

March 3, 1976

Dr. Thomas S. Szasz  
State University Hospital  
730 Adams Street  
Syracuse, New York 13210

Dear Tom:

Thank you for your letter of February 25, 1976. It was a pleasure to be with you again after all these years, and to observe the general acceptance of your message that there is nothing quite like freedom. I garnered the feeling that even at the luncheon session in the Department of Psychiatry, the participants eventually respected what you had to say.

It strikes me that the Syrian Neurosurgical Resident would fare better with one of the younger psychoanalysts whom I like and trust. He is Dr. Jacob D. Lindy, an Assistant Professor of Psychiatry with offices on the 7th floor where you held the luncheon discussion. (His phone number is 872-4718).

I have talked to him and he believes he will be able to take someone in July, but if he cannot, promises to see him into the hands of someone equally trustworthy.

Sylvia Lotspeich is coming to town next week and we are having her to a dinner. I sent her one of the programs of the Robert S. Marx lectures and she was truly sorry that her plans didn't coincide so that she could have attended.

All the best,

As ever,

Charles D. Aring, M.D.

CBA:mmm

STATE UNIVERSITY HOSPITAL  
OF THE  
UPSTATE MEDICAL CENTER  
750 EAST ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

February 25, 1976

Dr. Charles D. Aring  
Department of Neurology  
University of Cincinnati Medical  
Center  
234 Goodman Street  
Cincinnati, Ohio 45229

Dear Mary and Charles,

It was a great pleasure to see you again, and to  
be able to share with you my happy visit to Cincinnati.  
Many, many thanks.

With love,

*Tom*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TS:ms

Enclosure

P.S. A resident in surgery here, a very find young Syrian  
man, is going to Cincinnati in July for his neurosurgical  
training, and asked that I recommend a psychoanalyst to him.  
I would appreciate your suggestion.

7  
7/22

STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

June 24, 1970

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio 45229

Dear Charles,

Thank you for your letter of June 18. I appreciate your asking for my suggestions for a new chairman of psychiatry in Cincinnati.

As you well know, and so understandingly appreciate, I have long ago come to the view that psychiatric interventions should be restricted to voluntary patients. This puts me squarely on the horns of a dilemma with respect to your inquiry: On the one hand, university departments of psychiatry have always regarded, and continue to regard, involuntary psychiatric interventions as perfectly legitimate endeavors; on the other hand, I do not, and therefore am loath to recommend anyone (regardless of how well I might think of him otherwise) who would chair still another psychiatry department whose policies would only reconfirm the moral legitimacy of practices I personally disapprove of.

I would, of course, be glad to recommend some people who could very capably run a department offering services only to voluntary patients. But, not really having been asked for this sort of recommendation, I feel it would be inappropriate for me to make any nomination. It would be too much like a lecturer or teacher replying not to the question he had been asked but to the one he wanted to be asked.

I hope you will understand. I know you will. My feelings of gratitude to the medical school in Cincinnati for an education whose value I deeply appreciated then, and which I have, with the progressive destruction of our educational institutions

Dr. Charles D. Aring

#2

June 24, 1970

(medical schools included), come to treasure more with the passing of each year; and my deep affection for you (and, of course, my gratitude for your role in my education) -- these things, and, I suppose, who I have become, would have made any other answer hypocritical.

With warmest regards,

As always,

*T. S.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b

STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

June 1, 1970

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio 45229

Dear Charles,

Many thanks for your letter of April 23 and the interesting clippings from the Cincinnati papers.

I am sorry I could not write you sooner. I have been away from my home a great deal of the time this past month or so; first on a fascinating trip to Johannesburg (to give psychiatric testimony), and more recently on several jaunts to promote my books.

I saw Hardin's article when it first appeared (I also know him slightly) and was also very favorably impressed by it. It's an important piece, though it's better at raising problems than in offering solutions. And, curiously, my reaction to it was somewhat the reverse of yours, that is, the longer I thought about it the more dissatisfied I became with his effort to transmute what I think is at bottom the moral problem of stupid egoism versus enlightened cooperation into a functional, biological-sociological problem.

Thank you also for your comments on The Manufacture of Madness. I did indeed pour a vast amount of reading and thinking into it, and it is loaded with psychiatric-historical tid-bits which have been either forgotten or buried. I certainly hope you'll write a review of it for the Archives of Internal Medicine. (By the way, I heard recently from TIME that they are planning to do a full-length feature piece on my views and work on psychiatry.)

Suzy is in excellent remission; indeed, she is so well that the plan is for her to spend the summer at a school in Switzerland.

With warm regards,

As always,

*Tom.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b

STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

March 6, 1970

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio 45229

Dear Charles,

Thanks for your letter of March 2.

