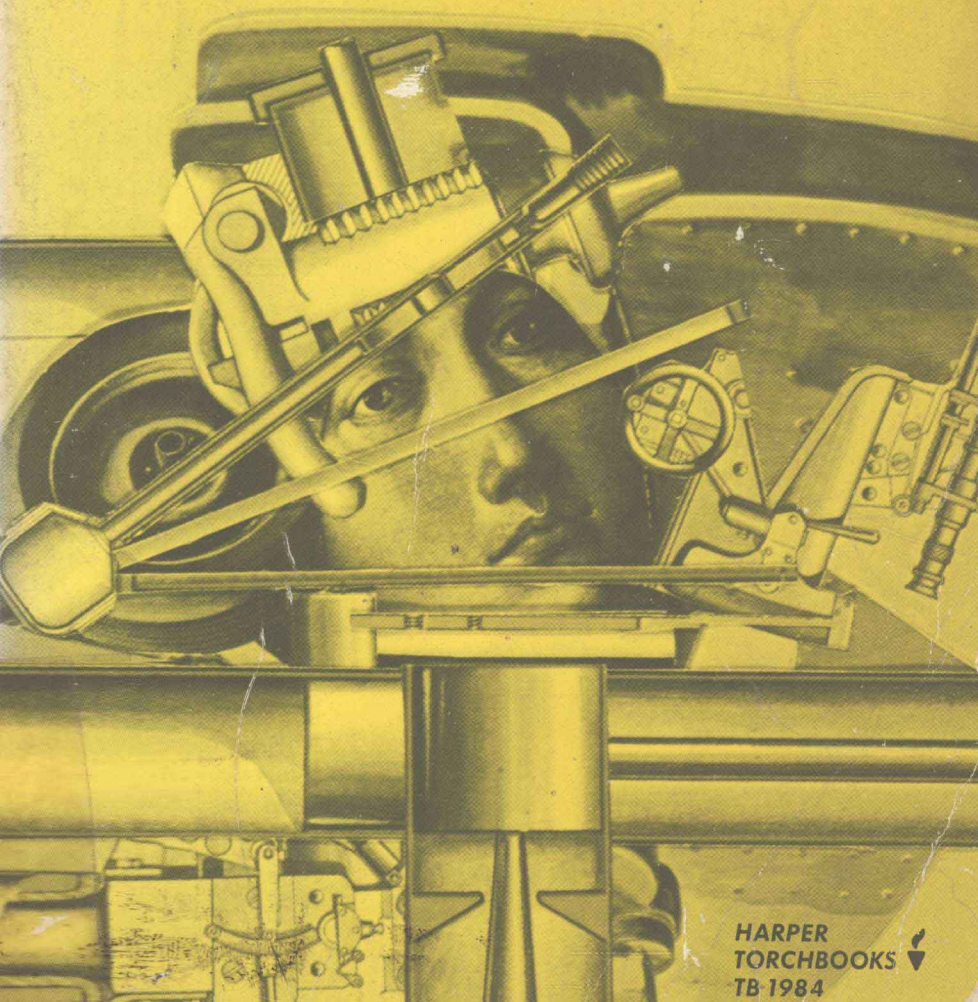


# the manufacture of madness

A Comparative Study of the Inquisition  
and the Mental Health Movement

Thomas S. Szasz



HARPER  
TORCHBOOKS  
TB 1984



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Harper & Row, Publishers, New York  
Grand Rapids, Philadelphia, St. Louis, San Francisco  
London, Singapore, Sydney, Tokyo, Toronto

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**First HARPER COLOPHON edition published 1977**

ISBN 0-06-131984-8

91 92 93 94 95 MPC 10

The purpose of this essay is . . . an attempt to understand the times in which we live. One might think that a period which, in a space of fifty years, uproots, enslaves, or kills seventy million human beings should be condemned out of hand. But its culpability must still be understood. In more ingenuous times, when the tyrant razed cities for his own greater glory, when the slave chained to the conqueror's chariot was dragged through the rejoicing streets, when enemies were thrown to the wild beasts in front of the assembled people, the mind did not reel before such unabashed crimes, and judgment remained unclouded. But slave camps under the flag of freedom, massacres justified by philanthropy or by the taste for the superhuman, in one sense cripple judgment. On the day when crime dons the apparel of innocence—through a curious transposition peculiar to our times—it is innocence that is called upon to justify itself.

