Should Psychologists Be Coercive Agents of the State?

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Psychiatry was founded and continues to function as a coercive apparatus of the State. The psychiatrist has the right and the duty to incarcerate innocent individuals deemed to be “mentally ill and dangerous to themselves or others,” by “civil commitment.” Raj Persaud, a prominent British psychiatrist, calls the option to coerce the patient “the most extraordinary and harrowing aspect of a psychiatrist’s job” (2004). Extraordinary it surely is not. Coercing the patient is the oldest, most enduring, and most characteristic feature of the psychiatrist’s job. Almost 200 years ago, John Haslam, one of the then leading alienists in England, stated: “Abundant experience teaches us that restraint is not only necessary as a protection to the patient and those about him, but that it also contributes to the cure of insanity” (1975).

Psychiatrists define coercion at their hands as cure and are proud of their identity as coercive agents of the State. In September 2005, Steven S. Scharfstein, president of the American Psychiatric Association, reiterated his and his profession’s commitment to coercion. Lamenting “our [psychiatrists’] reluctance to use caring, coercive approaches such as assisted treatment,” he declared: “A person suffering from paranoid schizophrenia with a history of multiple rehospitalizations for dangerousness and a reluctance to abide by outpatient treatment, including medications, is a perfect example of someone who would benefit from these approaches. We must balance individual rights and freedom with policies aimed at caring coercion” (2005).

“Violence,” warned Alexander Solzhenitsyn, “can only be concealed by a lie, and the lie can only be maintained by violence. Any man who has once proclaimed violence as his method is inevitably forced to take the lie as his principle” (http://www.borntomotivate.com). Scharfstein evidently does not agree. His plea for “caring coercion” is self-incriminating: it implies that psychiatrists engage in other kinds of coercions as well. Who will judge which coercions are “caring” and which are “non-caring,” indeed “punitive”? The adjective “caring” serves to flatter the coercive psychiatrist’s self-image. It does not refer to the incarcerated person’s perception of having been assaulted and unjustly deprived of liberty by brutal psychiatrists.

Scharfstein cites the case of “A person suffering from paranoid schizophrenia with a history of multiple rehospitalizations for dangerousness.” Having paranoid schizophrenia, whatever the term means, is not a crime and hence not a ground for depriving the person who “has it” of liberty. Scharfstein’s reference to “multiple rehospitalizations [incarcerations]” betrays the reality about psychiatry’s true function: social control supplementing the controls provided by the criminal law code.

In the years following World War II, as psychologists became accepted as full-fledged mental health professionals, they embraced the prevailing principles and practices of psychiatrists. Today, psychologists are among the most zealous enforcers of mental health laws and all manner of "therapeutic" coercions. Many of them eagerly seek the "privilege" to forcibly incarcerate persons and prescribe drugs for their involuntary drugging. Not surprisingly, coercive psychologists feel guilty and have misgivings about harming patients, but not enough to condemn and eschew the practice (Fueh et al., 2005).

The language of commitment laws mandates "therapeutic" incarceration for two kinds of mental patients: those dangerous to others and those dangerous to themselves. Dangerousness is a fuzzy term. As some wag has observed: "It is difficult to make predictions, especially about the future." Studies show that the best predictor of dangerousness is evidence of previous violence and that psychiatrists and psychologists cannot predict future violence. In any case, the control of violence—actual or threatened, at home or abroad—is the function of the police and the military. If psychiatrists and psychologists exercise that function, then they are policemen or soldiers, whatever else we may call them.

That brings us to the dreaded "dangerousness to self," epitomized by suicide. In our society, self-harm is prohibited by mental health laws; failure to successfully kill oneself is punished by mental health professionals. That practice is inconsistent with the classic libertarian principle of self-ownership and, indeed, with the classic Christian principle of free will and self-responsibility. The great Christian apologist G.K. Chesterton declared, "The free man owns himself. He can damage himself with either eating or drinking; he can ruin himself with gambling. If he does he is certainly a damn fool, and he might possibly be a damned soul; but if he may not, he is not a free man any more than a dog" (1909).

Should psychologists aspire to be, or accept the role of, coercive agents of the State? I use that term to underscore that, in modern secular societies, only agents of the State—for example, policemen, judges, and prison wardens—possess legitimate authority to use force, under certain circumstances. Hence, when psychologists (and psychiatrists) "diagnose" and "treat" persons against their will, they act as coercive agents of the State, regardless of what lies they tell themselves or what lies their superiors or professional organizations tell them.

During the past few decades, psychologists had an historic opportunity to distinguish themselves from psychiatrists and, at the same time, advance the development of non-medical, non-coercive methods of human helping. I believe they still have such an opportunity. A group of psychologists, led by prominent figures in the field, could, on moral and political principles, repudiate the role of coercive agents of the State. As non-physicians, they still have this option. If they don't act soon, they may find this window of opportunity shut, just as psychiatrists, having failed to repudiate their time-honored policing function, now find the opportunity to opt out of that role shut before them.

NOTES

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