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Mini Review

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The Concept of Mental Illness through the eyes of Thomas Szasz

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Abstract

There are ongoing debates regarding the idea and the existence of mental illness since its history. It is always debatable due to how it has been diagnosed. Is the diagnosis based on what behaviour is accepted as abnormal or/and normal by the society or/and diagnosticians and Practitioners? The classification and treatment of mental illness has been left to diagnosticians' subjective opinion.

Introduction

The existence of mental illness is denied by many professionals and this notion belongs in religion, mythologies and literature. According to Szasz, in 19th century, it was probably a useful concept but in today's literature, it is a worthless and socially destructive concept. However, society did not change its' view despite this belief and it still believes that all living difficulties and problems are psychiatric illnesses and the professionals considered this as mental illness Szasz. Now the question is should all distress and suffering are to be considered as mental illness? Szasz. Therefore, this essay will focus on the concept of mental illness in terms of its diagnostic approach and how it stands in the medical field through the idea of Thomas Szasz. To understand mental illness's existence, we will begin with its root and history.

Mental Illness in the Past

Since the time of the ancient Greeks, Hebrews, Chinese, Egyptians and Renaissance, the concept of mental abnormality and illness has existed. However, in that era, it was perceived as supernatural where god will come to rescue the person from evil spirit or devil's possession [1,2]. According to Foucault [3]

in the time of Renaissance, a sculpture called Gryllos was the representation of Temptations and presented unknown power of dreams and fantasy as an image of human madness. Foucault [3] stated that during that time it was the belief that madness is born like illusion, when an individual developed delusion of truth and attachment of self. It can be interpreted to mean that madness is about how the person perceives himself and his version of the truth but not how the world sees his perception and the truth. Foucault [3] also emphasised that the people considered as mad in the 17th century, naturally belonged locked up in confinements. This belief continues until Hippocrates presented the concept of mental illness as brain pathology that required appropriate medical intervention like other medical conditions and rejected the concept of evil spirit and God [4]. Hippocrates stated that all illnesses are the reason of bodily fluid imbalance and human's temperament are connected of these bodily fluids' variations. According to Szasz, mental illness is metaphor and myth, and the diagnostic system is there to stigmatise and control people. He provides example through doctor's judgement, patients suffering, language, classifications to evidence that mental illness does not



exist, and he called it "the problem of living" [5]. One can wonder about the existence of mental illness due to its diagnostic system as it is based on psychiatrists' view and belief on what the patient is presenting to him. Moreover, diagnosticians who believe mental disorder is a sign of brain pathology and the symptoms are the result of impairment in the body or brain [6]. The belief is that mental illness is not symptoms of the body but mind and 1950's theorists believe that Greek philosophers discovered the concept of mind [5]. However, Snell stated that if mind was discovered then psychology will fall into the same category of natural sciences like chemistry and physics. There are also beliefs that a form of social construction is called mental illness [7]; or that religion and culture influence mental illness; or that it's a form of natural construction where mental illness is resulted by brain or body impairment [7].

Diagnosis of Mental Illness

Experts from various fields like medicine, philosophy and psychology have considered mental illness as an obscure concept which is created by powerful groups like culture, society, religions and diagnosticians. However, some experts in the psychological field argued that patients are experts of their problems, though people may hold different ideas regarding mental illness. For example, in certain countries people diagnosed with hallucinations and depression are believed to be possessed by prematurely deceased people [8]. In the diagnostic system of mental illness, the crucial role is played by the patients as the symptoms are carried by them. Szasz, stated that an ill person accepts and believes in medical help for their suffering from bodily abnormality. However, when the person is mentally ill, he perceives that without any bodily illness, he is ill. The patient portrays protolanguage as symptoms of mental illness. Such as gestures, body signs, crying etc and practitioners or diagnosticians diagnose the mental illness based on that. Without considering and understanding the diverse social situation, and without engaging in other communications, practitioners may then mistake this protolanguage as mental illness. These diagnoses are based on a practitioner's belief on what the patients is portraying but no communication regarding this belief can be false and stigmatising the patient without knowing how Szasz. In today's time we call this misdiagnosis. The protolanguage of the patient becomes the core of the diagnosis and that becomes labelled as the cure process Szasz. The long history of mental illness where society formed many labels and norms to stigmatising patient, and todays date its justified in ICD and DSM as classification of diagnosis. The vague manner representation of diagnostic manual regarding mental illness considered anything that misfits into the norms and dislikes of people [9]. For instance, Schizophrenia defined by DSM as disrupted characteristic of mood, thinking and behaviour and that fitted into all DSM listed mental illnesses [10]. For mental health professionals, DSM is considered as bible and hence as treating process, professionals use it blindly [11]. Therefore, Timimi [12] stated that psychiatric diagnosis creates stigma rather than aiding the treatment process. Hence, there is an urgent need of abolition. Szasz, stated that mental illness diagnosis is for stigmatising people to resemble illnesses and to offend associated people. In today's time the DSM is involved in the medicalisation