*—Albert Camus*

**THE  
MANUFACTURE  
OF MADNESS**

*Books by Thomas S. Szasz*

PAIN AND PLEASURE

THE MYTH OF MENTAL ILLNESS

LAW, LIBERTY, AND PSYCHIATRY

THE ETHICS OF PSYCHOANALYSIS

PSYCHIATRIC JUSTICE

IDEOLOGY AND INSANITY

*To my daughter, Suzy*

## ACKNOWLEDGMENTS

I am deeply grateful to a number of people for their generous help with this book.

I owe a very special debt to my brother, Dr. George Szasz, who shared with me his extensive knowledge of cultural history, directed me to important sources, supplied materials from European newspapers and periodicals, and critically read various drafts of the entire manuscript.

I wish to thank also Dr. Bruce deMonterice, for reading successive drafts of the manuscript and offering many valuable suggestions; Dr. Shirley Rubert, for calling attention to and supplying important bibliographic sources; Professor George J. Alexander, Associate Dean of the Syracuse University College of Law, for reading Chapter 13 and for clarifying discussions of law and psychiatry; Mr. Norbert Slepian and Mrs. Ann Harris, my editors at Harper & Row, for excellent suggestions for improving and organizing the manuscript; Mrs. Arthur Ecker, for editorial assistance; the staff of the Library of the Syracuse University College of Law, and especially Miss Judith Smith, and the staff of the Library of the State University of New York, Upstate Medical Center, for untiring efforts to secure many of the references consulted in the preparation of this volume; and the secretarial staff of the Department of Psychiatry at the Upstate Medical Center—Mrs. Frances Rogers, Mrs. Betty Handley, Miss Lois Fay, and especially my secretary, Mrs. Margaret Bassett—for typing various drafts of the manuscript.

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## PREFACE

. . . the writer's function is not without arduous duties. By definition, he cannot serve today those who make history; he must serve those who are subject to it.

*Albert Camus*<sup>1\*</sup>

It is widely believed today that just as some people suffer from diseases of the liver or kidney, others suffer from diseases of the mind or personality; that persons afflicted with such "mental illnesses" are psychologically and socially inferior to those not so afflicted; and that "mental patients," because of their supposed incapacity to "know what is in their own best interests," must be cared for by their families or the state, even if that care requires interventions imposed on them against their will or incarceration in a mental hospital.

I consider this entire system of interlocking concepts, beliefs, and practices false and immoral. In an earlier work, *The Myth of Mental Illness*,<sup>2</sup> I tried to show how and why the concept of mental illness is erroneous and misleading. In the present work, I shall try to show how and why the ethical convictions and social arrangements based on this concept constitute an immoral ideology of intolerance. In particular, I shall compare the belief in witchcraft and the persecution of witches with the belief in mental illness and the persecution of mental patients.

The ideology of mental health and illness serves an obvious and pressing moral need. Since the physician's classic mandate is to

\* Reference notes begin on page 323.

treat suffering patients with their consent and for their own benefit, it is necessary to explain and justify situations where individuals are "treated" without their consent and to their detriment. The concept of insanity or mental illness supplies this need. It enables the "sane" members of society to deal as they see fit with those of their fellows whom they can categorize as "insane." But having divested the madman of his right to judge what is in his own best interests, the people—and especially psychiatrists and judges, their medical and legal experts on madness—have divested themselves of the corrective restraints of dialogue. In vain does the alleged madman insist that he is not sick; his inability to "recognize" that he is, is regarded as a hallmark of his illness. In vain does he reject treatment and hospitalization as forms of torture and imprisonment; his refusal to submit to psychiatric authority is regarded as a further sign of his illness. In this medical rejection of the Other as a madman, we recognize, in up-to-date semantic and technical garb, but underneath it remarkably unchanged, his former religious rejection as a heretic.

Well-entrenched ideologies—such as messianic Christianity had been, and messianic Psychiatry now is—are, of course, not easily refuted. Once the basic premises of an ideology are accepted, new observations are perceived in its imagery and articulated in its vocabulary. The result is that while no fresh observation can undermine the belief system, new "facts" generated by the ideology constantly lend further support to it. This was true in the past for the belief in witchcraft and the corresponding prevalence of witches, and it is true today for the belief in mental disease and the corresponding prevalence of mental patients.

