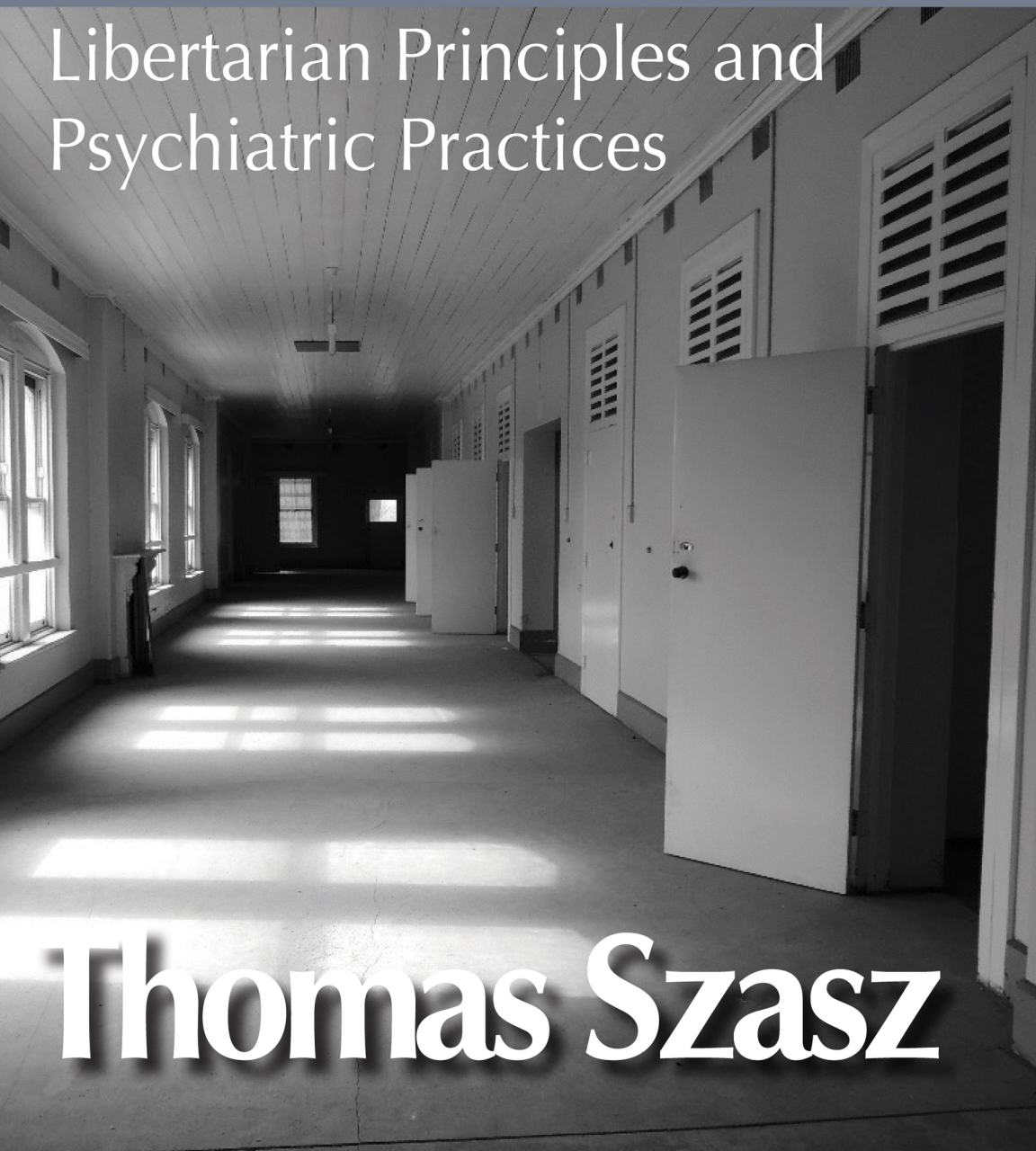
Faith in Freedom

Libertarian Principles and Psychiatric Practices



Thomas Szasz

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Faith in Freedom

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Libertarian Principles and Psychiatric Practices

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Our faith in freedom does not rest on the foreseeable results in particular circumstances, but on the belief that it will, on balance, release more forces for the good than for the bad.... Freedom granted only when it is known beforehand that its effects will be beneficial is not freedom.

Friedrich von Hayek (1899-1992)
The Constitution of Liberty[1]

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Preface

There often comes a time in human affairs when some people believe, deeply and sincerely, that certain ideas and practices—with far-reaching economic, moral, and political consequences—are right, while others believe, just as deeply and sincerely, that these ideas and practices are wrong. For a long time, chattel slavery was such an idea. Today, it is psychiatric slavery.

"I am the Lord thy God, which have brought thee out of the land of Egypt, out of the house of bondage" (Exodus, 20: 2; King James version). So reads the First Commandment. Note that God does not say: "I am the Lord thy God, which have abolished the institution of bondage for all mankind." On the contrary, the Old Testament recognizes slavery as a social institution and, by not condemning it, legitimizes it: "Both thy bondmen, and thy bondmaids, which thou shalt have, shall be of the heathen that are round about you; of them shall ye buy bondmen and bondmaids" (Leviticus, 25: 44; King James version).