As you probably know, your beautiful comment about LAW, LIBERTY, AND PSYCHIATRY graces the back cover of the paperback edition. If you have any comments about either, or both (separately), of the new books, that you would care to make for promotional use, I would be grateful for them. You could send them either to me; or to my editors at the respective publishers: Mrs. Andrea Bottstein, Doubleday & Company, Inc., 277 Park Avenue, New York 10017; and Mr. Norbert Slepian, Harper & Row, Publishers, 49 East 33rd Street, New York, N. Y. 10016.

In any case, I hope you will also drop me a line about your personal reactions to the books.

As always,

*Tom.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b



April 23, 1970

Dr. Thomas Szasz  
Department of Psychiatry  
State University of New York  
College of Medicine  
Syracuse, New York

Dear Tom:

The enclosed has been a daily feature in the Enquirer since the story first appeared on April 20. In today's edition the story has the first editorial. It has been pointed out that such folk have less rights than criminals, etc., etc.

I would like to know what you think of Garrett Hardin's article, "The Tragedy of the Commons", that appeared in Science December 13, 1968. 162:1243-1248. I found it remendously moving and wonder what your reaction is to his definition of "freedom" and "responsibility", and to his thesis of "mutual coercion".

If you haven't seen Hardin's essay, I have no compunction in asking that you do, since it is one of those significant articles. I scanned it, as is my wont when it first appeared, but didn't grasp its importance until I had the opportunity to read it carefully, a month or so ago.

I'm still reading the "Manufacture of Madness". I had known about witchcraft but not as much as you've recorded. Isn't the Zilboorg, Alexander et al alant on it fascinating? You really dug up something there, a proper archeological dig. If the spirit moves, I'll do a review on it for the ARCHIVES OF INTERNAL MEDICINE, where I sometimes write on books that have moved me. These are usually critiques rather than reviews (labors of love so to speak) and they depend somewhat on the time that I have for such activity. As I trend toward retirement, I find I have more time, of course.

I hope Suzy is on the mend and that you and your family are well.

With regards,

Charles D. Aring, M.D.

CDA/k1

STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

February 13, 1970

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio

Dear Charles:

Many thanks indeed for your letter of February 5 and for Dr. West's advice, which was very helpful. (I enclose a copy of my letter to him.)

As you know, so many physicians -- you being a singular exception (and not solely in this respect) -- think it's some sort of derogation of either medicine, or psychiatry, or both, to emphasize, as I have done, the differences between these disciplines. This is especially true for many of those interested in psychosomatic medicine. So I imagine that Stewart, whom I haven't seen in a good many years, looks askance at some of my views, at least for this reason if not for others as well. Then, there is the problem that psychiatric coercion is called "therapy," with the result that eschewing this kind of intervention becomes a kind of medical immorality. Obviously, then, by personally rejecting psychiatric coercion, and by denouncing it in rather strong language, (and in the popular press, to boot!), I don't endear myself to those of my colleagues who feel that these things are genuinely beneficial. This, it seems to me, is the gist of what many of my colleagues have against me. And, given their premises, they have a point. (Anyway, I also enclose a xerox copy of a column that appeared in a Cincinnati paper quoting my views, accurately enough, on suicide; I assume this was the basis for the comment you referred to.)

You should be getting an advance copy of The Manufacture of Madness directly from the publisher, Harper & Row, any day. Please let me know if you don't have it in, say, two weeks (allowing for the current condition of our mail system).

With warm regards,

As always,

*Tom.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b  
Enclosures



# Study Of Suicides Reveals Depression A Crucial Catalyst

Does a person have a right to take his own life? Is suicide ever justified? In the following article a psychologist and a professor of psychiatry debate the questions.

BY ARTHUR J. SNIDER  
Chicago Daily News Service

CHICAGO—Ernest Hemingway shot himself to death because he was depressed about many things, including a conviction he could never write again.

Friends have said the act was consistent with his philosophy that man can be destroyed but should not be defeated.

Those who have set fire to themselves and burned to death in protest to Russian oppression in Czechoslovakia or the Vietnam war have similarly been defended.

The ethical issue of whether suicide is ever rational is being discussed in professional circles.

Dr. Paul W. Pretzel, a clinical psychologist with the Suicide Prevention Center in Los Angeles, says it should always be discouraged.

Dr. Thomas S. Szasz, professor of psychiatry at the State University of New York, also says it should be discouraged, but if that fails, the patient has a right to take his life.

"Only a patient has a right to decide whether what he is about to do is rational," said Szasz. "No psychiatrist or psychologist has the right to sit in judgment of another person's rationality."

IN REVIEWING 36,000 patients at the suicide center during the last 10 years, Pretzel said he could not find one with a justifiable cause.

"I've seen many suicidal people who felt their situation was desperate but when you work with them you find that the suicidal condition was the result of depression," he said.

"Depression can have the effect of limiting a person's ability to see alternatives. It imprisons him in a certain set pat-

tern of thought that is dead end. If the depression is treated well, other alternatives become apparent.

"It has been my experience that people can cope with an awful lot if they can avoid a depression."

The psychologist made a special study of several "torch" suicides and concluded that in each case a personality problem was interwoven with the political conviction.

