teaching hospitals in America. The circumstances responsible for this arrangement require some explanation.

Chicago, a vast metropolis, was the home of several medical schools and many hospitals. The University of Chicago's teaching hospital was a VIP institution, catering to an upper class clientele. I do not recall seeing a single black patient during my years there. But I do recall walking into an elevator and seeing Thomas Mann in a wheelchair, following his operation for cancer of the lung, by one of the hospital's star surgeons.

Psychiatry at the University of Chicago had a reputation for being psychoanalytically oriented. After Franz Alexander emigrated from Berlin to Chicago, and before he founded the Chicago Institute for Psychoanalysis in 1932, he had served for a short time as professor of psychoanalysis at the university. Faculty and residents alike were expected to be in psychoanalytic training at the Institute. It was during the postwar years —approximately from 1946 until the 1970s—that the prestige of psychoanalysis in America and the influence of psychoanalysts on psychiatry were at their peak.

The selectively upper-class clientele of the hospital accounted in large part, perhaps entirely, for the absence of a "mental ward." In those days, VIPs were not hospitalized for mental illness, unless their misbehavior made the headlines or entailed physical assault on family members. Individuals who were depressed because of marital problems, or had drinking problems, or had a "nervous breakdown" attributed to something else were usually admitted to the GI (gastrointestinal diseases) service of the University of Chicago Clinics, with a false diagnosis, such as "gastroenteritis." (This was the practice in Washington as well, as I later witnessed, first hand, at the Bethesda Naval Hospital.) It was the duty of the resident, and usually of a staff psychiatrist, to "evaluate" the patient. Typically, the purpose of the hospitalization was to facilitate restoring domestic peace by housing, and perhaps sedating, the patient, while arrangements for reconciliation or legal separation or divorce were made. Some patients stayed a few days, some several weeks. The constraint on the patient was family pressure, not legal-psychiatric coercion. It was understood that the main rule governing such "hospitalizations" was discretion and protection of the patient's privacy. Admission and discharge were informal, like to a hotel. It would not have occurred to anyone that the patient's "need for hospitalization" had to be justified to some authority or that anyone but the patient or his family would pay the bill. During my tenure as a junior doctor at this

"sanatorium," one of the celebrity patients was the first wife of Robert Hutchins, then Chancellor of the University, whom Hutchins was leaving to marry his secretary.

The residency at the University of Chicago was ideal for me, not least because no one made any attempt to teach me anything. I always preferred to learn, rather than be taught. I read widely, had many intelligent and good friends, played bridge and tennis regularly, and read a lot. Eventually, this idyll came to an abrupt end.

Not long after I began my residency, David Slight was replaced by a freshly demobilized psychiatrist, Henry (Hank) Brosin. Although he was sixteen years my senior, he recognized that I knew far more about psychoanalysis, and much else, than he did and he admired me. We often played tennis together—we were about evenly matched—and had a very good relationship. He treated me like a caring, older brother. As time for the last year of my residency was approaching, Brosin called me into his office for a chat. He told me that he was giving a great deal of thought to my psychiatric training and felt that the program at the University of Chicago was gravely deficient in one respect. I would complete my residency without, as he put it, "having any experience with treating seriously ill patients." He suggested– in fact, insisted –that, for my own good, I take the third year of my residency at the Cook County Hospital. He assured me that I would have special status as a "University of Chicago resident" and would receive my diploma as if I had done all my service there.

I told him that I preferred to stay where I was. I was not about to tell him that the persons he called "seriously ill patients" I regarded as persons deprived of liberty by psychiatrists. I still felt much too vulnerable to let my superiors, or even friends, know what I thought about mental illness and psychiatric coercion. After a moment's hesitation, I thanked him, and said: "Hank, I tell you what, I quit." When he pressed me for an explanation, I told him that if I had wanted to be a resident at the Cook County Hospital—the Bellevue of Chicago—I could have gone there. I would look, I added, for a third year slot elsewhere.