For millennia, slavery was a universally accepted human relationship: it was the slave's duty to serve his master, and the master's duty to care for his slave. The abolitionists had to face and overcome this image of slavery as protection for the slave, bolstered by benevolence, care, and security as the moral building blocks of a revered institution. They did not argue that abolition would satisfy the needs of slaves better than did slavery. Instead, they maintained that individual liberty is a transcendent moral value that renders involuntary servitude—regardless of any good in it, real or attributed—immoral and illegitimate. The abolitionist response to the outrage of involuntary servitude was the abolition of slavery, not its reform.

Today, psychiatric slavery—that is, the coercive control of the patient by the psychiatrist—is all but universally regarded as an integral part of sound medical practice and civilized social life. For nearly fifty years I have argued that this view is medically unfounded and morally unacceptable.[1] Instead of restating my case against the subjection of mental patients to psychiatrists, I cite John Stuart Mill's reflections about the obstacles he

faced in presenting his case against the tradition-sanctioned subjection of women to men. In 1869, in *The Subjection of Women*, he wrote:

> So long as an opinion is strongly rooted in the feelings...the worse it fares in argumentative contest, the more persuaded its adherents are that their feeling must have some deeper ground, which the arguments do not reach; and while the feeling remains, it is always throwing up fresh intrenchments of argument to repair any breach in the old.... [T]he understandings of the majority of mankind would need to be much better cultivated than has ever yet been the case, before they can be asked to place such reliance in their own power of estimating arguments, as to give up practical principles in which they have been born and bred and which are the basis of much of the existing order of the world, at the first argumentative attack which they are not capable of logically resisting.[2]

The Declaration of Independence states: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." Prior to the Civil War, classifying black men and women as property, not persons ("men"), rendered slavery compatible with a free society. Today, classifying incarceration in a mental hospital as treatment, not punishment, renders psychiatric slavery compatible with a free society.[3]

Psychiatry has never lacked critics. Indeed, the history of psychiatry is synonymous with the history of so-called psychiatric reforms. Critics argued, and continue to argue, that their system of care for mental patients is superior to the one offered by mainstream psychiatry.

This has never been the basis of my opposition to psychiatry as a system of social control. I have steadfastly maintained that psychiatry, as we know it, must be abolished. Why? For the same reason that abolitionists maintained that slavery had to be abolished. They believed that individual liberty is a transcendent moral value that renders involuntary servitude—regardless of any good in it, real or attributed—immoral and illegitimate. I believe that involuntary psychiatry is—regardless of any good in it, real or attributed—immoral and illegitimate. The proper response to the outrage of psychiatric slavery is abolition, not reform.

I contend that this position is not merely consistent with the basic philosophy of libertarianism but is inherent in it. Unfortunately, liberty is something for which everyone regards himself as fit, but most people regard certain other persons or the members of certain groups as unfit. In the past, among the unfit were blacks, women, Jews, and "perverts" such as homosexuals. Today, the persons most often considered unfit for liberty are the mentally ill.

* * *

For the better part of 200 years—from 1700 to 1900—psychiatry was synonymous with the madhouse or insane asylum. All psychiatry was, *ipso facto*, involuntary psychiatry. The advent of psychoanalysis and psychotherapy toward the end of the nineteenth century brought into being two radically different kinds of mental health care existing side by side: one was asylum-based—involuntary psychiatry—a service paid for by the state (taxpayer); the other was office-based—voluntary psychiatry—a service paid for by the buyer (patient).[4] Dramatic changes in recent decades in the financing and regulation of psychiatric services led to the erosion and virtual disappearance of this important distinction.[5]

Economically, the transformation of *private psychiatry* into *public psychiatry* was brought about by shifting the cost of mental health care from the subject seeking and receiving the service to a third party (insurance company, Medicare, Medicaid) "responsible" for "covering" it. This is called "the right to psychiatric treatment." Legally, it was brought about by shifting the locus of responsibility for "harm" from the subject as moral agent to the psychiatrist as the patient's *de facto* guardian, responsible for protecting him from himself and protecting others from him. This is called "the duty to protect."

Until the 1970s, only the mental hospital psychiatrist had the duty to protect the patient from the "dangers" he posed to himself and others. (This duty was rarely enforced in practice.) The private, office-based psychiatrist—whose patient had an independent life and often occupied a social position higher than the doctor—had no such duty. The principles and practices of deinstitutionalization, outpatient commitment, the mental patient's right to treatment, and the psychiatrist's duty to protect have effectively erased the line between confined and unconfined patients; transformed all mental patients into persons actually or potentially not responsible for their actions, hence subject to psychiatric coercion; and rendered all mental health professionals responsible for their patients' misbehavior and welfare, with the duty to coerce them if necessary in their own best interest.

