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Psychiatry And The Denial Of Evil: Defining Misbehavior as Brain Disease

Thomas Szasz*

The view that mental illnesses--exemplified by schizophrenia--are bona fide brain diseases is now the doctrinal tenet of biological psychiatry. According to the authoritative *Diseases of the Nervous System--Clinical Neurobiology*, "the conclusion that schizophrenia is a bona fide organic brain disorder is now incontrovertible."¹ Logically, this perspective on mental illness ought to have liquidated psychiatry as a medical specialty and replaced it with an expanded neurology. Instead, it liquidated the remains of a marriage of convenience between Kraepelinian psychiatry and Freudian psychoanalysis and, under the slogan "remedicalization," expanded psychiatry into a neurobiology of behavior without identifiable boundaries. The conquest of misbehavior by biological psychiatry is epitomized by the widespread adoption--by government agencies, courts, insurance companies, and so forth--of the various versions of the American Psychiatric Association's *Diagnostic and Statistical Manuals*, and by the virtually obligatory use of drugs in the psychiatric treatment of mental patients.

The fact remains, however, that of all the medical specialists, only psychiatrists posit a causal connection between disease qua bad organ and symptom bad behavior. For example, John W. Hinckley, Jr. shoots the President, and the observers--psychiatrists, journalists, jurists, and jurors--conclude that he has a malfunctioning brain. Lest this seem a caricature, consider the following vignette from the official publication of the New York

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1. J. A. Grebb et al., *Schizophrenia*, in *DISEASES OF THE NERVOUS SYSTEM - CLINICAL NEUROBIOLOGY* 839 (A. K. Asbury et al. eds., 1992).

State Office of Mental Health:

Mame Lyttle's brother has a mental illness It is difficult to talk about [sic]. I have never been able to find a comfort zone for talking openly to those outside of the movement [the Alliance for the Mentally Ill] The way I look at it, he is one of the most unfortunate individuals. He suffers from paranoid schizophrenia . . . during a very psychotic episode, 17 years ago--at a time when there was little or no treatment available to him in the community--he caused a terrible tragedy. It ended in the loss of life to two people he was very close to . . . he suffers from a no-fault neurobiological disorder.²

Making this diagnosis is not motivated by "Mame Lyttle's" interest in the truth about her brother's brain; instead, it is driven by her interest in denying her brother's responsibility for his misbehavior and, along with it, her own shame for having such an embarrassing brother.³

It is an integral part of our contemporary, scientific world view that we regard the human body as a complex biological machine, composed of various parts, each exhibiting specific functions. For example, the heart pumps blood, the lung absorbs oxygen and gives off carbon dioxide, the kidney secretes urine, and so forth. In short, our organs have, so to speak, "naturally" (biologically) given "purposes" (functions). Hence, except for a few marginal cases, there is world-wide, cross-cultural consensus about what constitutes the proper functioning of the heart or the kidney.

Let us now add together all the organs, tissues, and cells of the human body and consider the ensemble as a whole. Considered biologically, we call this entity the "human organism;" considered morally and socially, we called it--or, more correctly, him or her--a "person." What is this ensemble for? What is its purpose? The purpose of the *organism* may be said to keep itself alive, preferably long enough to reproduce the species. But what is the purpose of the *person*? Confronted with this question, we can no

2. *A Sister Speaks Out*, OMH NEWS, Mar. 1992, at 6, 13.

3. Thomas S. Szasz, *Diagnoses are Not Diseases*, 338 THE LANCET 1574, 1574-76 (December 21/28 1991).

longer fall back on biology for an answer. The person, as distinct from the organism, is a moral-social construct.⁴ Hence, its function or purpose must be framed in moral (religious) and social (cultural) terms. Herein lies the crux of the confusion between disease and (mis)behavior: Whereas the function of the liver, lungs, or brain is cross-culturally invariant, the function of the person, shaped by culture, is necessarily cross-culturally diverse.

From ancient times until the Enlightenment and beyond, religion defined the purpose of the human being qua person: It was to worship God and live life according to His word as revealed to His prophets (Abraham, Jesus, and Mohammed), and set forth in Holy Scripture (the Old Testament, the New Testament, and the Koran). The Enlightenment, science, and the separation of church and state undermined the authority of this answer to the question: What is Man (good) for? The problem now became not that God was dead, as we have so often been told, but rather that Man was alive. The individual awoke from his long theological slumber and realized that he had not the faintest idea of what to do with himself. More than ever, man now wanted to feel that his life had meaning, that he was a good person. Hence, man sought the approval, and avoided the disapproval, of his fellows. As a result, modern man lives, in part, in the shadow of the reflected distinction and disgrace of his personal associates, especially his kinfolk and countrymen. The triumph of an athlete thus becomes the source of national pride, while the dramatic misdeed of a malefactor becomes the source of collective guilt or at least a blot on the good name of the family. Millions of people sit in front of television sets to watch their countrymen kick or toss a ball and derive great pride from their ability to do it better than their foreign competitors. *Mutatis mutandis*, people feel intense shame for the misdeeds of those with whom they associate, the closer the association, the more intense the mortification. By attributing good deeds to the free-willed behavior of good persons, and bad deeds to the morally indifferent effects of "no-fault" brain diseases, psychiatric explanations and interventions protect people from the

4. See generally G. H. MEAD, *MIND, SELF, AND SOCIETY* (1934).

embarrassment, humiliation, and disgrace they would otherwise feel for the evil actions of their kin and countrymen.

To sum up, a diagnosis of bodily illness is made by observing the subject's body, whereas a diagnosis of mental illness is made by observing his behavior. This explains why diagnoses of mental illnesses, but not bodily illnesses, are routinely made by policemen, politicians, journalists, television commentators, and people in all walks of life, and why courts entrust making such diagnoses to juries. After all, today everyone *knows* that only a mentally ill person--suffering from a "no-fault" brain disease--threatens to kill himself, assaults his relatives, or shoots the President.