

**3/12/2014**

**Title:** *Thomas Szasz and the myth of mental illness*

**Presenter:** Professor Robert Spillane, PhD

*Review by Juliana Triml*

As suggested in the title, Professor Robert Spillane's presentation certainly made our cognitive mind challenged. Of course, most of us are familiar with Tomas Szasz' thoughts from our earlier studies. Prof. Spillane trained with Albert Ellis (known for the Rational Emotive Behavioural Theory-REBT) and worked with Thomas Szasz (who worked with existential needs of the client). Having their thoughts turned into a discourse almost half a century later, was a challenge. These two theorists had different way of thinking about the mind and illness and have had discussions between themselves on the topic in question. I believe that it is by juxtaposing different views on a topic, our understanding becomes deeper and often assists us in formulating our own way of thought.

Thomas Szasz, psychiatrist, argued that illness affects the body and the mind is not a bodily organ. Earlier, in Plato's philosophical writings the mind was related to a spiritual sphere. Nowadays, most therapists still understand the mind as being non-tangible part of a person. Therefore, Szasz maintained, the mind cannot get ill and so mental illness is a myth. However, if the mind is really the brain, then mental illnesses are really brain illness and the term mental illness (and also mental health) is still a myth. Professor Spillane noted that brain illnesses are diagnosed on the basis of objective, medical signs while mental illnesses are diagnosed on the basis of subjective, observable or self-reported symptoms. Brain illnesses are found in books of pathology but mental illnesses are found in the psychiatric bible DSM. Since publication of DSM-III in the 1980s, the 'mind' became understood as the brain. Szasz argued that "Mental illness is a myth whose function it is to disguise and thus render more palatable the bitter pill of moral conflicts in human relations." He maintained that moral conflicts in living are not medical problems as illness relates to the body and not behavior. His argument upset his professional colleagues and since 1980s psychiatrists focused more on writing prescriptions than doing a talking therapy.

The number of disorders listed in DSM has almost quadrupled since the first edition. For example, an emotional response to grief is listed as an adjustment 'disorder' (my emphasis). The mind is able of cognition and as such, is a source of freedom and responsibility. Mental illness, on the other hand, it is the source of absence of freedom (related to cognitive decision making) and thus responsibility is rejected. We may recall judicial cases in the 1970s when persons were not judged as responsible for a crime due to their mental illness, nevertheless,

they used their freedom to engage in a criminal activity. This judicial view has been changed many years ago (my emphasis).

Prof. Spillane gave us an example of “being ill” as a body illness versus “illness behavior”/patient role of acting ill:

- 1/ No body illness and no illness behavior equates to a Healthy patient role.
- 2/ Body illness present and illness behavior present equates to a sick patient.
- 3/ Body illness present but no illness behavior showed by the patient (Ellis would describe it as Stoic when a patient chose not to act sick).
- 4/ No body illness present but patient role shows some illness behavior; this may be due to a variety of reasons.

During the question time, a participant expressed her dilemma when she is working in an organization that follows a medical model. How should an employee express his/her opinions when working with clients who exhibits symptoms listed under 4/ as above? Following rulings and ways of the organisation appears to be most suitable.

The discourse of the evening did not deny existence of psychosis as misbehaviours laypersons would describe as ‘mad’ with potential harm to self or others; and neurosis as misbehaviours they would describe as odd, offensive or annoying (Spillane, 2009, p.51). The evening had a touch of a philosophical discourse related to the meaning and interpretation of language used to describe things without researching the historical usage and meaning. In my personal opinion, which I did not discuss with Professor Spillane, a large proportion of conditions described as “mental illness” are related to psychological imbalance and moral/values issues (freedom of action implies responsibility) and smaller proportion is related to chemical imbalance in the brain contributing to uncontrollable perceptions or behaviours (endogenous schizophrenia, bipolar disorder, acute psychosis), which also may have been triggered by other factors (family, extreme trauma, childhood trauma, drug/alcohol abuse etc). Probably only a portion of the latter category could be helped by medication alone, as medication does not change one’s way of moral or rational thinking. Whilst writing this review, I acknowledge that inevitably some of my personal thoughts and inferences came up and I hope these are clearly separated from those of the presenter.

Reference:

Spillane R., 2009. *Questionable Behaviour, Psychology’s Undermining of Personal Responsibility*. Michelle Anderson Publishing Pty Ltd, Melbourne.