I did not tell Brosin that ever since I was an adolescent, when I set my sights on going to medical school, I had believed that the physician's role is to help relieve the suffering of individuals who ask for and accept his help, and that the psychiatrist is committing a grave moral wrong if he imprisons individuals who neither seek nor want his help. This was one of the things that made psychoanalysis particularly appealing: it dealt with "mental problems," but only if the subject—the "patient"—

sought and accepted what the analyst had to offer. Forced psychiatric treatment was, and is, a tautology: all psychiatric treatment was, and is, actually or potentially involuntary. In contrast, I have always viewed forced psychoanalytic treatment as a self-contradiction. Making such distinctions was psychiatrically incorrect even in the 1940s. Today, contrasting coercive psychiatry with contractual psychoanalysis is considered an unfounded attack on psychiatric benevolence and on biologically based, scientific psychoanalysis.

In medical school, I had seen involuntary psychiatric patients begging to be set free. I didn't relish being in the position of asking a "patient" how I could be of help to him, only to be told, "Doctor, please get me out of here."

Actually, my decision to quit was not as daring or heroic as it may seem. Demobilization was far from complete: there were more residency openings than applicants for them. Also, by that time, I had a very good reputation in the small circle of Chicago psychiatry and psychoanalysis. I completed the requirements for board certification at the Institute for Juvenile Research, an affiliate of the University of Illinois Medical School, seeing families and their troubled or troubling children in the outpatient clinic.

I have to backtrack here to recount my training in psychoanalysis. Before leaving Cincinnati, I applied for admission to the Chicago Institute for Psychoanalysis and was quickly accepted. A few weeks after arriving in Chicago, I began my so-called personal or training analysis (with Therese Benedek), about a year later I began to "take courses" and undertake the "supervised analyses" of patients, and in 1950 I graduated from the Institute. In 1951, I took and passed my examination for certification in psychiatry by the American Board of Psychiatry and Neurology. I now had all the credentials a psychiatrist could have.

Those were exciting and important years. I learned about psychoanalysis, partly by reading, partly by seeing patients, and largely by observing, from the inside, not only what psychoanalysts preached but also what they practiced. Everything I had learned and thought about mental illness, psychiatry, and psychoanalysis—from my teenage years, through medical school, and my psychiatric and psychoanalytic training—confirmed my view that mental illness is a fiction; that psychiatry, resting on force and fraud, is social control; and that psychoanalysis—properly conceived—has nothing to do with illness or medicine or treatment, but is a special kind of confidential dialogue that often helps people resolve some of their personal problems and may

help them improve their ability to cope with the slings and arrows of outrageous fortune.

Still, I had to keep my beliefs—or, better, disbeliefs—to myself. I was poor, I was in debt, I had to earn a living. It was obvious that my view of psychoanalysis, as an enterprise separate from psychiatry—indeed, conceptually, economically, and morally antithetical to it—was not shared by my teachers or fellow trainees. The analysts passionately believed that they were treating real diseases, never voiced objections against psychiatric coercions, and believed that criminals were mentally ill and ought to be treated, not punished. These beliefs were an integral part of their self-perception as members of an *avant-garde* of scientific, liberal intellectuals. Psychoanalytic confidentiality was a myth, betrayed not only by training analysis and child analysis, but also by the loose lips of most of the analysts.

The absurdity of medicalizing psychoanalysis was nicely captured in an old spoof about psychoanalytic diagnoses (and, derivatively, psychiatric diagnoses as well): If the patient is early for his appointment, he is anxious; if he is on time, he is compulsive; if he is late, he is hostile. This witticism is a humorous summation of the thesis of Sigmund Freud's famous book, *The Psychopathology of Everyday Life*. Freud, the early analysts, and psychiatrists like Richard von Krafft-Ebing unashamedly declared that their aim was to medicalize life. However, many people were not listening, and most of those who did listen embraced the message as liberation from religious sexual repression.

Psychoanalysts diagnosed not only their patients, they also diagnosed the colleagues they disliked, and the politicians who didn't share their left-liberal "progressive" prejudices. They were all fanatical Democrats and considered Republicans either fascists or sick or both. They seemed not to realize that they were delivering insults, not diagnoses. Many of the analysts hospitalized patients and gave them electric shock treatments. And they made a lot of money. All this was a far cry from my image of psychoanalysis based on the classics, the uncompromising European rejection of psychoanalysis as a medical activity, and my idealization of analytic confidentiality as sacrosanct as the confidentiality of the Catholic confessional.

