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## BOOK REVIEWS

*The Myth of Mental Illness.* By Thomas S. Szasz, M.D. (New York: Hoeber, 1961; London: Secker & Warburg, 1962. Pp. 337. \$7.50. 35s.)

The difficulty with Szasz's book is to know how to take it. If one regards it as an essay in provocation, the intention of which is to disturb the complacency of the medical and psycho-analytical establishments by adopting a satirical stance towards their most cherished convictions and most basic assumptions, one must account *The Myth of Mental Illness* a success. Szasz, whose references reveal him as an admirer of Samuel Butler, has himself a lively sense of paradox, a talent for drawing unexpected analogies (e.g. between the contributions to human culture made by Charcot and Guillotin), and a refreshing freedom from inhibitions about making sweeping and unprovable generalizations (e.g. Freud's 'work was well recognized and eagerly accepted by contemporary scientists interested in the problems with which he dealt').

However, the indications are that Szasz wishes his book to be taken seriously, and that he believes himself to be putting forward a thesis of revolutionary importance to psychiatry, psychodynamics, and ethics. The present reviewer must however confess to a feeling that the central unifying theme has eluded him; as a result he is forced to restrict his comments to a number of particular propositions put forward by the author.

First, there is the myth of mental illness itself. Szasz's idea is that it is an illusion to suppose that persons suffering from psychogenic disorders are ill, and that this myth is held by physicians and patients for complementary and collusive reasons. It enables physicians to believe that everyone who suffers comes within their area of professional competence, an idea which enhances their social prestige, increases their power, and gives them opportunities for being patronizingly benevolent, while it enables 'patients' to evade the fact that their troubles arise from problems in living and failure to learn the rules of the game of life. In order to maintain this myth, sufferers have to pretend to be ill by developing symptoms which imitate those of physical illness, thereby sanctioning their atten-

dance upon the physician and his acceptance of them as patients.

Not unexpectedly, Szasz selects hysteria as the typical mental illness and argues that hysterical symptoms are pantomimic representations of physical symptoms, the purpose of which is to communicate non-verbally by means of iconic signs the statement 'I am suffering and need help'. It would appear that Szasz believes that only persons acquainted with the idea of epilepsy can produce hysterical seizures, and that the *whole* symptomatology of hysteria is the result of what old-fashioned steam analysts call secondary gain. I doubt whether either idea is true.

However, Szasz has much to say that is illuminating about the manipulative techniques of hysterics, the unwitting collusion of doctors with them, and the manifold ways in which the assertion of illness may be used evasively. It is indeed only when one discovers that he believes depression to be a pantomimic representation of the statement 'I am unhappy' that one begins to realize that he is simplifying matters grossly, and that he has no real appreciation of psychical reality and endopsychic conflict.

His chapter 'The Ethics of Helplessness and Helpfulness' affords an interesting example of this. Here he argues that the hysteric's wish to be regarded as ill (and the physician's wish to help him) is influenced by the Judaeo-Christian notion that there is virtue in being helpless, and he interprets much fear of happiness as deriving from fear of offending a jealous God. He concludes from this that Christianity is one of the causes of hysteria and that those who 'sincerely desire a scientifically respectable psychosocial theory of man . . . (will) have to pay far more attention to religious rules and values than has been our custom'. Here he completely misses the point that if God is a projection—as Szasz would, I think, maintain—the psychopathology of hysteria must centre round fear of offending an internal object who forbids happiness and self-assertion and that the manoeuvres of hysterics must stem from endopsychic conflict with this persecuting internal object. However, if Szasz had taken this step—which his occasional, usually parenthetic, en-

dorsements of internal object theory would entitle him to do—much of what he says about psychosocial theories of Man would have been revealed as trivialities.

Szasz's obliviousness of endopsychic reality is, I believe, responsible for his wish to eliminate the subjective notion of 'motive' (which he confuses with 'cause') from psychodynamic theory and to replace it by 'external' concepts such as role taking and games-playing. This lands him in the paradoxical position of fighting for the humanization of psychiatry by eliminating reductionist and causal notions only appropriate to the physical sciences, while he himself is dehumanizing it by eliminating such psychically real notions as guilt, anxiety, fantasy, and imagination, not one of which appears in his index. His whole discussion of the inappropriateness of naïve causal theories and physical models for psychodynamics would have been much improved by familiarity with Marjorie Brierley's ideas on process theory and personology and John Rickman's on psychoanalysis as an ahistorical science. But these regrettably appear not yet to have crossed the Atlantic, despite publication in the International Psycho-Analytical Library.

Lastly, we come to Szasz's idea that psychodynamics should be restated in terms of semiotics (the science of signs). Here Szasz comes very near to, but to my mind just misses, an idea which I have myself espoused, viz. that the next advance in psycho-analysis will be formulations in terms of communication-theory. Although I wholeheartedly endorsed Szasz's initial statement of this theme I found myself dissatisfied with his later elaborations. The initial statement runs:

'In fact, there is a split, perhaps even an unbridgeable gap, between what most psychotherapists and psychoanalysts do in the course of their work and what they say concerning the nature of it. What they do, of course, is to communicate with patients by means of language, nonverbal signs, and rules. Further, they analyze, by means of verbal symbols, the communicative interactions which they observe and in which they themselves engage. This, I believe, correctly describes the actual operations of psychoanalysis and psychosocially oriented psychiatry. But what do these psychiatrists tell themselves and others concerning their work? They talk as though they were physicians, physiologists, biologists, or even physicists!'

But even here I find myself in disagreement with the last sentence I have quoted. It seems to me that he has made things too easy for himself and has let an impressive number of babies out with the bath water by attempting to formulate a communication theory divorced from physiology and biology. Not only is there the fact that some of the primary processes (e.g. condensation and over-determination) bear a remarkable resemblance to the processes (e.g. summation, facilitation, final common pathway) of neuro-physiological integration, but there is also the psycho-analytical evidence that the starting-point of all symbol formation is perception of one's own bodily parts and processes. In his sub-section entitled 'The Concept of Symbol in Psychoanalysis' Szasz shows no evidence of ever having read Jones's classic 1916 paper or indeed any later papers on the subject, and he assumes that the analytical theory of symbolism amounts to no more than asserting that objects which resemble something may symbolize it, and ignores completely that it is a theory about the genesis of symbolic thinking from the matrix of biological processes. As a result his own theory of symbolic communication, despite its ability to deal with the pathology of the established capacity to think and communicate—Szasz is masterly on the psychology of hinting, innuendo, lying, etc.—would seem unfitted to deal with disturbances of the symbolic function itself, and one is at a loss to see how, for instance, delusional thinking or psychosomatic disturbances could be illuminated by it; and yet both these are undoubtedly disorders of communication and are also conditions with which psychiatrists have to concern themselves both in theory and practice, notwithstanding any convictions they may have that 'Mental Illness is a Myth'.

Charles Rycroft

*Schizophrenia as a Human Process.* By Harry Stack Sullivan. With Introduction and Commentaries by Helen Swick Perry. (New York: Norton, 1962. Pp. 363. \$6.50.)

This book presents all the major articles on schizophrenia by H. S. Sullivan from the beginning of his writing career (1924), when he was 32, until 1935. Each article is prefaced by a short commentary by the editor, Helen Swick Perry, who also contributes a valuable introduction. This includes a more detailed description of