Dr. Szasz contends that an individual has "an unqualified constitutional right to be dangerous to himself—whether it be to take up smoking, have an abortion or commit suicide."

"Certainly he should be discouraged, just as a friend should be discouraged from buying a bad stock or marrying the wrong woman," the psychiatrist said.

"But I object strenuously to the term 'rational' because it involves the judgment of one person by another. It is obvious that an intelligent person might conclude another person's behavior with respect to marriage, divorce, economics, suicide and so forth is stupid. But that does not give him the right of coercion or the psychiatrist the right to call the police or to commit him to an institution."

Because research shows that mutually contradictory desires to live or die or to be rescued or abandoned are part of suicide, one can never assume that a statement, "I want to die," accurately expresses a patient's state of mind, Pretzel contends in the journal, *Medical Counterpoint*. He adds:

CLINICAL EXPERIENCE suggests that in most cases these words may actually be communicating a need for help or feelings of desperation.

"The professional person who simply accepts at face value the literal meaning of a depressed person's suicidal communication is naive."

*own by your friends made  
our paper*

February 13, 1970

Dr. Clark D. West  
The Children's Hospital Research Foundation  
Elland and Bethesda  
Cincinnati, Ohio 45229

Dear Doctor West:

I want to thank you for the advice you have given me, through Dr. Aring. What you wrote was most helpful. My daughter does not now have any of the findings you listed. There is thus no indication for a kidney biopsy at this time -- a judgment with which her physician is not in any real disagreement. (He felt a kidney biopsy should be done to be on the "safe side" with respect to our knowledge of her kidney status, rather than because of any specific laboratory indications for it, at this time.)

Thank you, again, for your help. I trust I might take the liberty and communicate with you directly about this problem in the future, should this seem necessary.

With kind regards,

Sincerely,

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b



University of Cincinnati

Cincinnati, Ohio 45229

DEPARTMENT OF NEUROLOGY  
CINCINNATI GENERAL HOSPITAL

Jan 28, 1970

Dear Clark (west)

Please advise me  
re the enclosed, and return  
Tom Szasz's letter. He is a  
graduate of the school 1944,  
and a famous psychiatrist  
with thanks

As ever

Charles

Enclosed is a letter from Tom Szasz  
dated in Springfield, Mass. to you

STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

January 26, 1970

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio

Dear Charles,

I didn't think I would write you so soon again. May I impose on you for your advice, or, more precisely, for securing, if you can, some advice for me? (If you can't do it, or if what I ask seems impractical, please do say so.)

The matter concerns my daughter Suzy, who as you know, has systemic lupus. She has now been on prednisone for just about a year. She seems stabilized on 50 mg. every other day and is clinically free of all symptoms. We haven't been able to decrease the dosage below this level without the reversal of some laboratory findings, and the plan is to continue on this dosage and perhaps make fresh efforts later to cut down again. The physician in charge of her case now suggests that we consider doing a kidney biopsy, to ascertain whether or not she has a low-grade nephritic activity, not manifest on testing, but one that could be detected histologically; and that if she does have it, we ought to know it and treat it. As I understand the problem, it is by no means clear how necessary this procedure is. I don't want to disturb a well-balanced situation, either by doing a potentially unproductive kidney biopsy or by adding toxic immunosuppressive drugs to the prednisone, unless both steps were really necessary. But not doing the biopsy leaves open the possibility of postponing learning about her kidney status until further destruction of that organ has occurred.

What prompts this letter is that I just came across, in the January, 1970 issue of Hospital Practice, an article on glomerulonephritis by Clark West -- in Cincinnati. Of course, I don't know Dr. West, but assume you do. I gather he is an expert in this field. Could you elicit his views about doing, or not doing, a

Dr. Charles D. Aring

#2

January 26, 1970

kidney biopsy in a situation such as I have described? And if this is a "routine" matter or ought to be done where there is special interest and skill in this field?

Please forgive this imposition.

Thank you.

As always,

*Tou.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b



May 9, 1969

Dr. Thomas S. Szasz  
Department of Psychiatry  
Upstate Medical Center  
750 E. Adams Street  
Syracuse, N.Y. 132100

Dear Tom:

Thank you for the interesting reprints. I could use a half dozen of each of "The Painful Person", and "Hysteria" if you have them to spare. If not, I'll have them xeroxed (which is illegal according to publishers).

Isn't it fantastic what one was able to do with women in the marriage bond a century or so ago? Your citation of the Illinois commitment laws of 1851 I am lifting for a paper for The Literary Club entitled "Man's Inhumanity to Woman", (or some such, I've not entirely decided). In England, particularly in the lower or middle classes, they could remove children from the mother, and maneuver women pretty much as they liked. So too in near and far Eastern cultures. No wonder masochism is so deeply entrenched in the "feminine mystique", and depression a favored "technique".

I guess you're not coming for your 25th, or is it the 26th reunion. Leo Hollister was Visiting Professor here several weeks ago; he's a sensible person. I can't remember if he's your classmate or not.