Famed English jurist Sir Henry Sumner Maine (1822-1888) aptly observed: "The movement of the progressive societies has hitherto been a movement *from Status to Contract.*"[6] In other words, in liberal (free) societies, the law treats persons as contracting individuals, not as members of status groups (men/women, sane/insane). Modern psychiatry has declared war on this principle. Marcia Goin, M.D., president of the

American Psychiatric Association, declares: "We can make contracts with builders, insurers, and car dealers, but not with patients."[7] Builders, insurers, and car dealers make contracts with persons whom psychiatrists call "patients." Why can't psychiatrists make contracts with them? Because contracting implies two (or more) legally equal parties, each putting his cards on the table. It implies mutual obligations, each party having legal power to compel his partner to fulfill the contract or compensate him for failure to do so.

Such mutuality is contrary to psychiatric ethics. Specifically, psychiatrists reject the "base" ethics of commerce in favor of the "loftier" ethics of care. The seller of plumbing services is obligated to deliver only that which his customer has requested and he has agreed to provide. The seller of psychiatric services is obligated to deliver much more: he must protect the customer from himself, even at the cost of depriving him of liberty.

Civilized morality and the free market presuppose a commitment to valuing cooperation and contract more highly than coercion and control. Official psychiatry declares that the ethically and legally proper practice of the profession requires the rejection of free contract in favor "therapeutic" coercion. Daniel Luchins, M.D., a professor of psychiatry at the University of Chicago, states: "[E]mphasis on protecting negative liberties may be appropriate for a society of 18th-century country squires, but not for the seriously mentally ill in the United States."[8] In other words, the psychiatrist who contracts with his patient—and fails to protect him from suicide and others from assault or murder by the patient—deviates from the "standard of psychiatric care" (is derelict in his "duty to protect" and denies the patient his "right to treatment"), and is presumed guilty of medical malpractice.[9] This is what compels all psychiatrists to function as actually or potentially coercive psychiatrists and makes noncoercive psychiatry an oxymoron.[10]

Let us not forget that there is no objective test for mental illness, much less a test to measure the severity of this alleged illness. How, then, do psychiatrists know that a mental illness is "serious"? They know it *ex post facto*: if the patient injures or kills himself or someone else, then he is said to have had a "serious mental illness." The American Constitution prohibits *ex post facto* laws. The American Psychiatric Association and American mental health laws espouse and rely on *ex post facto* determinations.

The distinguishing feature of the libertarian philosophy of freedom is the belief that self-ownership is a basic right and initiating violence is a fundamental wrong. In contrast, psychiatric practice is based on the belief that self-ownership—epitomized by suicide—is a medical wrong, and that initiating violence against persons called "mental patients" is a medical right.

Are self-medication and self-determined death exercises of rightful self-ownership, or manifestations of serious mental diseases? Does deprivation of liberty under psychiatric auspices constitute odious preventive detention, or is it therapeutically justified hospitalization? Should forced psychiatric drugging be interpreted as assault and battery or medical treatment?

How do friends of freedom—especially libertarians—deal with the conflict between elementary libertarian principles and prevailing psychiatric practices? This is the question I address and answer in the pages that follow. This book is not primarily about libertarianism or psychiatry, per se. On the contrary, it assumes that the reader possesses a measure of familiarity with both. This book is about the conflict—and incompatibility—between libertarianism and psychiatry.

Libertarians claim to be interested in issues of public policy, especially policies that infringe on individual liberty. However, they show far more interest in economic than in psychiatric policies. Libertarian conferences and publications regularly address issues such as monetary policy, taxation, regulation and deregulation, foreign aid, and welfare, but rarely, if ever, consider issues such as "civil commitment" (involuntary mental hospitalization), "outpatient commitment" (forced drugging), "psychiatric diagnosis" (accusation of dangerousness to self and others), "the insanity defense" (exculpation for a serious criminal offense, typically murder), and similar "defenses" based on "psychiatric expert testimony." While all of these policies affect the everyday lives of people, the consequences of psychiatric policies are more direct and damaging: economic policies, like civil laws, deprive people of money or economic freedom, whereas psychiatric policies, like criminal laws, deprive people of liberty or personal freedom. This is why I believe that all Americans—especially libertarians—have a moral and intellectual duty to confront the conflict between liberty and psychiatry and articulate their position regarding the idea of mental illness and the psychiatric coercions and excuses it justifies.

Admittedly, ours is an age of specialization. We expect specialists to be particularly knowledgeable about their areas of expertise and, for other

matters, rely on the work of accredited experts. However, from social scientists—that is, from students of human affairs, especially if their interests encompass issues of individual liberty and personal responsibility—I believe we ought to expect more: they ought also to familiarize themselves with the few truths and many falsehoods about the medical specialty called "psychiatry." Why psychiatry? Because psychiatric interventions—in particular, civil commitment and diversions from the criminal justice to the mental health system—are the most common and most widely and uncritically accepted methods used by the modern state to deprive individuals of liberty and responsibility.

I regard psychiatry as a major threat to freedom and dignity. This is why I criticize certain libertarians not only for uncritically accepting mental health clichés that justify the psychiatric status quo, but also for averting their eyes from the conflict between liberty and psychiatry.

