Thomas Szasz Memorial Seminar with Jeffrey Schaler, Morton Schatzman and Anthony Stadlen, Sunday 3 March 2013, Durrants Hotel, London

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SYNOPSIS

In March 2013 I attended a seminar that was a 'memorial seminar' for Thomas Szasz, one of the luminaries of the movement against the medicalisation of 'problems in living' commonly perceived as 'mental illnesses'. In this article I review the seminar with a summary of what the three co-facilitators, Jeffrey Schaler, Morton Schatzman and Anthony Stadlen, said about themselves and their intellectual positions; the conversations these positions in relation to Szasz's own provoked in the seminar's participants; and the recent developments of strong challenges to the dominant biomedical model by even such mainstream bodies as the Division of Clinical Psychology of the British Psychological Society.

This seminar was organised by Anthony Stadlen as a memorial for Thomas Szasz, who died on 8 September 2012, aged 92. Anthony Stadlen, who has been organising monthly seminars with an existential-phenomenological focus since 1996, also organised three seminars that Thomas Szasz conducted in 2003, 2007 and 2010. I attended the 2007 seminar and also the one in 2010, which synchronistically attracted 90 participants on his 90th birthday.

Anthony Stadlen's overt support for Szasz in a culture (in the widest sense and also specifically the psychiatric/psychotherapeutic culture) that has attempted to marginalise his thinking comes from Stadlen's perception of Szasz as a great 'moral philosopher of psychiatry and psychotherapy'. According to Stadlen, 'Szasz's advocates *and* adversaries were often precluded by their natural-scientistic and medicalistic assumptions from even *hearing*, let alone understanding, what he was saying' (Stadlen, 2013). So the seminars that Stadlen organised while he was alive, and the most recent one that was 'in memoriam', have been an attempt to let Szasz's ideas be debated in an informed rather than a prejudiced way.

In attendance at this seminar, to help clear up

misunderstandings and let Szasz be talked about in a respectful but critical way, were Jeffrey Schaler, who runs the site (www.szasz.com), and Morton Schatzman, who worked with R.D. Laing and was a founder of the Arbours Association, a pioneering development of residential support for those with 'serious emotional problems' (Arbours Association, 2013). Although my sense was that Schatzman was the most critical of the three main voices at the seminar, his respect for Szasz was still apparent. He said that when he first read Szasz's book *The Ethics of Psychoanalysis* (1965) about 40 years ago, he thought it was the 'best book [he'd] read about psychotherapy'. He said the three most influential writers for him in this area are Szasz, Laing and, more surprisingly, Kay Redfield Jamison, and his support for Jamison was one interesting debating point in the seminar. Jamison is a psychologist who suffers from 'bipolar disorder' and has written an acclaimed book about the condition titled *An Unquiet Mind* (1995). The book is full of personal insight and compassion, but is firmly wedded to a biomedical model and explanation of the condition, which does not sit well with a Szaszian view of these 'difficulties in living'.

Jeffrey Schaler has been a practising psychotherapist for around 35 years. He was originally a gestalt therapist and ran training programmes in Washington, D.C. He did his Masters and Ph.D. in human development, focussing on and taking further ideas rooted in Piaget, Erikson and Kohlberg. His dissertation was specifically concerned with beliefs about addiction. This eventually led to the publication of his book *Addiction is a Choice* (2000). He has been regularly denounced since then for refusing to recognise addiction as a disease. He said that this has borne very real personal consequences for him in his professional life, such as attempts to exclude or blame, that he said were 'not very pleasant'. Challenging mainstream opinions to suggest that the medical model in areas such as 'mental health' and 'addiction' has shortcomings or might even be plain wrong sparks strong reactions. There is a lot invested in these views – for instance, one basis of Alcoholics Anonymous is in members accepting that they have a disease, and one of Jamison's central messages is a reluctant acceptance of medication as a solution to the problem of what she prefers to call 'manic depression'. Jeffrey Schaler has been an enthusiastic devotee of Thomas Szasz, and is the editor of a must-read book for those who want to understand both sides of the arguments, titled *Szasz under Fire* (2004).

Anthony Stadlen had analysis with Aaron Esterson in 1963. Stadlen was deeply influenced by Laing around that time, and immersed himself in the existential literature. About this time he picked up a copy of Szasz's book *The Myth of Mental Illness* (1961). Absorbing the literature led to him realising that he faced an existential choice between Binswanger and Szasz. Binswanger, who Stadlen said Szasz referred to as a 'phoney', was the 'father of existential psychiatry'. Laing also came to distance himself from Binswanger. For Stadlen, Szasz 'seemed the more true existentialist' because he seemed to have a deeper belief in 'human freedom'. Stadlen said that there was 'never a time after '63 when I did believe in mental illness', and while he has practised psychotherapy he said he has 'never been a mental health professional'.