I couldn't ignore that psychoanalysts were not supposed to touch their patients; some analytic fanatics even debated whether it was permissible for an analyst to shake hands with his patient. Nor could I ignore Freud's book, *The Question of Lay Analysis*, and that many of the most prominent European analysts—Anna Freud, Melanie Klein, Erik

Erikson, Erich Fromm, Bruno Bettelheim, Robert Waelder—were not physicians. Yet, in America, especially in Chicago, psychoanalysts insisted that they were practicing medicine and excluded non-medical analysts from their ranks.

Without intending to, I was becoming a part of a cult—American, pseudomedical psychoanalysis. I wanted no part of it. I did not want to be a training analyst who spies on his analysand. I had no interest in climbing the ladder of the psychoanalytic pecking order, from lowly practicing analyst, to training analyst, supervising analyst, and power broker cum policy-maker in the American Psychoanalytic Association. Except for practicing psychoanalysis as I saw fit, with uncompromising confidentiality as a precondition, all the rest was a fraud and a trap. Once again, I felt I had to escape.

I began to see private patients in 1948, while still a resident. A year later, I was in full-time psychoanalytic practice, often seeing patients as early as 7:00 A.M. and as late as 7:00 or 8:00 P.M. and working a half day on Saturdays. After graduating from the Chicago Institute for Psychoanalysis, I was invited to join its staff, became the fair-haired boy of the Institute, and was viewed as the "Crown Prince," being groomed to inherit Franz Alexander's mantle. I was pleased and flattered by my success and enjoyed earning money by engaging in an activity that came easily to me. However, as I noted, there was a huge fly in the ointment.

Alexander, I might mention here, was an engaging, friendly person, especially towards me. He, too, was born in Budapest and had attended the Minta Gymnasium, some thirty years before I did. His father had been a renowned professor of philosophy at the University of Budapest. He was middle-aged when he emigrated to the United States and, at his suggestion, sometimes we conversed in Hungarian.

In addition to the reasons that I mentioned for being dissatisfied with the direction in which I was heading, there was one more. I disliked living in Chicago. I disliked living in a large city. What attracted many people—especially European refugees—to New York, Chicago, and Los Angeles—repelled me. The big cities were too crowded, too dirty, and there was too much crime. I found the need to commute imbecilic and intolerable; it consumed huge chunks of time and energy that could have been better spent. My desire to live in a smaller city—and as far away from the psychoanalytic centers as possible— greatly increased after I married and my first daughter was born. I was pondering how to get out of Chicago, when fate intervened. I was drafted.

VIII

The Korean War began in 1950 and ended in July 1953. The draft was reinstated. For ordinary draftees, the age limit was twenty-nine. Again, the military needed physicians. The age limit for the "physician draft" was thirty-five. Furthermore, the physical requirements to be drafted were greatly relaxed. The military authorities rightly reasoned that if a young man was able to work as a physician in civilian life, he could also work as a physician in the armed forces, if not overseas then in a military hospital in the United States. Although the Korean war ended in July 1953, the draft remained in effect. In the spring of 1954, just one year short of my 35th year, I was drafted into the United States Naval Reserve. I received the rank of Lieutenant and was assigned to the crown jewel of Navy hospitals, the United States Naval Medical Center in Bethesda, Maryland.

On July 1st, 1954, I reported for duty. Soon, I was promoted to Lieutenant Commander and then to Commander. One of my memorable experiences in the Navy occurred soon after I began my duties. I became friendly with one of the enlisted men who worked on the ward to which I was assigned. One day, as the noon hour approached, I suggested that we go to lunch together. He had to enlighten me: I could not eat with the enlisted men, and he could not eat at the officers' club.

My required tour of duty lasted only two years. In anticipation of my discharge, I was offered plum positions at the National Institute of Mental Health, which was then in its infancy. I turned the offers down. I did not want to be an employee of the federal government's bureaucracy.