Neutrality in the face of evil—especially in the aftermath of the concentration camps and the Gulag—has received ample attention from historians, ethicists, and other social commentators.[11] Dante Alighieri's (1265-1321) views on the subject are worth recalling here. In the *Inferno*, Canto III, Dante introduces the reader to "The Vestibule of Hell," the place where the souls of "the Opportunists" reside. He writes: "I, holding my head in horror, cried: 'Sweet Spirit, what souls are these who run through this black haze?' And he [Virgil] to me: 'These are the nearly soulless whose lives concluded neither blame nor praise. They are mixed here with that despicable corps of angels who were neither for God nor Satan, but only for themselves. The High Creator who scourged them from Heaven and Hell will not receive them since the wicked might feel glory over them.… Mercy and Justice deny them even a name.'"[12]

* * *

To prevent misunderstanding or giving offense where none is intended, let it be noted that I use the plural nouns "economists" and "psychiatrists," without qualifying each time with "some" or "many," to refer to mainstream practitioners of these disciplines. I recognize that economists and psychiatrists do not all hold the same views or engage in the same practices. Similarly, when I write "economists" in reference to mathematical economists as opposed to Austrian economists, I trust that the context makes my meaning clear.[13]

There remains for me to say something about my use of the term "science." Science, from the Latin *scientia*, means knowledge. *Webster's*

defines it as "possession of knowledge as distinguished from ignorance or misunderstanding; a branch or department of systematized knowledge that is or can be made a specific object of study."

The term "scientist" is a modern coinage. Persons we regard as great nineteenth-century scientists—for example, Michael Faraday (1791-1867) and Charles Darwin (1809-1882)—were not considered scientists. They were called, and called themselves, naturalists, natural philosophers, or men of science. In 1833, upon the request of poet Samuel Taylor Coleridge (1772-1834), William Whewell (1794-1866)—a Cambridge polymath widely regarded as the father of modern philosophy of science—invented the English word "scientist."[14]

We customarily distinguish between the natural sciences, exemplified by astronomy, physics, and chemistry, and the social sciences, exemplified by economics, psychology, and sociology. Many modern scientists and students of science accord the status of science only to the physical sciences, and regard the social sciences as fields of scholarly study, rather than *bona fide* sciences. Michael Polanyi wisely cautioned: "The recognition of certain basic impossibilities has laid the foundations of some major principles of physics and chemistry; similarly, recognition of the impossibility of understanding living things in terms of physics and chemistry, far from setting limits to our understanding of life, will guide it in the right direction."[15] I agree with this view.

Unavoidably, the term "science" now carries with it a heavy rhetorical baggage: calling an activity a science or scientific legitimizes it as good, rational, true, and valid, whereas withholding the term or calling the activity "unscientific" implies the opposite qualities. This may or may not be an unwarranted inference. I do not use the terms "science" and "not a science" as terms of approbation and disapprobation.

Finally, a cautionary remark about the problem of the customary use of psychiatric terms. To communicate effectively, we must use ordinary words. At the same time, we must keep in mind that ordinary words are likely to be saturated with the errors, deceptions, and self-deceptions intrinsic to customary social practices. A single illustration must suffice.

We don't call getting a speeding ticket "receiving police services"; getting audited by the Internal Revenue Service "receiving tax services"; or being indicted for a crime "receiving legal services." But we call being involuntarily diagnosed as mentally ill and incarcerated in a mental hospital "receiving mental health services."

Adherence to libertarian principles requires opposition to psychiatric slavery.

Introduction: Liberty from Psychiatry

Psychiatry is usually thought of as a healing art, a type of health care service. Sometimes it is that. However, mostly and most importantly, psychiatry is a type of social control, a legal-medical system of coercion unconstrained by the rule of law.

British psychiatrist John Crammer states: "The need to restrain the *antisocial person* leads governments to intervene both administratively and legally with these [mental] *disorders*."[1] This is not true. Governments do not "intervene with disorders," they imprison persons whom psychiatrists identify as proper subjects for such disposition. Crammer's rhetoric is characteristic of the modern psychiatrist as loyal agent of the state. First, he denies the ubiquity of psychiatric coercion: "It has not been true for 50 years that patients in mental hospitals are mostly shut up against their will." Then, he acknowledges it, distances contemporary psychiatry from it by characterizing the practice as passé, and tries to exonerate the psychiatrists from responsibility for depriving innocent persons of liberty saying that they, the psychiatrists, were "only following orders": "Nor till recently did doctors have much to say about what went on in them [mental hospitals]; they were the servants of magistrates or county councillors."[2] Today, they are creatures and servants of the state, through and through.

There is no politics without political action, no surgery without surgical action, and no psychiatry without psychiatric action. The paradigmatic psychiatric actions are civil commitment and the insanity defense, each a euphemism for depriving persons of liberty. Civil commitment—the paradigm of preventive detention—deprives the innocent individual of liberty *directly*, on the ground that he is "mentally ill and dangerous to himself or others." The insanity defense—the paradigm of the diversion of the defendant from the criminal justice system to the mental health system—deprives the person accused of lawbreaking of liberty *indirectly*, on the ground that he lacks "criminal responsibility." Imputing to the defendant mental unfitness to stand trial is a variation of this tactic. Both interventions deprive the subject of the opportunity to assert his right to

trial, prove his innocence, or receive a finite prison sentence instead of an indefinite sentence in a mental hospital.[3]

Regarding the injustice intrinsic to preventive detention, British historian Lord Macaulay (Thomas Babington, 1800-1859) observed: "To punish a man because we infer from the nature of some doctrine which he holds, or from the conduct of other persons who hold the same doctrines with him, that he will commit a crime, is persecution, and is, in every case, foolish and wicked."[4]

In this connection, it is important that we not lose sight of the differences between moral responsibility and legal responsibility. Moral responsibility is independent of judicial or social sanction or the lack thereof. Innocent persons are often punished, by incarceration in prison or a mental hospital, and persons guilty of lawbreaking often go unpunished, for example, because they are not caught or charged with a crime. None of this affects their moral responsibility. Laws are made and enforced by human beings. Moral responsibility refers to accountability to a "higher law."

