



Is Mental Illness a Disease?

“You can know the name of a bird in all the languages of the world, but when you’re finished, you’ll know absolutely nothing whatever about the bird. . . . So let’s look at the bird and see what it’s *doing*—that’s what counts. I learned very early the difference between knowing the name of something and knowing something.”

—RICHARD FEYNMAN

Tipper Gore says that “One of the most widely believed and most damaging myths is that mental illness is not a physical disease. Nothing could be further from the truth.” Similarly, the National Alliance for the Mentally Ill (NAMI), the most influential mental health lobby in the nation, states: “Mental diseases are brain disorders.” Are these assertions true? And if they are, what are their logical and practical implications?

I say that “mental illnesses” are not diseases, despite the fact that medical and legal authorities call them “diseases,” that they are treated with drugs, that those receiving these drugs are called “patients,” and that the professionals treating them are called “physicians.” Why do I say this? Because the established scientific criterion for disease is a derangement in the structure or function of *cells, tissues, and organs*—a criterion mental illnesses fail to meet, as they can be neither detected nor diagnosed by examining cells, tissues, or organs.

Rather, mental illnesses are identified by

certain behaviors, and what concerns Mrs. Gore, NAMI, and others is not the theoretical question of what counts as a disease, but the practical problems posed by these *behaviors*. In fact, whether a person who has a disease feels well or ill, accepts or denies that he is ill, consults a doctor or not, benefits from or is harmed by drugs are all issues important to the *practice of medicine* but not to the *definition of disease*. Likewise, whether a person obeys or breaks the law is irrelevant to the definition of disease. Disease is a physical concept and verifiable phenomenon. Accordingly, gastroenterologists study the abnormal states of the digestive system—not gluttony. Urologists study the abnormal states of the genito-urinary system—not prostitution. Neurologists study the abnormal states of the brain and nervous system—not murder or suicide.

What do psychiatrists study? Do they, as Nancy Andreasen, professor of psychiatry at the University of Iowa, puts it, study “the brain rather than the mind, . . . molecules and chemical transmitters rather than drives and fantasies”? Or do they, as Shakespeare put it, study the persons who suffer “the slings and arrows of outrageous fortune”? This is the

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crucial distinction masked by equating brain with mind. If “mental illness” means brain disease, then it is not a disease of the mind and psychiatry would be absorbed into neurology and disappear. But this is patently not the case. Psychiatrists regularly occupy themselves with personal conduct of social interest, such as homosexuality, aggression, racism, suicide, and murder.

Expanding “Disease”

It is an elementary principle of logic that one cannot prove a negative. One cannot prove the nonexistence of mental illnesses, just as one cannot prove the nonexistence of ghosts. One can only point out that a belief in mental illness as a disease of the brain is a negation of the distinction between persons as social beings and bodies as physical objects, in the same way that a belief in ghosts is the negation of the distinction between life as activity and death as the cessation of it. What happens when we negate the distinction between social beings and physical objects is that the concept of disease ceases to be limited to the dysfunction of cells, tissues, and organs and is expanded to include “dysfunctional” conduct, especially behavior people in authority find troublesome.

Interestingly, the pioneers of psychiatry understood this distinction, accepted that the scientific concept of disease was restricted to the malfunction of the body, and acknowledged that the term “mental illness” was a figure of speech. In 1845, the Viennese psychiatrist Ernst von Feuchtersleben (1806–1849) wrote: “The maladies of the spirit (*Geist*) . . . can be called diseases of the mind only *per analogiam*. They come not within the jurisdiction of the physician, but that of the teacher or clergyman, who again are called physicians of the mind only *per analogiam*.” And in his classic, *Lectures on Clinical Psychiatry* (1901), Emil Kraepelin (1856–1926)—who created the first modern classification of mental diseases—acknowledged: “It is true that, in the strictest terms, we cannot speak of the mind as becoming diseased.” In short, a sick mind, like a sick economy, is a metaphor.