Having said that, I must acknowledge that I thoroughly enjoyed my two years in Bethesda. Daily life was far more comfortable than it had been in Chicago. In 1955, my second daughter was born. My colleagues and superiors were decent, intelligent men, easy to work with and talk to. Some were in psychoanalytic training in Washington. Some were traditional psychiatrists. They were more open-minded than the analysts in Chicago. The work load was light. I had to be at the hospital at 8:00 A.M., but could be home by 4:30 or 5:00. I saw a few private patients after hours. I had time to be with my family and to read, think, and write. I wrote several papers while in the Navy, one of which—written with my then closest friend, Marc Hollender –has become a classic essay on the ethics and politics of the doctor-patient relationship.[2] I also finished

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[2] Thomas S. Szasz and Marc H. Hollender, "A Contribution to the Philosophy of Medicine: The Basic Models of the Doctor-Patient Relationship," *A.M.A. Archives of Internal Medicine* 97 (May, 1956), pp. 585–592.

most of the material for my first book, *Pain and Pleasure*, published a year after my discharge.

Having been drafted was a veritable *deus ex machina* to get me out of Chicago. However, getting away from Chicago was not, by itself, a solution for my problem. Service in the Navy was only a brief respite. I had to have a plan for what to do when I was discharged. Going back to Chicago was the easy, but unpalatable, answer. I was expected to return: my official status at the Institute was "staff member, on leave of absence for military service."

I did not want to resume my previous lifestyle if I could possibly help it. What I really wanted was an academic appointment in a university department of psychiatry, in a small town, where my duties would be mainly teaching, where I was not compelled by economic need to practice full time, and where I could have some time to think and write, in a free, academic environment.

Again, I was lucky. A second *deus ex machina* suddenly offered me exactly the opportunity I was seeking. I made many friends in Chicago. One was Julius (Julie) Richmond, who was then a young assistant professor of pediatrics at the University of Illinois and also a candidate at the Chicago Institute for Psychoanalysis. In 1953, Julie moved to Syracuse to become the chairman of the pediatrics department at the State University of New York College of Medicine, now the Upstate Medical University. The SUNY medical school in Syracuse—recently acquired by the SUNY system from Syracuse University—was beginning a period of rapid growth. A new department of psychiatry had been founded a year earlier. In 1956, its chairman moved to Los Angeles. Because of Julie's influence, the job was offered to Marc, who was as eager as I was to get away from Chicago and full-time psychoanalytic practice, and pursue an academic career. Marc was offered the chairmanship of psychiatry which he accepted.

This was a time when medical school departments of psychiatry were expanding rapidly. Being a fully accredited psychoanalyst was a highly prized commodity in academia. Julie and Marc and I had been good friends. They invited me to come to Syracuse. I visited, was interviewed, and was offered a job as professor of psychiatry. In August 1956, my family of four moved to Syracuse. For the rest of the story I will let my work speak.[3]

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[3] For additional biographical information, see Keith Hoeller, "Thomas Szasz's History and Philosophy of Psychiatry," *Review of Existential Psychology & Psychiatry* 23 (1997), pp. 6–69, Ronald Leifer, "The Psychiatric Repression of Dr. Thomas Szasz: Its

IX

Before ending, however, I want to add a brief remark. During my years in the Gymnasium, I learned about the famous, nineteenth-century Hungarian obstetrician, Ignaz Semmelweis. I well remember Semmelweis's statue situated in a small park in front of the St. Rochus Hospital, not far from the Minta Gymnasium. He is standing and, at his feet, a mother, cradling an infant, gazes up at him adoringly.

I was deeply moved by the story of Semmelweis's tragic life. It taught me, at an early age, the lesson that it can be dangerous to be wrong, but, to be right, when society regards the majority's falsehood as truth, could be fatal. This principle is especially true with respect to false truths that form an important part of an entire society's belief system. In the past, such basic false truths were religious in nature. In the modern world, they are political and medical in nature. The lesson of Semmelweis's tragedy proved to be extremely helpful, virtually life-saving, for me.

Even as an adolescent, once I grasped the scientific concept of disease, it seemed to me self-evident that many persons categorized as mentally ill and incarcerated in mental hospitals are not sick; instead, they exhibit behaviors unwanted by others, who diagnose them as mad and lock them up; and that this is why, unlike medical patients, mental patients insist that they are not ill. In medical school, I began to understand clearly that my interpretation was correct, that mental illness is a myth, and that it is therefore foolish to look for the causes or cures of the imaginary ailments we call "mental diseases." *Diseases* of the body have causes, such as infectious agents or nutritional deficiencies; often, they can be prevented and cured by dealing with these causes. *Persons* said to have mental diseases, on the other hand, have reasons for their actions; reasons for such actions must be understood and represented the same way that novelists and playwrights understand and depict the motivations of fictional characters and their behaviors.