All the best,

As ever,

Charles D. Aring, M.D.

CDA/k1

April 28, 1969

April 23, 1969

Dr. Thomas S. Szasz  
State University of New York  
Upstate Medical Center  
750 E. Adams Street  
Syracuse, N.Y. 13210

Dear Tom:

I was sorry to hear about Suzy's illness and trust that the worst is over. It brought back memories of the disruption of our tranquility when Charles came down with diabetes at the age of 12. That was over 16 years ago, and though it's left him under a cloud, he is a fine young physician. But every increment to his knowledge of diabetes, particularly as a student, shook him, and he told me last week about some retinal changes. One always hopes for another method of therapy in time, but then there's the business of universal mortality. You do the best you can with the fate that life awards.

Thank you for the advance copy of the Freeman article, the libertarians will savor it.

I recently did a Visiting Professorship at the Medical College of South Carolina. Charleston is a lovely place to visit in the spring before the heat hits, and all the vegetation is blooming. I had a fascinating time with Rounds, seminars, lectures, etc. One evening I gave a talk on Byron's unpublished 17th Canto of Don Juan, using his remarkable psychological insights to illustrate a unity between literature and science. Byron is one of my great favorites because of this, and for his remarkable sallies into humor despite his own misfortunes.

I hope all goes well with Suzy and the rest of you. You know you have my best wishes.

As ever,

Charles D. Aring, M.D.

CDA/k1

STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-8830

April 23, 1969

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio 45229

Dear Charles,

Many thanks for your kind letter of April 15. It's always a pleasure to hear from you. I trust you will like the enclosed piece -- an advance reprint from THE FREEMAN.

Regrettably, all has not gone well with us, these last six months or so. Our happy and tranquil home was struck by the disastrous illness of our younger daughter, Suzy, (who'll be 14 in July). To start at the end: she has disseminated lupus erythematosus. Her initial symptoms were those of rheumatoid arthritis. These began in the early fall and progressed fairly rapidly to where she was bedridden. There was no response to salicylates. From early in her illness her sed rate was over 100, and she had marked leukopenia (under 3500), so lupus was suspected. By the end of the year, she developed vague GI symptoms, and then an acute nephrosis, with massive proteinuria and edema. At this time, the laboratory tests for lupus turned positive and she was started on large doses of prednisone, to which she responded slowly but very well. She is now completely well symptomatically, but still shows some minimal renal activity on laboratory tests. This remission, however, required continued large doses of prednisone (120 mg. every other day at present) and a course of "Cytosan" (one of the newer antimetabolites, of supposed usefulness especially for lupus nephrosis), which had to be discontinued because of some toxic sequelae.

I dwelled on these medical details partly because I suppose you can imagine how upsetting this was to all of us.

However, both girls have developed beautifully, are straight A students, look lovely, and are fine human beings; and we are

Dr. Charles Aring

#2

April 23, 1969

thankful for that. Suzy is now back to a reasonably normal life (after being out of school for more than 3 months), but there will be some severe restriction on her summer-life as photosensitivity seems to have played a role in precipitating the illness last fall and our medical advisors urge strict precautions against exposure to sunlight.

I hope to see you again one of these days.

As always,

*Tom.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b  
Enclosure

304  
STATE UNIVERSITY OF NEW YORK  
UPSTATE MEDICAL CENTER  
750 E. ADAMS STREET  
SYRACUSE, NEW YORK 13210

COLLEGE OF MEDICINE  
DEPARTMENT OF PSYCHIATRY

AREA CODE 315  
473-5630

October 18, 1968

Dr. Charles D. Aring  
Department of Neurology  
Cincinnati General Hospital  
Cincinnati, Ohio

Dear Charles,

Many thanks for the papers you sent me. As usual,  
I liked your pieces. Yes, "lovely" is the word!

Seagull's article has escaped me, and I was, of course,  
amused to see it. Needless to say, "Szasz" does not mean  
ego in Hungarian, or, I venture to assert, in any other  
language...

I have finally completed what may perhaps turn out  
to be my magnum opus (my apologies for the self-aggrandize-  
ment implicit in the term) -- a large work on the history  
of institutional psychiatry as a form of social control.  
Harper's will publish it next fall. I'll have them send  
you a set of galleys in due time. It's called THE  
MANUFACTURE OF MADNESS.

As always,

*Tom.*

Thomas S. Szasz, M.D.  
Professor of Psychiatry

TSS:b





# SZASZ— psychiatry's prolific polemicist

There's the old story about the farmhand who couldn't seem to get the resident mule to "gee" or "haw" or "giddup" or "whoa"—in effect, anything at all in response to command. Finally, frustrated and cursing, the hand appealed to the farm owner who promptly picked up a heavy two-by-four and, swinging from his heels, smashed the mule right between the eyes.

"If ya want him to do somethin'," he told the hand, "you first gotta get his attention."