of normal behaviour, where if a child displays anger, negativity, temper rums and irritability symptoms then there is the possibility of him being diagnosed with a disruptive mood dysregulation disorder. However, for the similar reason there is no diagnosis for parents who are incapable of parenting and disciplining the child. This is evident of cultural bias on the judgement of who is suffering [11]. Man has the nature of classification, but mental illness is not discovered but created. Therefore, at the first place the question poses that is mental illness placed in the right category or class? By creating these categories, it creates a person's hunger for power and control in the world. According to Szasz [5], psychiatric diagnosis influenced patient's identity, defective personality and the behaviour of others towards the patient. Literature and past research questioned the diagnostic system's validity when diagnostic manuals failed to establish connections between aetiological process of diagnostic categories like other area of medicine. Timimi [12], stated that there is no mention of a physical test in diagnostic manuals which are able to make this connection with diagnosis. The concern raised is on diagnostic categories' specificity due to the rate at which more than one diagnosis given to patients. Lack of understanding is evident where multiple diagnosis are present as natural boundaries of diagnostic conditions are not clear. Therefore, there is the possibility of the diagnostician choosing the most dominant diagnosis not based on an empirical basis but subjective basis [12]. Now the question is the aim of the diagnosticians when they diagnose someone to turn the diagnosis from subjective (such as, ADHD or depression) to concrete, then the case has no alternative or there is a limit of alternatives [12]. According to Szasz [6], a diagnostic manual's function is to present the evidence that mental illness' symptoms are certain misbehaviours or behaviours. However, misbehaviour or behaviour cannot be classified as disorders [13]. According to Szasz [14], the idea of mental illness suggests that it is certain norms deviation, and it must address the legal, ethical and psychological concepts. Consequently, mental illness diagnosis comes from social concept perspective more than these concepts.

Mental Illness being a Social Construction

Many professionals believe that social construction's fragment is mental illness; however, its existence is questionable [14-16]. According to Szasz [5], these concepts have been used by propsychiatrist to take control over social deviances. He also argued that practitioners are not trained to consider moral, economical, racial, political and religious ills but only illnesses like mental and physical [14]. To be factual by Szasz [17], the mental illness concept thus considered misconceived and non-existent. However, many claimed that medical naturalism is supporting the existence of mental illness [18] to make the assumption that mental illness existed way before society had discovered it [10], though social constructionism is still criticising this claim [15]. According to Horwitz [15], social constructionism denied the existence of mental illness or psychiatric illness as a representative form of societal labelling but claimed to be culturally specific where a culture set the definition of mental illness. The concept of mental illness as a socially construction is supported by Postmodernist. They also argue that no universal truth found but the language that forms interpretations of mental illness [16]. According to Eisenberg, language is responsible for influencing the reality and terminology that one is creating, categorising mental illness with no physical evidence but what the group of symptoms is defining. Therefore, it can be claimed that societal norms are solely responsible for defining the mental illness [16]. Practice of psychiatry is also debatable on its validity and existing stand in science. According to Hickey [19], in Psychiatry, when we use the term illness, it must be studied and treated through medical and clinical perspectives due to its indication of organic and bodily pathology. Mental illness diagnosis is partly philosophical. The process of identifying the symptoms, diagnosis and treatment influence the core reconciliation process which define the relationship between what we see and how we see; when we consider this from modern science perspectives [20]. According to Bhui & Bhugra, diverse cultures demand culturally sensitive services and all mental health professionals must be aware of practice related cultural issues. James & Prilletensky [21-28], argued that professionals must be aware of similarities as well as the cultural differences when working with populations from different cultural and ethnic backgrounds to improve the therapy service. According to Szasz, if we consider the assumption that mental illness does not exist and because there is a belief that something like this exists when it doesn't then this treatment, cure and hospitalisation is not possible. Therefore, it cannot be justified morally, medically and legally and could be considered as crime or abuse.