A deep sense of the invincible social power of false truths enabled me to conceal my ideas from representatives of received psychiatric wisdom until such time that I was no longer under their educational or economic control and to conduct myself in such a way that would minimize

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Social and Political Significance," *Review of Existential Psychology and Psychiatry* 23 (1997), pp. 85–106; Jim Powell, "Involuntary Commitment," in Jim Powell, *The Triumph of Liberty: A 2,000-Year History, Told through the Lives of Freedom's Greatest Champions* (New York: Free Press, 2000), pp. 387–394; and Randall C. Wyatt, "An Interview with Thomas Szasz, M.D.," http://psychotherapistresources.com./current/totm/totmframe.html.

the chances of being cast in the role of "enemy of the people" (Henrik Ibsen).

Ever since *The Myth of Mental Illness* was published, interviewers - puzzled by how a psychiatrist can say there is no mental illness - invariably ask me, "When and why did you change your mind about mental illness / psychiatry?" "What experiences did you have that led you to adopt so deviant a point of view?" I try to explain- -usually without success—that I did not have any unusual "experiences", that I did not do any "research," that I did not "discover" anything- -in short, that I did not replace a belief in mental illness with a disbelief in it. I hope this brief essay makes my explanation more understandable and convincing.[4]

[4] For an appreciative recognition of my view that mental illness is not a genuine medical disease, and that psychiatric incarceration is not like medical hospitalization, see the remark by the respected English medical historian, Roy Porter: "This radical claim that 'mental illness' is itself a delusion commands only a small following even amongst critics of psychiatry. But it does highlight one feature which sets apart the social response to insanity from the handling of any of the other sorts of disease dealt with in this volume. This is the fact that, over the last two or three hundred years, those people suffering from serious mental disturbances have been subjected to compulsory and coercive medical treatment, usually under confinement and forfeiture of civil rights. Sick people in general . . . have typically had the right to seek, or the right to refuse, medical treatment; . . . in so far as they have been cared for in institutions such as hospitals, they have been legally free to come and go as they please." Roy Porter, "Madness and Its Institutions," in Andrew Wear, ed., *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1992), pp. 277–301; 277.

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Since he published *The Myth of Mental Illness* in 1961, Thomas Szasz has been a provocative and polarizing figure, bitterly denounced by some, lovingly defended by others, simultaneously baffling, exasperating, and entertaining to many.

In *Szasz Under Fire*, thirteen outstanding writers criticize Szasz's ideas on specific issues such as the reality of mental illness, physician-assisted suicide, addiction, and the insanity defense. Szasz replies to each criticism in detail, with his famous clarity, forcefulness, and occasional acerbity. *Szasz Under Fire* includes the first published autobiographical essay by Szasz and a complete bibliography of his writings.

The foremost opponent of psychiatric dogma, psychiatric practice, and the hubris of politicized medicine, Szasz has argued passionately and knowledgeably against compulsory commitment of the mentally ill, against the war on drugs, against the insanity defense in criminal trials, against the 'diseasing' of addiction and homosexuality, and for the right to suicide.

His books include *Sex by Prescription* (1980), *The Untamed Tongue* (1990), *Our Right to Drugs* (1992), *Cruel Compassion* (1994), *Fatal Freedom* (1999), *Pharmacracy* (2001), and *Liberation by Oppression* (2002).

"Anyone who has ever had qualms about the state giving psychiatrists the power to use drugs and civil commitment to control its citizens on the basis of 'mental illness' will be deeply rewarded by this stellar intellectual performance by Szasz, who not only holds his liberty-centered ground, but often gains more in direct and sometimes brutally frank responses to his critics and would-be reshapers of his life's work."

—**George J. Annas** Professor and Chair, Department of Health, Bioethics, and Human Rights, Boston University School of Public Health, and author of *The Rights of Patients*

"This dialogue between Dr. Szasz and his critics allows him to once again articulate the argument he has presented so brilliantly and passionately for over four decades. . . . A profession that fails to learn from and respect those who confront it with controversial and discomforting ideas loses strength and vibrancy. Hopefully, at least some younger psychiatrists will be encouraged to read this book. They will find that their intellectual and professional lives will be enriched."