According to the authoritative text, *Mental Health and Law: Research, Policy, and Services* (1996), "Each year in the United States well over one million persons are civilly committed to hospitals for psychiatric treatment."[5] *The Authoritative ACLU Guide to the Rights of People with Mental Illness and Mental Retardation* doubles the number: "So in this age of deinstitutionalization, a great many people still find themselves institutionalized...admissions to all inpatient facilities for psychiatric treatment now [total] more than two million people annually."[6] The lower figure translates to more than 2,500 commitments per day. In addition, countless innocent persons are harassed by threats of commitment and involuntary treatment. The tentacles of the contemporary psychiatric slave system reach into every nook and cranny of our society, from the nursery to the nursing home.[7]

As there is no psychiatry without action deemed "psychiatric" by law and society, so there is no mental illness without action deemed "mentally ill" by law and psychiatry. Actions regarded as mentally ill are either non-criminal, like depression, in which case the libertarian code forbids initiating the use of force against *(ostensibly for)* the person; or they are criminal actions, like murder, in which case the libertarian code requires that the person be punished by penal, not psychiatric, sanctions. Regardless of whether we accept or reject mental illnesses as real diseases, non-coercive psychiatry, like non-coercive slavery, is a contradiction in terms.

Liberty: Literal and Metaphorical

The literal meaning of liberty is dyadic: *freedom from external coercion.* In this sense, liberty is an *interpersonal concept*, entailing two or more persons. It is freedom from control by parent, policeman, or psychiatrist. *Webster's Third New International Dictionary* defines liberty as "freedom from external restraint or compulsion," and the *Oxford English Dictionary* (*OED*) as "exemption or release from captivity, bondage, or slavery."

The metaphorical meaning of liberty is monadic: *freedom from internal desire or passion.* In this sense, liberty is an *intrapersonal concept*, entailing only one person. It is freedom from our own impulses. It is freedom from covetousness, envy, lust, insanity, mental illness. It is, in short, freedom from "self-enslavement"; it is liberty as self-control.

Philosophers and theologians have long distinguished between outer freedom and inner freedom, that is, freedom from an oppressor and freedom from our own passions or sins. Psychiatrists have appropriated this spiritual concept of freedom and founded a pseudomedical, "therapeutic" empire on it. The idea of insanity or mental illness entails the concept of unfreedom: the madman is "possessed" by "irresistible impulses" (formerly the devil), is a "victim" of "mental illness," has lost his "criminal responsibility." Hence, he is properly a ward of his kinfolk or the psychiatrist or the state.

In everyday language, we conflate and confuse these two radically different meanings of liberty, for example, when we say that for the adolescent, liberty is freedom from parents and teachers; for the prisoner, freedom from guards; for the unhappy husband or wife, freedom from marriage; for the overburdened mother, freedom from children; for the sick person, freedom from illness; for the old person, freedom from having to live. In this book, when I speak of freedom or liberty, I refer only to literal liberty, or freedom from external coercion. Freedom from our own passions is a moral, not a political, problem.

Powerful ideas—such as liberty as freely willed action, and insanity as a type of "illness" that diminishes or annuls freedom—must have deep roots in the human psyche. Those roots take their nourishment from the innate sense of free will and responsibility. From an early age, children learn to control the musculature of their bodies. With that experience comes the sense of self-control, the sense of the self as actor and agent of his own actions.

Regretting an action, we often say, "I was not myself." It's a figure of speech, a kind of apology and disavowal of the act. The phrase, "I was only following orders," made infamous by Nazi murderers, expresses a disavowal that the actor was a genuine agent of his actions, responsible for them. Both phrases articulate a claim of bondage or unfreedom, a liberty lost to the power of momentary impulses or bureaucratic superiors.

The opposite sentiment is exemplified by the legendary phrase attributed to Luther, "Here I stand. I cannot do otherwise." This striking piece of self-dramatization represents inner freedom—the affirmation of personal agency and moral responsibility—through the metaphor of feeling irresistibly compelled to follow the orders of one's own conscience (which Luther equated with God's will).

Either we follow our own inner voice or we follow the voices of others. Independence implies self-government, dependency implies enslavement to others. Lord Acton (1834-1902) put it this way: "The center and supreme object of liberty is the reign of conscience.... Liberty is the condition which makes it easy for conscience to govern."[8]

We all harbor contradictory desires and obligations, have inner conflicts, and, in a metaphorical sense, are unfree. From a political point of view, these are irrelevant considerations. Gilbert K. Chesterton (1874-1936) was right: "The madman is not the man who has lost his reason. The madman is the man who has lost everything except his reason."[9] Persons called "mental patients" are free, responsible moral agents, unless they are restrained by psychiatric representatives of the state. Like sane persons, madmen and mad women have reasons for their actions. They can and do control their behavior. If they could not do so, they would not engage in the criminal conduct in which they sometimes engage. Nor could they then be so easily controlled in insane asylums.