Thomas Stephen Szasz, psychiatrist, teacher, author, crusader, polemicist and a whole host of other terms which range from "radical" and "nut," to "progressive" and "genius," swings from the heels too. His two-by-four is made

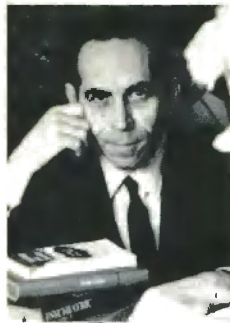
# heads & tales

"Thomas Szasz is a lucid and terribly seductive writer. For many years he has been a major literary gadfly of psychiatry. His greatest contribution has been to deflate overblown and deified psychiatric concepts. *But . . .*" (our italics).

So begins a review of Szasz's new book (*Ceremonial Chemistry*) in the February 1975 issue of *Psychology Today*, and the "but" was to be expected. You will generally find it, sprinkled throughout any conversation regarding Szasz's works, and usually used to preface a statement which will qualify, positively or negatively, some startling statement made by Szasz (as in "rahs" or "bahs") in one of his ten books. That's why we titled this month's feature on Szasz, "Psychiatry's Prolific Polemicist," even before we were aware of this latest book which will surely create the same kind of furor as did Szasz's *The Myth of Mental Illness*; *The Second Sin*; and *Law, Liberty and Psychiatry*.

What kind of man could create all this furor? "... a warm, personable guy—there is absolutely nothing flamboyant about him... a conservative person basically... also rather shy." So says a close associate at New York State University's Upstate Medical Center in Syracuse, where Szasz is a Professor of Psychiatry. And that is pretty much the way he is remembered by associates who knew him when he was an undergraduate and then a medical student at U.C. in the early Forties. Szasz may be of a shy nature in person, but he is anything but shy when it comes to speaking his piece on paper. You'll see why, starting on page six.

"When I was growing up in Texas," says Judge George Edwards, "I was convinced I wanted to be a writer. Becoming a lawyer just wasn't one of my goals. I wanted to do something



Szasz



Brainin



Edwards

about the political and social conditions of the times. And I thought that for me the best way to go about it would be to write good novels.

But instead of pursuing the Great American Novel, George Edwards, Jr., followed a path similar to the one his father had blazed.

George Clifton Edwards, Sr., was an attorney in Dallas throughout the first half of this century. But more than that, he was a man given to independent thought and judgment in a time and place where to do so was to flirt with danger. He was a colorful character, ripe for writing about. And that's exactly what his son has done.

Now a judge on the U.S. Court of Appeals in Cincinnati and an Adjunct Professor of Law at U.C., George Edwards, Jr., has turned out a heart-warming, often provocative and immensely readable book entitled *Pioneer-at-Law*. Some have likened it to Harper Lee's sensitive story, *To Kill a Mockingbird*.

So not only has George Edwards, Jr. followed his father's example by devoting his life to the law, he's also turned out a book that measures up to the goal of his younger days—a politically and socially perceptive work—and one wherein his father is the major (and yes, unforgettable) character.

Beginning on page eighteen, you'll find an excerpt from the book. Its title: "A Night With the Ku Klux Klan."

And after you've finished finding out about one man's battle against bigotry, you might turn to the latest in our series of conversations with Dr. Simon Anderson. This month, he turns his attention to a musical style upon which

bigotry has made its mark since the beginning—jazz.

There's a profound irony in the fact that out of slavery, one of the most insidious chapters in American history, has come jazz, one of the most marvelous chapters in the history of music. And you're invited to sit in on a conversation concerning that very topic. It begins on page twelve.

Beginning on page twenty-four, alumna Sally Brainin, A&S '20, provides a lively look at her curious hobby—tracking the total eclipse. It's a pursuit that has found the white-haired whirligig trotting the globe, on land, air, and sea, with her camera and her sense of humor ready on a second's notice.

To meet Ms. Brainin, you need only turn to page twenty-four.

Ever wonder what a major symphony conductor does for relaxation? How about a judge? A department store president? A U.S. Senator? A mayor? Well, if it's reading that ranks high on their list of leisure-time activities, we have all those answers and more.

Rosa Schwartz, herself a prominent woman in Cincinnati's civic/social scene, contacted many of Cincinnati's leading citizens, asking them the simple question: "Read a good book lately?" Their answers appear in this month's "Leisure-Time Learning," beginning on page thirty-four.

We'd like to thank all the busy people who made the feature possible; and a special thank you to Mrs. Schwartz, who, as a volunteer in U.C.'s Department of Publications, promises to make her mark on many more issues of *Horizons*.



of words and when he first swung it in 1961, with the publication of *The Myth of Mental Illness*, there was no doubt that it was an attention-getter of the first order. Szasz, who received his AB with Honors in Physics from U.C. in 1941, and his MD in 1944, is still swinging away, with papers, articles, books and lectures, and his main target, as it was in 1961, is involuntary hospitalization or "treatment" for "mental illness." Mental illness, so far as Szasz is concerned, simply does not exist; at least in the sense that "a sick mind" can be cured by medicine, any more than a "sick economy," or a "sick society." There certainly exists, says Szasz, those problems which are often diagnosed as mental illness—confusion, guilt, dissatisfaction, anxiety, etc.—but these are "problems in living" or behavioral problems, or social problems, or legal problems; but they are *not* diseases and should not be treated as such nor even discussed as such. And most emphatically, no one should *ever* be *involuntarily* treated for such problems.