Mind Is Not Brain

Treating the metaphor as the thing itself—the metaphorization of disease, in our case—has led to the confusion of production with product, person with body, and mind with brain. Note that unlike the term “brain,” the term “mind” implies agency, intentionality, and motivation. Accordingly, *behavior per se* that may result in disease is often categorized as a mental disease, but is never categorized as a medical disease. For example, excessive drinking is considered a mental disease, not a gastrointestinal disease—though cirrhosis of the liver is. A competent speaker of English may thus assert that schizophrenia has caused a person to kill an innocent bystander and excuse him of his deed, but he would never say that diabetes has either caused such lawless behavior or excuses it. Herein lies one of the most important philosophical-political consequences of the concept of mental illness: it removes, with one fell swoop, motivation from action, encompasses it within illness, and thus destroys the very possibility of separating disease from non-disease, since it offers the possibility that any intentionality or motivation is a potential “disease.”

In 1924, the great Eugen Bleuler (1857–1939), the inventor of schizophrenia, declared: “Those who simulate insanity with some cleverness are nearly all psychopaths and some are actually insane.” The idea that pretending to be ill is, itself, an illness became socially acceptable during World War II and has since become psychiatric dogma. Kurt Eissler (1908–1999), a world-famous psychoanalyst and psychiatrist, framed the doctrine thus: “It can be rightly claimed that malingering is *always the sign of a disease*.”

Behavior is not—and cannot be—a disease, except in psychiatry. Controlling behavior, with or without a person’s consent is not—and cannot be—a treatment, except in psychiatry. And faking illness is not—and cannot be—an illness, except in psychiatry.

Paradoxically, the intellectual bankruptcy of the idea of mental illness is the pillar on which modern psychiatry—and the therapeutic state—rest. *Credo quia absurdum est.* □

The Growing Abundance of Fossil Fuels

by Robert L. Bradley, Jr.

Only two decades ago nearly all academics, businessmen, oilmen, and policy-makers agreed that the age of energy scarcity was upon us and that the depletion of fossil fuels was imminent. While some observers still cling to that view today, the intellectual tide has turned against doom and gloom on the energy front. Nearly all resource economists believe that fossil fuels will remain affordable in any reasonably foreseeable future.

Indeed, these fuels have become more abundant even in the face of record consumption. World oil reserves today are more than 15 times greater than they were when record keeping began in 1948; world gas reserves are almost four times greater than they were 30 years ago; world coal reserves have risen 75 percent in the last 20 years. Proven world reserves of oil, gas, and coal are officially estimated to be 45, 63, and 230 years of current consumption, respectively. Probable resources of oil, gas, and coal are officially forecast to be 114, 200, and 1,884 years of present usage, respectively.

Moreover, an array of unconventional fossil-fuel sources promises that, when crude oil, natural gas, and coal become scarcer

(hence, more expensive) in the future, other fossil fuels may still be the best substitutes before synthetic substitutes come into play.

Orimulsion

The most promising unconventional fossil fuel today is orimulsion, a tarlike substance that can be burned to make electricity or refined into petroleum. Orimulsion became the “fourth fossil fuel” in the mid-1980s when technological improvements made Venezuela’s reserves commercially exploitable. Venezuela’s reserve equivalent of 1.2 trillion barrels of oil exceeds the world’s known reserves of crude oil, and other countries’ more modest supplies of the natural bitumen add to the total.

With economic and environmental (post-scrubbing) characteristics superior to those of fuel oil and coal when used for electricity generation, orimulsion is an attractive conversion opportunity for facilities located near waterways with convenient access to Venezuelan shipping. While political opposition (in Florida, in particular) has slowed the introduction of orimulsion in the United States, it has already penetrated markets in Denmark and Lithuania and, to a lesser extent, Germany and Italy. India could soon join that list. Marketing issues aside, this here-and-now fuel source represents an abundant backstop fuel at worst and a significant extension of the petroleum age at best.

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