Everyone, at all times, is *constrained*, if not by the commands of coercers without or conscience within, then by the siren songs of tempters—luring us with political or financial power, sexual and other bodily pleasures, or creature comforts of every conceivable kind. The need to resist at least some temptations constitutes a type of constraint. Thus, *there can be no freedom from all constraints.* This may be one of the reasons why many philosophers, psychologists, psychiatrists, and neuroscientists assert that freedom of the will is an illusion.

Prevailing psychiatric doctrine and political fashion require that we regard everyone called a "mental patient" as more or less unfree. Ironically, such a person is perceived as unfree *not because he is imprisoned or otherwise controlled by psychiatrists, but because he is believed to be*

a "prisoner of his illness," "set free by his treatment." According to such conventional wisdom, the person with a "diagnosable mental illness" has diminished or no control over his impulses to harm himself and others, is therefore dangerous to himself and others, and ought to be deprived of liberty and relieved of responsibility, in his own interest as well as in the interest of the community. In proportion as a person entertains this view of the mental patient, he will misperceive psychiatric agents of the state as the patient's allies, not his adversaries.

In fact, most individuals diagnosed as mentally ill do not initiate violence, while most psychiatrists routinely do just that, typically at the behest of parents, spouses, social workers, lawyers, and judges. This violence is conceptualized and accepted as "diagnosis" and "treatment."

Freedom to Do What?

The ideas of unfreedom and liberation go together in much the same way that the ideas of illness and treatment, ignorance and learning go together. We expect the doctor to heal without considering whether the patient will use his health for good or ill. We expect the teacher to educate and not concern himself with whether the student will use his learning for good or ill. We do so because we regard health and knowledge as *a priori* or absolute goods, each a *bonum in se*. This notion is the mirror image of the juridical-philosophical notion of a *malum in se*, an innately immoral act, regardless of whether it is forbidden by law, exemplified by murder. This does not mean that physicians and educators cannot question how people use health and knowledge. As moral agents, they can and indeed must do so, answer the question as they deem right, and conduct themselves accordingly.

The libertarian's situation is similar. Liberty is a *bonum in se*, a good that many people rank above health and knowledge. Liberation from coercion sets us free. To do what? The answers to this question frame the grand religious, philosophical, and political "visions" of the Good Life or the Right Way.

Set free, what shall we do? Seek the security and unfreedom of the infant or the adventure and risk-taking of the self-reliant adult? The detachment and isolation of a religious recluse or Robinson Crusoe, or the challenges of earning a living and family life?

We should reflect with the utmost care about the relationship between liberty and what we call mental illness. No one is entirely free of the prejudices of his time. Edmund Burke (1729-1797), following tradition and the law, equated madness with uncontrolled passions and "irresistible impulses"

to commit mischief and took for granted that confining the madman was a good thing, for him as well as society. He famously warned: "The effect of liberty to individuals is, that they may do what they please: We ought to see what it will please them to do, before we risque congratulations, which may be soon turned into complaints.... Is it because liberty in the abstract may be classed amongst the blessings of mankind, that I am seriously to felicitate a madman, who has escaped from the protecting restraint and wholesome darkness of his cell, on his restoration to the enjoyment of light and liberty?"[10]

For a long time, while mankind was in its infancy, people regarded freedom as living in harmony with the will of the gods or God. For the devout Jew, Christian, and Muslim, liberty outside the bounds of his religion is heresy and sin. The word "islam" means "submission" (to God's will).

Politicians never tire of telling people that liberty is the natural condition of mankind, and most people have come to believe it. Modern wars are conducted under the flag of "liberation." It is a grand lie. "For thousands of years," wrote Acton, "man's history is the growth not of freedom but enslavement.... The idea that freedom is right does not loom for thousands of years."[11] That is a profound insight into the human condition, reflexively denied in the oratory of modern democratic politics. The natural condition of man appears to be submission to authority. Autonomy and liberty are psychological and political anomalies. The spirit of statism is alive and well. The rhetoric of Mussolini's celebration of "fascist" statism is the rhetoric of totalitarian democracy: "[I]f liberty is to be the attribute of the real man, and not of that abstract puppet envisaged by individualistic Liberalism, Fascism is for liberty."[12] Totalitarian democracy and the therapeutic state are also "for liberty."[13]

This salvationist-statist perspective recaptures, in an ostensibly secular imagery, the totalitarian worldview of the great monotheistic religions. In that scheme—as in Mussolini's, Hitler's, Stalin's, and psychiatry's—there is no private sphere. Everything is created by God and belongs to God. God is everywhere, regulates everything. That is why the observant Jew wears a yarmulke, a skullcap, everywhere, at all times; why the pious Catholic submits to papal infallibility; why for the devout Muslim there can be no such thing as a secular state; and why for the true believer in psychiatry there is no such thing as a psychiatry separate from the state.