Szasz's credentials are both impressive and lengthy and, according to published interviews in national periodicals, he is not at all the far-out, liberal radical that one might imagine if one has been exposed to only those Szasz quotes that, because of their obvious irreverence and candidness, are obviously the most often repeated. "Mental hospitals are the POW camps of our undeclared and unarticulated wars." Or, "If a man says he is talking to God, we say he is praying. If he says God is talking to him we say he is a schizophrenic."

Such quotes could understandably lead some to picture Szasz as somewhat of a zealot, but although he is a "passionate believer in rights and freedoms" he is an equally staunch supporter of "responsibility, traditional authority, rules, standards," so says a close associate at Syracuse, quoted in a *New York Times Magazine* article.

Dr. George Rieveschl, Jr., U.C. Vice President for Special Projects and a nationally known chemist, became acquainted with Tom Szasz and his brother George shortly after their arrival

*Continued*

## PSYCHOANALYSIS

**Free association:** the term the psychoanalyst uses to register his approval of the patient who talks about what the analyst wants him to talk about. The opposite of resistance.

**Resistance:** the term the psychoanalyst uses to register his disapproval of the patient who talks about what he himself wants to talk about rather than about what the analyst wants him to talk about.

**Narcissist:** psychoanalytic term for the person who loves himself more than his analyst; considered to be the manifestation of a dire mental disease whose successful treatment depends on the patient learning to love the analyst more and himself less.

**Psychoanalytic institute:** a school where the faculty, composed of old and middle-aged men and women, called psychoanalysts, systematically degrade and infantilize the students, composed of psychiatrists themselves fast approaching middle age, who eagerly submit to this degradation ceremony in the expectation, often unfulfilled, that, after being completely deprived of all independent judgment and the capacity to form such judgment, they will be able to inflict a similar treatment on others, call it psychoanalysis, and charge high fees for it.

**Hypnosis:** two people lying to each other, each pretending to believe both his own and his partner's lies.

When a man has sexual relations with many women, psychoanalysts say he has a Don Juan complex which signifies latent homosexuality. But when a man has sexual relations with many men, psychoanalysts do not say he has an Oscar Wilde complex which signifies latent heterosexuality. In short, the psychoanalytic vocabulary is rich in images and terms that demean and invalidate, and poor in those that dignify and validate.

## MENTAL ILLNESS

For the mental patient's family and society, mental illness is a "problem"; for the patient himself it is a "solution." This was Freud's great discovery. Psychoanalysts now ignore this, and psychiatrists deny it.

Mental illness is a myth whose function is to disguise and thus render more palatable the bitter pill of moral conflicts in human relations. In asserting that there is no such thing as mental illness I do not deny that people have problems coping with life and each other.

Bodily illness is to mental illness as literal meaning is to metaphorical meaning.

## SIGNIFICANCE

The proverb admonishes not to curse the darkness, but to light a candle. This seemingly good advice overlooks the advantages of cursing the darkness and not lighting a candle—namely, the cheaply earned self-esteem that comes from righteous indignation and seeing oneself as a victim; and the avoidance of facing the problem of what to do after one has lit the candle.

## DRUGS

No drug can expand consciousness; the only thing a drug can expand is the earnings of the company that makes it.

Treating addiction to heroin with methadone is like treating addiction to scotch with bourbon.

## CONTROL AND SELF-CONTROL

The proverb warns that "You should not bite the hand that feeds you." But maybe you should, if it prevents you from feeding yourself.

"To believe your own thought" observed Emerson, "to believe that what is true for you in your private heart is true for all men—that is genius." But to impose what you believe is true for you upon all men, indeed upon a single individual—that is despotism.

## PERSONAL CONDUCT

Men often treat others worse than they treat themselves, but they rarely treat anyone better. It is the height of folly to expect consideration and decency from a person who mistreats himself.

It is easier to do one's duty to others than to one's self. If you do your duty to others, you are considered reliable. If you do your duty to yourself, you are considered selfish.

Clear thinking requires courage rather than intelligence.

"Where there is a will, there is a way," says the proverb. Not entirely true; but it is true that where there is no will, there is no way.

The stupid neither forgive nor forget; the naive forgive and forget; the wise forgive but do not forget.

Conscience: made out of reasonable expectations; soluble in alcohol; destroyed by bureaucracies and other types of collectives.