Unfortunately, it is easier to perceive the errors of our forebears than those of our contemporaries. We all know that there are no witches; however, only a few hundred years ago, the greatest and noblest minds were deeply convinced that there were. Is it possible, then, that our belief in mental illness is similarly ill conceived? And that our practices based on this concept are similarly destructive of personal dignity and political liberty?

These are not idle or unimportant questions. On our answers to them depends not only the fate of millions of Americans labeled mentally ill, but, indirectly, the fate of all of us. For, as we have been warned time and again, an injustice done to one—especially

in a society that aspires to be free—is an injustice done to all. In my opinion, the “mental health”—in the sense of spiritual well-being—of Americans cannot be improved by slogans, drugs, community mental health centers, or even with billions of dollars expended on a “war on mental illness.” The principal problem in psychiatry has always been, and still is, violence: the threatened and feared violence of the “madman,” and the actual counter-violence of society and the psychiatrist against him. The result is the dehumanization, oppression, and persecution of the citizen branded “mentally ill.” If this is so, we had better heed John Stuart Mill’s warning that “. . . it is contrary to reason and experience to suppose that there can be any real check to brutality, consistent with leaving the victim still in the power of the executioner.”<sup>3</sup> The best, indeed the only, hope for remedying the problem of “mental illness” lies in weakening—not in strengthening—the power of Institutional Psychiatry.\* Only when this peculiar institution is abolished will the moral powers of uncoerced psychotherapy be released. Only then will the potentialities of Contractual Psychiatry† be able to unfold—as a creative human dialogue unfettered by institutional loyalties and social taboos, pledged to serving the individual in his perpetual struggle to rise, not only above the constraints of instinct, but also above those of myth.<sup>4</sup>

In sum, this is a book on the history of Institutional Psychiatry—from its theoretical origins in Christian theology to its current practices couched in medical rhetoric and enforced by police power. The importance for man of understanding his history has perhaps never been greater than today. This is because history, as Collingwood reminds us, “is ‘for’ human self-knowledge. . . . Knowing yourself means knowing what you can do; and since nobody knows what he can do until he tries, the only clue to what man

\* By Institutional Psychiatry I refer generally to psychiatric interventions imposed on persons by others. Such interventions are characterized by the complete loss of control by the client or “patient” over his participation in his relationship with the expert. The paradigm service of Institutional Psychiatry is involuntary mental hospitalization. For further discussion, see pp. xxii–xxvii.

† By Contractual Psychiatry I refer generally to psychiatric interventions assumed by persons prompted by their own personal difficulties or suffering. Such interventions are characterized by the retention of complete control by the client or “patient” over his participation in his relationship with the expert. The paradigm service of Contractual Psychiatry is autonomous psychotherapy. For further discussion, see pp. xxii–xxiii.

can do is what man has done. The value of history, then, is that it teaches us what man has done and thus what man is."<sup>5</sup> By showing what man has done, and continues to do, to his fellow man *in the name of help*, I hope to add to our understanding of what man is, where coercion, however well-justified by self-flattering rhetoric, leads him, and what might yet become of him were he to replace control of the Other with self-control.

This book presupposes no special competence or training in the reader—only open-mindedness. But it requires of him one more thing—that he seriously consider, with Samuel Johnson, that "hell is paved with good intentions," and that he conscientiously apply this caveat to the ideology, rhetoric, and rituals of the political organization characteristic of our age—the Therapeutic State.

Syracuse, New York  
December 1969

Thomas S. Szasz

## INTRODUCTION

. . . was there ever any domination which did not appear natural to those who possessed it?

*—John Stuart Mill<sup>1</sup>*

The concept of mental illness is analogous to that of witchcraft. In the fifteenth century, men believed that some persons were witches, and that some acts were due to witchcraft. In the twentieth century, men believe that some people are insane, and that some acts are due to mental illness. Nearly a decade ago, I tried to show that the concept of mental illness has the same logical and empirical status as the concept of witchcraft; in short, that witchcraft and mental illness are imprecise and all-encompassing concepts, freely adaptable to whatever uses the priest or physician (or lay "diagnostician") wishes to put them.<sup>2</sup> Now I propose to show that the concept of mental illness serves the same social function in the modern world as did the concept of witchcraft in the late Middle Ages; in short, that the belief in mental illness and the social actions to which it leads have the same moral implications and political consequences as had the belief in witchcraft and the social actions to which it led.