—**Seymour L. Halleck** Author of *Law in the Practice of Psychiatry* and *The Mentally Disordered Offender*

Photograph by Magda Schaler-Haynes

Dr. Jeffrey A. Schaler is a psychologist, psychotherapist, teacher, and writer. He wrote *Addiction Is a Choice*, which became the centerpiece of a controversial John Stossel TV documentary, edited *Drugs: Should We Legalize, Decriminalize, or Deregulate?* and co-edited *Smoking: Who Has the Right?*

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Distributed by Publishers Group West
Cover design by Randy Martinaitis

ISBN 0-8126-9568-2
9 780812 695687 53695

Appendix

Documents from the Szasz Affair at Upstate

Spelling and grammatical errors and other infelicities have been retained in the following documents.

Letter from Hoch to Hollender, 21st November, 1962

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
ALBANY

November 21, 1962

Marc Hollender, M.D.
Director
Syracuse Psychiatric Hospital
Syracuse, New York

Dear Dr. Hollender:

At our recent meeting in Albany, we discussed the situation relating to Dr. Thomas Szasz. I told you that Dr. Szasz is entitled to his opinion but that I cannot agree that he should teach in the framework of the Department of Mental Hygiene and instruct our residents that, as I understand him, that mental diseases do not exist and therefore installations for the treatment of mental disorders are a detriment to their welfare.

I have no authority about Dr. Szass' teachings in the medical school, but I hereby direct you to terminate Dr. Szass' to the residents of the state institutions and to any personnel which is employed by the Department of Mental Hygiene of the State of New York.

Very truly yours.
(signed)
PAUL H. HOCH, M.D.
Commissioner

Memo from Hollender to Szasz, 26th November, 1962

To: Thomas Szasz, M.D. November 26, 1962
From: Marc H. Hollender, M.D.

As Director of the Syracuse Psychiatric Hospital, I have been directed by the Commissioner of the Department of Mental Hygiene of the State of New York to inform you that you can no longer conduct your seminar for residents of the Upstate Medical Center at the Syracuse Psychiatric Hospital.

As Chairman of the Department of Psychiatry at the Upstate Medical Center, I have asked Dr. Robinson to arrange for another room in which you can conduct your seminar.

(signed)
Marc H. Hollender, M.D.

Letter from Thirteen Residents to Szasz, 5th March, 1963

Syracuse, N.Y.
March 6, 1963

Dear Dr. Szasz,

We have written 3 letters, all essentially worded the same, protesting the injunction against your teaching at SPH. These letters were addressed to:

Dr. Robert King, Chairman of Committee A of the AAUP.
Dr. Paul Hoch
Governor Nelson Rockefeller

We are enclosing copies of two of these.

Very truly yours,

THE THIRTEEN SIGNERS

"THE THIRTEEN SIGNERS" were Kenneth R. Barney, M.D., Andrew C. Godwin, M.D., Samuel Graceffo, M.D., Steven J. Hirsch, M.D., Arthur P. Kraut, M.D., Jonathan S. Malev, M.D., Barton Pakull, M.D., Norman H. Pearl, M.D., Bernett L. Rosner, M.D., Frank Soults, M.D., William A. Tucker, M.D., Roy M. Waldman, M.D., and Howard Weinberg, M.D. Drs. King, Hoch and Governor Rockefeller were asked to address their correspondence to "THE THIRTEEN SIGNERS," in care of Kenneth R. Barney, M.D., 18 Caton Drive, Syracuse 14, New York.

Letter from Thirteen Residents to Hoch, 5th March, 1963

Dear Dr. Hoch:

On Monday, November 26, 1962, we, the undersigned, were informed that Professor Thomas S. Szasz was barred from teaching his course in psychotherapy on the premises of the Syracuse Psychiatric Hospital by a directive from the Commissioner of Mental Hygiene of the State of New York. To prevent a university professor from teaching anywhere is a serious matter.