After Schatzman, Schaler and Stadlen had introduced themselves, Stadlen proceeded to play a recording of the opening section of the seminar that Szasz led in London in 2010, and which I have previously reviewed in the *British Journal of Wellbeing* (2010). From the excerpt played at the 2013 seminar it is clear that while Szasz's concern is with psychiatry, it is doubly so because in psychiatry, the issue of freedom is so central. Szasz was a libertarian, and he finds his passion for freedom in the realm of psychiatry. His 2010 opening remarks thus, unsurprisingly, focus on freedom. He addresses that audience with these forceful words: 'Freedom is a relational concept [in] that someone else wants to take away something you've got... [and] who is interested in taking power and freedom away from you?... everybody.' He asserts that psychiatry, while pretending to be a branch of medicine, is actually a 'specialty of the criminal law [and] nothing to do with medicine'. Szasz perceives psychiatry in this way because, being a libertarian, his concern is not with people who want psychiatry, psychotherapy and diagnostic labels – his position would be if they want these things, let them be free to have them – but rather the enforcement of these things and unfounded beliefs on those who either do not want them, or do not have the necessary knowledge to be considered to really be having a free choice.

In other talks (Szasz, 2011), for example, Szasz has spoken about the typical mother who is told that her child is suffering from the 'disease' of ADHD. In how many cases does she or her child really have the information or power to challenge this? And despite his own practice of psychotherapy, he is also

quite dismissive of it. His assertion is that 'we can't discover anything new in this field [because] it's all in Shakespeare, it's all in the Bible'. He frames his own practice as nothing more technical than 'having conversations with people about their problems' (Schaler, 2004: xiv). He does not claim, nor does he want to claim, anything more than that. For Szasz, psychotherapy is a 'secular religion'. He quotes the US humourist Josh Billings, thus: 'the problem is not that people don't know a lot of things but that they know a lot of things that ain't so'. He unabashedly states to a room with a fair share of psychotherapists in it that psychotherapy training is 'fake'.

These opening remarks of the 2010 seminar provoked further discussion in the 2013 seminar. Schaler said that the reason Szasz had this sceptical stance towards psychotherapy was because for Szasz, the basis of psychotherapy is that it is confidential and there are no dual relationships, and 'that's about it'.

A central tenet of Szasz's view is that there is no 'mental', that it's all behaviour. This is one of the more difficult strands of Szasz's ontology. He does not believe in the mind, only the body, which in some ways is quite 'holistic' but in other ways seems to go against our own phenomenological experiencing, and in one fell swoop gets rid of the mind/brain/body problem which may be seen as philosophically convenient rather than convincing. My own position is that we are nervous systems rooted in materiality but we cannot so certainly be explained away as mere bodies that do nothing but manifest behaviours. In the seminar, at this point, those of us who had experienced sleepwalking where we had behaved badly (for example, urinating in the corner of a room) but completely without awareness could not go along with Szasz's belief that all behaviour is voluntary and that there are no unconscious thoughts.

However, my sense was that, in general, there was support for the idea that the mind cannot be diseased in the same way as the brain can be diseased.

It was with some pleasure that I noticed these issues being taken up by the Division of Clinical Psychology (DCP) of the British Psychological Society (BPS) and provoking debate in the mainstream media in May 2013 (e.g. Doward, 2013). Personally I do not think biology needs to be superseded by psychology – my preference is for a 'biopsychosocial' model – but it does need to find a more nuanced place in how we perceive and cope with 'problems in living'. And even if one wholly accepts, without doubt, the biomedical model, Schaler made the point that arguments for accepting, for example, the relationship of 'chemical imbalance' to depression is at best accepting an 'explanation' but not the thing itself, which Schaler asserted is a behaviour.

Although Szasz is best known for his seminal *The Myth of Mental Illness*, he thought his 2001 book *Pharmacracy* was the better book. The latter anticipates the well-received *Bad Pharma* (2012), also reviewed in this issue of *S&S*. Szasz was on the case, as it were, and never got off it, even when to speak of such things risked ridicule and ostracism. I spoke with a psychiatrist recently who rebuffed any suggestion that biological explanations of 'mental illness' could or did have any potential problems. Not all psychiatrists are so rigid in their views. Joanna Moncrieff is a practising psychiatrist and the author of *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment* (2008), and other psychiatrists encourage a 'critical psychiatry' that encourages a more reflective psychiatric practice (see, for example, the article by Sami Timimi in this issue – Eds). Perhaps with the very welcome call for a 'paradigm' shift by the DCP (Division of Clinical Psychology, 2013), we are at the beginning of a change in how we cope with and find compassion for ourselves and our problems in living, whether we want to believe these are caused by 'mental illness' or not. And if we are at the start of a more integrative, pluralistic and holistic approach to our psychological wellbeing, I think Szasz had no small part to play in this shift.

The memorial seminar attracted about 15 to 20 people, significantly less than the 90 that the man himself attracted in 2010 for his 90th birthday. However, I think it is a testament to the importance of his legacy that his challenges to orthodoxy are being taken up by mainstream voices and understood by those who might be most affected by not questioning the apparent wisdom of medical practitioners. I was glad to be at the 2013 memorial seminar, and to hear Szasz speak at previous seminars. I also would like to pay tribute to Anthony Stadlen, who in recent years has ensured that Szasz's important views could be heard in this country. ❺

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