Henry Sigerist, dean of American medical historians, has written that "In the changing attitude towards witchcraft, modern psychiatry was born as a medical discipline."<sup>3</sup> This view has been interpreted to mean that people thought to be witches were actually mentally sick, and that instead of being persecuted for heresy they should have been treated for insanity.

Although I agree with Sigerist and other medical historians that psychiatry developed as the persecution of witches declined and disappeared, my explanation differs radically from theirs. They say it happened because of the gradual realization that persons supposed to be heretics were actually mentally sick. I say it happened because of the transformation of a religious ideology into a scientific one: medicine replaced theology; the alienist, the inquisitor; and the insane, the witch. The result was the substitution of a medical mass-movement for a religious one, the persecution of mental patients replacing the persecution of heretics.

Men who believed in witchcraft created witches by ascribing this role to others, and sometimes even to themselves. In this way they literally manufactured witches whose existence as social objects then proved the reality of witchcraft. To claim that witchcraft and witches did not exist does not mean, of course, that the personal conduct exhibited by alleged witches or the social disturbances attributed to them did not exist. In the days of the witch-hunts, there were, indeed, people who disturbed or upset others—for example, men whose religious beliefs and practices differed from those of the majority, or women who, as midwives, assisted at the delivery of stillborn infants. Such men and women were often accused of witchcraft and persecuted as witches. The point is that *these* witches did not choose the role of witch; they were defined and treated as witches against their will; in short, the role was *ascribed* to them. As far as the accused witches were concerned—they would have elected, had they been given a choice, to be left alone by the holders of Church and State power.

To be sure, once the social role of witch had been established by the irresistible combination of authoritative opinion, widespread propaganda, and popular credulity, it happened occasionally that people claimed to be witches. They declared that they experienced the ideas and feelings characteristic of witches; and they openly proclaimed their deviant status to gain their particular ends (which might have been to impart meaning to their lives or to commit a kind of indirect suicide). *These* witches chose the role they were playing; they were defined and treated as witches voluntarily; in short, they *assumed* the role of witch.

In the past, men created witches; now they create mental patients. But, again, it is important to keep in mind that to claim that



mental diseases and insane patients do not exist does not mean that the personal conduct exhibited by persons classified as mentally sick, or certain kinds of social disturbances attributed to them, do not exist. In our day, there are, indeed, individuals who break the law, or flout the conventions of morality and society—for example, men who use heroin, or women who neglect their newborn infants. Such men and women are often accused of mental illness (by being classified as “addicts” or “post-partum psychotics”), and persecuted as mental patients (by means of involuntary hospitalization and treatment).<sup>\*</sup> The point is that *these* mental patients do not choose the role of mental patient; they are defined and treated as mental patients against their will; in short, the role is *ascribed* to them. As far as the accused mental patients are concerned—they would elect, were they given a choice, to be left alone by the holders of Medical and State power.

In other words, if our aim is to see things clearly, rather than to confirm popular beliefs and justify accepted practices, then we must sharply distinguish three related but distinct classes of phenomena: first, *events* and *behaviors*, such as the birth of a stillborn baby, or a mother's rejection of her healthy infant; second, their *explanations* by means of religious or medical concepts, such as witchcraft or mental illness; third, their *social control*, justified by the religious or medical explanations, utilizing theological or therapeutic interventions, such as burning witches at the stake or hospitalizing the insane against their will.

One may accept the reality of an event or a behavior, but reject its generally accepted explanation and methods of social control. Indeed, the most passionate disputes in both religion and science have centered not on whether or not particular events were real, but on whether or not their explanations were true and the actions used to suppress them good. The true believers in witchcraft thus maintained that human problems were caused by witches and that burning them at the stake was good; whereas those opposed to

\* The mental patient, especially if so defined against his will, is perhaps best viewed as a “deviant,” either of society as a whole, or of a smaller group, typically the family. The individual who differs from his peers, who disturbs or scandalizes his family or society, is often branded as insane; sometimes he need not even play a deviant role but is declared mad nevertheless. Such psychiatric derogation fulfills important needs for the “mentally healthy” members of the group.