Conclusion

The existence of mental illness and the practice of psychology will remain debatable. There is consideration of other aspects needed in the diagnostic system of mental illness that could influence the diagnosis as well as the concrete definition of mental illnesses. Therefore, it may reduce the misdiagnosis of practitioners where they tend to choose the dominant signs that fit into the diagnosis of an illness.

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Conflict of interest

None.

References

- 1. Fiest J, Feist G (2009) Theories of Personality. (7^{th} Edn.), New York: McGraw Hill.
- Hansell J, Damour L (2008) Abnormal psychology. (2nd edn.), Hoboken NJ: Wiley.

- 3. Foucalt M (2006) History of Madness. Ney York: Routledge.
- James Butcher JH (2014) Abnormal Psychology. (16th edn.), USA: Pearson.
- 5. Szasz T (1973) Ideology and Insanity. New York: Calder and Boyars Ltd.
- 6. Szasz T (1973) The Manufacture of Madness. Herts: Paladin.
- Leahey T (2014) A History of Psychology from Ancient to Modernity. USA: Pearson Education Limited.
- 8. Klein P (2015) Ignorance drives the global stigma of mental illness.
- 9. Stevens L (2018).
- Rogers A, Pilgrim D (2014) A sociology of mental health and illness. McGraw-Hill Education (UK).
- 11. Browne T (2017) We need to rethink how we classify mental illness. Tamara Kayali Browne.
- 12. Timimi S (2014) No more psychiatric labels: Why formal psychiatric diagnostic systems should be abolished. International Journal of Clinical and Health Psychology 14(3): 208-215.
- 13. CCHR International.
- 14. Szasz T (1960) The Myth of Mental Illness. American Psychologist 15: 113-118.
- 15. Horwitz AV (2002) Creating mental illness. University of Chicago Press.
- 16. Walker MT (2006) The Social Construction of Mental Illness and its Implications for the Recovery Model. International Journal of Psychosocial Rehabilitation 10 (1): 71-87.
- 17. Szasz T (2007) The medicalization of everyday life: Selected essays. Syracuse University Press.
- 18. Boghossian P (2001) What is social construction.
- 19. Hickey P (2014) Psychiatry Is Not Based on Valid Science.
- 20. Danaher J (2013) Are mental illnesses real. (Part One).
- James S, Prilleltensky I (2002) Cultural diversity and mental health: Towards integrative practice. Clinical Psychology Review 22(8): 1133-1154.
- 22. Horwitz A (2003) Creating Mental Illness. Journal of the History of the Behavioral Sciences 39(2): 188-190.
- 23. Pemberton R, Wainwright T (2014) The end of mental illness thinking. International Journal of Clinical And Health Psychology 14(3): 216-220.
- 24. Poulsen B (2012) Retrieved from Psychology Today.
- 25. Ritcher D (2016) The Social Construction of Mental Disorders: Three Inevitable Consequences (oral presentation). Bern University Psychiatric Service Switzerland.
- 26. Srivastava K, Chatterjee K, Bhat P (2016) Mental health awareness: The Indian scenario. Industrial Psychiatry Journal 25(2): 131.
- 27. Szasz T (1974) The myth of mental illness. New York: Harper & Row.
- 28. Szasz TS (1960) The myth of mental illness. American psychologist 15(2): 113.