The myth of mental illness philosophy essay

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Has Psychiatry got it that wrong or is Thomas Szazs deluded. This question begs to be answered throughout the pages of the The Myth of Mental Illness. Thomas Szazs boldly lays bare psychiatric fallacies in about 263 pages, with ambitious agenda, which has had a significant imprint on Psychiatric history irrespective of all attempts to relegate it to the annals of history (Buchanan-Barker and Barker, 2009). Szazs whose work is used freely by psychiatric academics is often referred to as Psychiatric Philosopher (Hoeller, 1997 and Breeding, 2011).

The main argument of this book is that mental illness is a social construct and what psychiatrists label as mental illness is in fact deviant behaviour (Szazs, 2010). Furthermore, Szasz believes that in the absence of empirically observable biological pathology, certain mental illnesses such as schizophrenia should not be termed an illness. Mental illness has no scientific or medical basis and therefore cannot be called a disease. This hypothesis is based on the premise that unlike pneumonia which presents recognisable symptoms all over the world, mental illness does not. Hallucination is classified as a disorder in the western world but highly valued in other parts of the world (Szazs, 2010).

The book is academic, aimed at challenging the foundations of American Psychiatry and perhaps the words of Benjamin Rush who declared in the 18th Century that mental illness has hitherto been shrouded in mystery and his intension to make mental illness like any disease of the human body (Szasz, 2005). Part one, The Myth of Mental Illness is an analysis of the background of 1950 psychiatric theory and practice. Part two, Foundations of

a Theory of Personal Conduct proffers an alternative stance on mental illness and how to eloquently express views about it.

Szazs firmly believes that mental illness does not exist and that the notion of illness only applies to bodily abnormalities that can be proved by physical and chemical methods (Szasz, 2010). In Mental illness the brain when dissected does not reveal an ailing part. Therefore, internal or neurological illness should not be suggested even if the mental illness resembles physical illness because in such a case mental illness should be viewed as a metaphor (Pickering, 2006). Farrell (1979) however vies this strand of argument positing that Szazs point disintegrates when it is acknowledged that mental illness can refer to psychological defects.

Szasz further argues that until recently, illness was defined as a physical disorder and had to be physically and chemically proven in the structure of a body. New diseases have conformed to this criteria and therefore Psychiatry should not be an exception (Pickard, 2009). Szasz marries structural and functional aberrations consequently combining function and behaviour. The function of the brain, for example or the brain systems are placed in the same category as the behaviour of a person and compared to physical and chemical changes. In today’s scientific world this view is difficult to digest.

Szasz propounds that somatic symptoms should not be attributed to physio-chemical defects in the body as this disorder is learned. This argument casts a shadow on all other mental illnesses and subsequently renders all Psychiatric terminology, diagnosis and treatment needless. Psychiatry is not

medical intervention but a social and moral service which should not be forced on anyone (Szasz, 2010).

The other premise of Szasz's argument is that medical diagnosis is subject to a physician judgement. This judgement usually correlates with the demonstration of a corresponding physiochemical disorder which cannot be applied in mental health. Psychiatrists therefore make diagnosis which cannot be verified. This gives the psychiatrist power over the patient as the psychiatrist is the only one who can verify this illness. Mental illness in the eyes of Szasz is not discovered as with other natural illnesses but invented by psychiatrist from people's behaviours (Szazs, 2010).

Szazs proffers that whereas mentally ill people were classified as malingerers some years back they are now seen as patients entitled to privileges and welfare benefits. This is not necessarily an improvement but a ploy that negatively affects the value of life which in effect revert mentally ill people social status to malingerers of the 21st century. Such a label induces stigma, discrimination, lame excuses for failure and bad behaviour.

Some of these views are not akin to only Szasz. Bracken and Thomas (2010) elucidates how Michael Foucault a French philosopher and Szasz have challenged leading views on psychiatry. Foucault like Szazs asserts that mentally ill people are institutionalised because of moral and economic factors. Furthermore, he challenges deep-seated opinions of mental illness, reason and questions why leper houses were replaced with institutions for mentally ill people (Foucault, 2006). Influenced by post philosophers such as Michael Heidegger, Foucault's transformative practice, knowledge that

contravenes dominating games of truth, power relations and shades of partiality is closely knitted to the philosophy of Heidegger (Rayner, 2007). However, Ratcliffe (2010) challenges Bracken and Thomas's critique of arguments between Foucault and Szazs stating that they are worlds apart.

Gijswijt-Hofstra and Porter (1998) asserts that even though there are other critics of psychiatry their views are often ambiguous. Critics such as Ronald Laing, a Scottish psychiatrist decisively wrote about mental illness subscribing to the view that ‘ madness’ was a natural way of ridding oneself from infuriating situations. Therefore, psychotic episodes should be allowed to run its natural courses rather than people being degraded by being arrested, curbed, confined and forcibly medicated in hospitals (Laing, 1986). Scott (2011) decries Gijswijt-Hofstra and Porter's point by indicating that Laing's views for example about mental healthcare and choice is not out of date or insignificant.

Thomas Szazs, Michel Foucault, David Cooper and Ronald Laing may have contributed enormously to intellectual debates on mental patient care and choice but I beg to differ because of inequality in societies and the lack of resources to support and protect the dignity and life of the mentally ill and the community they live in. Where lies dignity when the mentally ill become dishevelled, vagrant and walk about stark naked in places like Africa?

Regardless of the above, the strengths of this book although ambiguous at times outweigh its weaknesses. The hardnosed attitude towards patient care and choice makes a must reading for every psychiatric student as it brings to

the fore challenging questions about diagnosis and the expansion of the Diagnostic and Statisical Manual of Mental Disorders.