## SOCIAL RELATIONS

Human relations are problematic because men are driven by opposing but often equally powerful needs and passions, especially the needs for security and freedom. To satisfy the need for security, people seek closeness and commitment, and the more they attain these, the more oppressed they feel. To satisfy their need for freedom, people seek independence and detachment, and the more they attain these, the more isolated they feel. As in all such things, the wise pursue the golden mean; and the lucky attain it.

Beware of people who don't know how to say, "I am sorry." They are weak and frightened, and will, sometimes at the slightest provocation, fight with the desperate ferocity of a frightened animal that feels cornered.

The greatest analgesic, soporific, stimulant, tranquilizer, narcotic, and to some extent even antibiotic—in short, the closest thing to a genuine panacea—known to medical science is work.

*Continued*

in Cincinnati from their native Hungary in 1919. A mutual interest in photography initiated a friendship that has continued to this day and they still correspond fairly regularly. "Tom was a fantastic student," remembers Rieveschl, "extremely intelligent and highly motivated during his college years. But he was anything but a radical. The whole family was intellectually stimulating, warm, gracious and always very proper. I don't think Tom has changed much; it's just that he was always a free thinker and often ahead of his time."

George Szasz, a physical chemist, is now scientific representative of the General Electric Company's European laboratories in Zurich, Switzerland. And Tom admits to spending most of his early years in "just trying to keep up with George."

Whatever other labels are pinned upon Szasz, by either friend or critic, one that he will vigorously deny is "anti-psychiatrist." The term, he says, "fails to make the distinction between voluntary and involuntary psychiatry. If one values individual freedom and dignity, then one must, of course, oppose involuntary psychiatry." Szasz believes an individual should not be forced into treatment for a "mental illness" any more than he should be forced into treatment for arthritis or a faulty gall bladder. But what, then, of the rapist, the child molester, the homicidal maniac—are they to be allowed to run free? Of course not. In Szasz's rule book, if you break the rules or infringe on another's rights, you get thrown in the slammer and no bones about it. No copping out with psychiatric jargon such as "temporary insanity" and such—if you can't do the time, don't do the crime. Hospitals should not be jails, nor doctors jailers, and that is that. If a crime is committed, a law broken, the lawbreaker should be punished according to the law. On the other hand, and Szasz is equally adamant on this point, no one should ever, repeat *ever* be incarcerated, i.e., "hospitalized" unless a crime *has* been committed and the perpetrator found guilty through due



process of law.

In pursuing his goal of debunking long-standing psychiatric traditions and jargon, Szasz has, with a scalpel of words and wit, surgically dissected and laid bare for the world to see, virtually every basic assumption of accepted psychiatric practice. Needless to say, he has stepped on a lot of toes during the operation, alienating colleagues right and left. One of his most recent books, *The Manufacture of Madness*, was described by a colleague as containing "... something in it to offend practically everyone."

There is no doubt that he *does* make some seemingly outrageous statements at times, statements that are not only going to offend his colleagues in the field of psychiatry, but a goodly portion of the general public as well. There is very little that he holds sacred, that is, sacred in the sense that it can't be questioned, or improved, even discarded if it doesn't seem to work. Marriage, religion, sex, politics get their fair share of Szaszian social surgery, and although his scalpel sometimes hurts, there are many who think it's high time a little fresh air was allowed into musty, but heretofore sacrosanct, professional psychiatric chambers.

To quote Harper and Row, regarding the recently released revised edition of Szasz's 1961 bombshell: "In the years since its publication... *The Myth of Mental Illness* and the profound and provocative ideas of Thomas Szasz have had a revolutionary impact on laymen and professionals alike. The phrase 'the myth of mental illness' has become a part of the vocabularies of psychiatry and social sciences, and common parlance.

"Dr. Szasz believes that what is nowadays accepted as mental illness is whatever psychiatrists say it is—and that psychiatry has, with increasing zeal, defined more and more kinds of behavior as "mental illness." What is termed mental illness is in fact behavior disapproved of by the speaker. This is a stigmatizing moral judgment, not a medical diagnosis.

"If there is no mental illness, there  
*Continued*

## SEX

Competence in heterosexuality, or at least the appearance or pretense of such competence, is as much a public affair as a private one. Thus, going steady is a high school diploma in heterosexuality; engagement a B.A.; marriage a M.A.; and children a Ph.D.

Perversion: sexual practice disapproved by the speaker.

The modern erotic ideal: man and woman in loving sexual embrace experiencing simultaneous orgasm through genital intercourse. This is a psychiatric-sexual myth useful for fostering feelings of sexual inadequacy and personal inferiority. It is also a rich source of "psychiatric patients."

## ETHICS

There are only three major ethical modes of conduct.

1. The Golden Rule: doing unto others as we would want them to do unto us.
2. The Rule of Respect: doing unto others as they want us to do unto them.
3. The Rule of Paternalism: doing unto others as we, in our superior wisdom, know ought to be done unto them in their own best interests.

## EDUCATION

A teacher should have maximal authority, and minimal power.

Every act of conscious learning requires the willingness to suffer an injury to one's self-esteem. That is why young children, before they are aware of their own self-importance, learn so easily; and why older persons, especially if vain or important, cannot learn at all.