British conservative social commentator, Roger Scruton, correctly observes that the Koran makes "no distinction between the public and

the private spheres.… Laws governing marriage, property, usury, and commerce occur side-by-side with rules of domestic ritual, good manners, and personal hygiene. The conduct of war and the treatment of criminals are dealt with in the same tone of voice as diet and defecation.... Islam, in other words, is less a theological doctrine than a system of *piety*. To submit to it is to discover the rules for an untroubled life and an easy conscience."[14]

In a similar vein, psychiatrist G. Brock Chisholm—the highest-ranking medical officer in the Canadian Armed Forces during World War II and the first director of the World Health Organization (WHO)—declared:

> The reinterpretation and eventual eradication of the concepts of right and wrong...are the belated objectives of practically all effective psychotherapy.... If the race is to be freed of its crippling burden of good and evil it must be psychiatrists who take the original responsibility.... The world is sick and the ills are due to the perversion of man; his inability to live with himself. The microbe is not the enemy; science is sufficiently advanced to cope with it were it not for the barriers of superstition, ignorance, religious intolerance, misery, poverty.… These psychological evils must be understood that a remedy might be prescribed and the scope of the task before the Committee [Technical Preparatory Committee of the WHO] therefore knows no bounds.[15]

The prophets of the therapeutic state promise and peddle the oldest panacea devised by man—the total control of human life for the benefit of human life. Instead of entrusting unlimited power to God-and-cleric, they entrust unlimited power to therapy-and-clinician.[16] Everyone is, more or less, mentally ill and every aspect of everyone's life is the business of pharmacratic agents of the state: conservatives want to use the therapeutic state to prohibit people from doing what's bad for them, liberals want to use it to compel people to do what's good for them, and psychiatrists want to use it to compel them to do both. This is why psychiatry is embraced by conservatives and liberals alike; why some libertarians ignore or tacitly support its coercive practices; and why most people view psychiatry not as therapeutic despotism but as the diagnosis and treatment of genuine diseases.

Liberty and Insanity

Justice is defined by custom and ratified by law. This is what makes it possible, morally and linguistically, to speak of "unjust laws," and gives force to utterances such as Camus's famous *cri de coeur:* "On the day when crime dons the apparel of innocence...it is innocence that is called upon to justify itself."[17] Today, many people who regard themselves as

freedom-loving condone psychiatric violence clothed in the apparel of benevolence, and view the psychiatrist as a caring physician who restores the victims of mental illness to true freedom.

The American Civil Liberties Union, the country's premier civil liberties organization, supports depriving innocent persons of liberty, and persons accused of crimes of responsibility, provided psychiatrists diagnose the subjects as "mentally ill and dangerous."[18]

Leading libertarian organizations avoid making this mistake. Their failure—the Libertarian Party happily excepted—is the sin of silence, not condemning psychiatric deprivations of liberty and responsibility. The web site of the Institute for Justice—which identifies itself as "the nation's premier libertarian public interest law firm"—states:

> We are in courts across the country preserving freedom of opportunity and challenging government's control over individuals' lives. We sue governments when they stand in the way of entrepreneurs who seek to earn an honest living free from arbitrary and oppressive government interference. We litigate on behalf of individuals whose private property rights are threatened by government excesses. We represent parents who seek to choose the education that best meets their children's needs. We defend individuals' rights to publish and access information regardless of the communications medium involved. ... Our cases demonstrate that individual initiative, freedom of enterprise, freedom of speech, private property rights, and the legal protection of these liberties are vital to the future of all Americans.…[19]

I applaud the Institute's work. I note here, with regret, only that its understanding of "challenging government's control over individuals' lives" does not encompass contesting what may well be the government's *most common and most insidious control over the lives of individuals—control by means of psychiatry.*

The best-known and most influential libertarian organization in the United States is the Cato Institute. Its web site states:

> [The Cato Institute] is a non-profit public policy research foundation...named for Cato's Letters, a series of libertarian pamphlets that helped lay the philosophical foundation for the American Revolution.... We reject the bashing of gays, Japan, rich people, and immigrants that contemporary liberals and conservatives seem to think addresses society's problems. We applaud the liberation of blacks and women from the statist restrictions that for so long kept them out of the economic mainstream. Our greatest challenge today is to extend the promise of political freedom and economic opportunity to those who are still denied it, in our own country and around the world.[20]

The Cato Institute, like the Institute for Justice, tends to equate individual liberty with economic liberty. Again, I applaud the Cato Institute's contributions to promoting a free society and note, with regret, that its publications dwell on the separation of the economy and the state, and pass over in silence about the union of psychiatry and the state.

For libertarians who take both their credo and the true social function of psychiatry seriously, the brightest star in the heavens is the Libertarian Party, "America's largest and most successful third party."[21] The Party's 2002 National Platform declares, *inter alia*: "We oppose the involuntary commitment of any person to, or involuntary treatment in, a mental institution.... We favor an end to the acceptance of criminal defenses based on 'insanity' or 'diminished capacity' which absolve the guilty of their responsibility."[22]

From Irresponsible Ward to Responsible Adult

Protestantism and the Enlightenment mark the beginnings of Western man's efforts to reject his status as the ward of God. The classic Greco-Roman ideal of freedom as personal independence is reborn. Man begins the long, hard struggle to grow up—to control his animal appetites, plan his own projects, and assume responsibility for the consequences of his actions.