We find it hard to believe that Professor Szasz was barred from teaching because he is against the involuntary hospitalization of mental patients, or because he minces no words in stating his position, or because there is fear that his views might corrupt the minds of young residents. We find it hard to believe that the spokesmen for one of the most progressive state hospital programs in the United States must resort to fighting theoretical issues or even verbal invective with political sanctions. We find it hard to believe that the position of the New York State Department of Mental Hygiene is such that it cannot defend itself against words with words, but must resort to action. We find all this hard to believe, but what else can we think.

It is not our purpose to take sides. It seems to us that if Dr. Szasz is disposed to make embarrassing or even imprudent public statements about the State Hospital System (thereby perhaps threatening the availability of State Hospital Staff), you may well consider it in your best interests to try to silence him.

However, we don't believe your method accomplishes its purpose. You compromise yourself in the eyes of many by this action, for what practitioners of our science would be willing to subject themselves to an institution that curtails freedom of expression? Furthermore Dr. Szasz is not hurt by your attempts to restrict him as much as we residents are, because Dr. Szasz' 'political' views in psychiatry are in no way a reflection of his competence to teach a course in psychotherapy which is considered by us to be the highlight course of the residency program.

If it is your purpose to have us, in turn, exert pressure upon Dr. Szasz to recant, then we must register a vigorous protest at being used

in this way. Also, as physicians, we resent the implication, even if unintentional, that we may somehow be influenced or tainted by Szaszian heresy. We are quite able to evaluate, accept, or reject ideas, even when expounded by the most convincing and influential personalities.

If Dr. Szasz' techniques of criticism result in personal affronts and hurts, then such matters should be handled by the individuals involved, rather than by quasi-political maneuvers involving others. It is our sincere hope that the directive against Professor Szasz will be rescinded, for it is freedom of expression without fear of reprisal that is the real issue, not Dr. Szasz' views. Without freedom of expression, psychiatry can lay no claim to science. We are not so much afraid for Dr. Szasz, we are afraid for psychiatry.

Respectfully,

Residents in Psychiatry
State University of New York
Upstate Medical Center
Syracuse, New York

Letter from Hoch to Barney, 2nd April, 1963

Paul H. Hoch, M.D.
Commissioner
State of New York
Department of Mental Hygiene
Albany

April 2, 1963

Dr. Kenneth R. Barney
18 Caton Drive
Syracuse 14, New York

Dear Dr. Barney:

On receipt of your letter, the entire situation with regard to Dr. Thomas Szasz and the Syracuse Psychiatric Hospital was again reviewed and I would outline the situation in the following manner.

The Syracuse Psychiatric Hospital is one of the institutions of the Department of Mental Hygiene located in the immediate vicinity of the University and the Medical School in order to provide a good liason with the teaching facility, but its primary purpose is to serve as a center for the Upstate Psychiatric Institutions of the Department and to provide instruction and assistance to these institutions in the development of their programs. The organization of the hospital is based on this function and the academic personnel who take part in the program do so by virtue of appointments at the hospital and not by an extension of academic appointment in the Medical School. For this reason any action with regard to such persons is not felt to reflect on their academic position. The arrangement between the Hospital and Medical School is a cooperative one based on mutual respect and consideration and has been very successful over the years, but its basic nature remains unchanged. Particularly, it should be noted, that the Department of Mental Hygiene does not confer academic status, but, through its institutions, makes arrangements with various consultants and instructors to carry on functions at a service level.

This should be kept in mind with regard to the problem raised in connection with Dr. Szasz. The Department had for some time been increasingly disturbed about reports and complaints from a number of reliable sources to the effect that Dr. Szasz was conducting teaching sessions at the Syracuse Psychiatric Hospital in such a way as to embarrass the residents and the other medical personnel of the State institutions who took part in the program, some of them on a full-time basis for a period of months and others on the basis of sessions once a week. These men were profoundly disturbed by various statements from a physician who held Professorial rank in the Medical School.

The Department was reluctant to take action on these complaints or even give them full credence and delayed for some time until Dr. Szasz by his own public and recorded utterances, made is quite clear that these were really his opinions and that he felt very strong about them and there could no longer be any doubt about the substance of the complaints which had been made.

Dr. Szasz, speaking of State hospitals, said that, '. . . there are hospitals in this country where there are three or four or 10,000 patients in the hands of so-called psychiatrists.'