Pride and vanity can... be greater obstacles to learning than stupidity. Psychoanalysis is an effort to teach the "patient" something about himself without humiliating him in the process; often he could learn what the analyst teaches him from his wife (or husband), friends, children, or himself; but this would entail a loss of face which, he feels, he cannot afford.

Similarly, the person who cannot stop talking, who rambles on instead of listening, displays his fear of being found inadequate; he talks not to say something but to stop the other from exposing his weakness.

## LANGUAGE

When we couch behavior in the language of religion, we legitimize it; when we couch it in the language of psychiatry, we illegitimize it.

We say that Catholics who do not eat meat on Fridays and Jews who do not eat pork at all are devoutly religious; we do not say that Catholics suffer from recurrent attacks of meat phobia, or that Jews are afflicted with a fixed phobia of pork.

On the other hand, we say that women who do not leave their homes suffer from agoraphobia and men who do not fly in airplanes suffer from a pathological fear of flying; we do not say that [they] are devout cowards.

## JUSTIFICATION

Men are not rewarded or punished for what they do, but rather for how their acts are defined. This is why men are more interested in better justifying themselves than in better behaving themselves.



## MARRIAGE

Marriage is a gift man gives to a woman for which she never forgives him.

Psychiatrists construct elaborate explanations for why people marry and divorce. But the meaning of these acts is fairly self-evident. What requires explanation is why individuals stay married.

Marriage is a legally binding contract which the contracting parties are expected to make without legal assistance, but which they are prohibited by law from dissolving without such assistance.

## EMOTION

Happiness is an imaginary condition, formerly often attributed by the living to the dead, now usually attributed by adults to children, and by children to adults.

Gratitude is contingent on feelings of equality or superiority. Men thus feel grateful not so much because others have treated them well (albeit this is usually a prerequisite for feeling grateful), but rather because they have equaled or surpassed their former benefactor. The moral: expect gratitude only from those who, whether through your help or their own efforts, have equaled or surpassed you in life.

## LAW

The state cannot "legalize" any act; it can only "criminalize" acts or leave them alone.

Psychiatric expert testimony: mendacity masquerading as medicine.

An old adage (whose source I cannot locate) cautions the would-be lawmaker not to prohibit what he cannot enforce. For some time now, American lawmakers have followed the opposite rule—namely, that what they cannot control, they can at least prohibit.

## SUICIDE

"Attempted suicide" is strategic psychiatric rhetoric; in most cases "attempted suicide" is actually "pretended suicide."

## PSYCHIATRY

The problem with psychiatric diagnoses is not that they are meaningless, but that they may be, and often are, swung as semantic blackjacks: cracking the subject's dignity and respectability destroys him just as effectively as cracking his skull. The difference is that the man who wields a blackjack is recognized by everyone as a thug, but one who wields a psychiatric diagnosis is not.

Traditional psychiatry distinguishes between minor and major mental illnesses (neuroses and psychoses), according to whether or not the patient has insight into his illness. Actually, psychiatrists classify a person as neurotic if he suffers from his problems in living, and as psychotic if he makes others suffer.

Excerpts from *The Second Sin* by Thomas Szasz. Copyright (c) 1973 by Thomas S. Szasz. Reprinted by permission of Doubleday & Company, Inc.

*Continued*

can be no 'treatment' or 'cure' for it. When personal problems are seen for what they are—helplessness and fear, envy and rage, and the many other miseries that beset man—and are not masked under the guise of illness, being 'mentally ill' ceases to be a refuge from personal accountability, and the individual's responsibility for his own conduct can then be faced.

"This is not to say that people may not change their personality or behavior, either with psychiatric interventions or without them. Some psychotherapists can help some people who come to them voluntarily, by clarifying their patterns of personal conduct and by helping them to scrutinize the goals and values of the life games they play. But *involuntary* psychiatric interventions are not treatments but tortures, Dr. Szasz maintains, and are morally intolerable in a society that values individual freedom and decries coercive controls unregulated by the rule of law."

And, for a book jacket blurb, that's a remarkably accurate capsule account of the actual content.

*Myth* is a fascinating book, but for sheer audaciousness of content, and easy reading, the collection of aphorisms, definitions, maxims and pure Szaszisms found in *The Second Sin*, published in 1973 by Doubleday, is Szasz at his Menckenesian best. With scalpel in hand, and often with tongue in cheek, Szasz doesn't hesitate to leave the psychiatric operating field now and then to take a few whacks at various other heretofore deified institutions. With the kind permission of Doubleday & Co. Inc. we have excerpted from *The Second Sin* those passages which you find running alongside this article. Some of them might make you laugh, more than one might make you mad, most of them—we hope—will make you think. And may we hasten to point out that the views of the author are not necessarily the views of the editors of *Horizons* nor the University of Cincinnati. They are simply—views.

If some seem extreme—remember the story about the stubborn mule. ☹