Protestantism in effect limits the Christian God to mind his own business: It ordains men to take responsibility for their lives and be rewarded or punished for what they do with it. Enlightenment philosophy similarly limits the sovereign, the state, to mind its business, defined as protecting and promoting the "public good," leaving men at liberty to conduct their private lives within the bounds of the law and their own conscience.

Many men have offered perceptive remarks about modern, secular man's quest to free himself from his ostensibly protected, but actually oppressed, status as the ward of God. James Madison minced no words. "Religious bondage," he declared, "shackles and debilitates the mind and unfits it for every noble enterprise."[23]

What should be our standard for judging an enterprise or a project noble? I agree with Camus's criterion: "[T]he aim of life can only be to increase the sum of freedom and responsibility to be found in every man and in the world. It cannot, under any circumstances, be to reduce or suppress that freedom, even temporarily."[24] This goal is accessible to everyone, regardless of his station in life.

No one is born with a project. Everyone must develop one for himself. Toiling to support one's self and family—the project most people in the world are saddled with—can be as noble as trying to unravel the mysteries of nature or endeavoring to govern men with justice and wisdom. The quest is noble so long as it enlarges the sphere of liberty and responsibility—for a single person, a family, or a multitude. It is ignoble in proportion as it seeks, however "benevolently," to do otherwise. Basically, this is the libertarian project (whose death "end-of-history"-Francis Fukuyama gleefully celebrates[25]).

I venture to say that, properly understood, libertarianism is as much about responsibility as it is about liberty. Famously, Edmund Burke remarked: "Society cannot exist unless a controlling power upon will and appetite be placed somewhere, and the less there is within, the more there must be without."[26] Lord Acton rearticulated this "law of self-government" in slightly different terms: "Liberty is the prevention of control by others. This requires self-control and, therefore, religious and spiritual influences; education, knowledge, well-being."[27] In proportion as we control our behavior and abstain from violating the rights of others, we are entitled to enjoy the fruits of liberty.

This noble edifice is fatally undermined by the fiction of mental illness. We claim that mental illness is the name of a bodily disease, but use it to identify behaviors and "conditions" for which we do not hold the actor responsible, because this fictitious illness supposedly impairs his ability to control himself. This notion entails the additional belief that a "victim of mental illness" is, at least temporarily, not fit for liberty, and must be "treated" for his illness to make him fit again. This package of ideas and interventions must be seen for what it is—a modern, humanistic-scientistic dehumanization of man.[28] I have written extensively about this subject elsewhere.[29] Two recent examples should suffice here.

- After being discharged from a mental hospital, Kevin Presland, an involuntarily hospitalized patient, stabs to death his prospective sister-in-law, Kelley-Anne Laws. He is acquitted of the crime on the ground of insanity, is confined for two years and sues the hospital for having released him prematurely. The court awards him $300,000 in damages. The judge explains, "that while it was generally unacceptable for someone to recover damages where they had committed a crime, in this case 'he was insane at the time of the killing and innocent of any crime.'" Presland admitted that in the days before he killed Laws, "he drank up to 10 schooners of beer and smoked six doses of marijuana daily, which the court heard precipitated his psychosis. Police took him to *hospital* after an altercation at a friend's house, where he had tried to strangle a child, and thought his friend was "in league with

the devil." Christine Laws, the victim's mother, "was devastated at yesterday's judgement. 'Don't give it to him, [she said]. It was his choice to take marijuana, his choice to drink—nobody else's. No one made him do it, yet the system sees fit to pay him. I can't understand the law.'"[30]

- "After threatening to take his own life and harm his mother," Joshua Daniel Lee is committed for a three-day psychiatric observation. On January 7, 2001, he is released. On January 29, he attacks and stabs to death Diane S. Bragg. One week later, he hangs himself in his jail cell. Bragg's adult sons sue the psychiatrists who had treated their father. The psychiatrists petition the court for dismissal on the ground that they had no "duty to warn" Diane Bragg, as Lee had never told them he planned to harm her. A three-panel California Appeals Court upheld the right of the plaintiffs to sue."[31]

In a free society, an adult can be coerced only for the benefit of society—by the police, if he is suspected of a crime, and by the judge, if he is convicted of one. In such a society, an adult is not supposed to be coerced for his own benefit—by educational authorities, to improve his mind; by religious authorities, to save his soul; or by medical authorities, to protect his health. Yet, he can be and is coerced by psychiatric authorities, to treat his mental illness.

The libertarian premise that people are responsible for their actions, and the psychiatric premise that mental illness diminishes or annuls responsibility, are mutually incompatible. Libertarians must either subscribe to the mythology of mental illness and the use of violence it justifies, or reject the psychiatric creed and repudiate the deprivations of liberty it justifies. Psychiatric slavery—like chattel slavery—is an either/or issue.[32] A person either supports it or opposes it. *Tertium non datur.*