Speaking of New York State psychiatrists, he said, ' . . . and the only less qualified, less well-recommended, psychiatrists go to the State hospitals. The better psychiatrists have become psychoanalytical in their private practice where they can make three times as much more money, have more prestige, have a nicer life.' Speaking again of State hospital psychiatrists, he said, 'I think they harm patients.' Further on he said, 'No, I don't believe in diagnosis, no I know how to make one. It is an article of faith. I disbelieve in it. I know what it is, just like I know what witches are.'

Elsewhere in his testimony, he stressed, 'I am expressing a personal opinion to which I have given much thought,' and the Department must conclude that these opinions are indeed his considered opinions.

Speaking of a psychiatric evaluation presented in the courtroom, he characterized it as 'gobbledygoop,' 'hot air,' and 'junk' and defined 'psychiatric hot air' in the following answer: 'Psychiatric hot air is this -cremating (creating?) worthless psychiatric terms which they relate with sneering, palpebral fissure --junk. Those terms which create the feeling that you are dealing with some sort of monster who is flexing his eyelids.'

Subsequently, he made a comment concerning treatment which could be extremely disruptive if taken literally by the medical staffs of the State hospitals. 'I would consider that blocking the laws of liberty, being called a psychiatric patient, when one does not want to be called a psychiatric patient, being give drugs- psychiatric drugs when one doesn't want psychiatric drugs- -I would consider all of these things together as brutality, yes.'

Finally, he was asked 'even though you think that there is psychiatric brutality in Marcy State Hospital, even though you think that there are psychiatrists that are fairly incompetent in Marcy State Hospital, even though you think a person may be half sane when goes into Marcy Satate Hospital and when he comes back he is more insane than when he went in, you have not made any recommendations to the authorities in Marcy State Hospital, is that correct?' He answered, 'That's correct. I was never asked for any.'

He finally made the remark that he would not want to be caught dead as an employee in a mental hospital or as a patient.

Certainly, in spite of all protests about his opinions, it is understandable that in an academic setting it is necessary to give them very wide latitude as expressions of academic opinion However, the Department of Mental Hygiene feels that the setting of the Syracuse Psychiatric Hospital does not confer a degree of freedom which permits instruction that it finds medically unacceptable and needlessly embarrassing to those who come for instruction, and for this reason the Department asked the Director to take the necessary action in the interests of the many thousands of patients who must be served by these psychiatrists and must be cared for in these institutions. This action was considered to be in relation to the service functions of the Department and has no implications with regard to academic status elsewhere.

In closing, I would say that the Department feels strongly that the difference between academic freedom and license should be clearly defined. They express some doubt whether even in academic circles a teacher should be permitted to speak about a school and its personnel and its procedures in terms parallel to those which Dr. Szasz has used in establishing his thesis that 'mental illness is a myth' and that psychiatry in the State mental hospital is a 'threat to civil liberties.'

Dr. Henry Brill, Deputy Commissioner of the Department, discussed these matters at great length with one of the groups of

psychiatric residents shortly after the question arose and I believe he would be willing to meet also with your group in order to explain more fully the Department's attitude and the action which it felt forced to take in making this very difficult decision.

Very truly yours,
(signed)
PAUL H. HOCH, M.D.
Commissioner

Letter from Halpern to Eugene Kaplan, 11th May, 1963

A.L. Halpern, M.D.
502 Scott Avenue
Syracuse 3, N.Y.

Granite 6-8030

May 11, 1963

Dear Doctor Kaplan,

As you undoubtedly know, a rapidly spreading anti-mental health movement is interfering with the development of psychiatric services in some of our states. This problem is of particular interest to me in my capacity of director of community mental health services for Onondoga County.

Before leaving for the American Psychiatric Association meeting last weekend, I decided to mail a number of copies of the pamphlet "Mind Tapping," even though I did not have time to write an explanatory note. I wanted to better acquaint people with the role played by one of our own colleagues in this movement. The additional pamphlet I sent was intended to show the affiliation of the American Opinion Library with the John Birch Society.

I am now enclosing a copy of Professor Weihofen's letter published in the March, 1963, issue of the American Journal of Psychiatry; it points out some of the fallacies contained in the "Mind Tapping" article.

I would welcome any comments you may have on the subject of the opposition to psychiatry within our own ranks.

Sincerely yours,
[signed Abe Halpern]