

Szasz and Rand

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Faith in Freedom: Libertarian Principles and Psychiatric Practices

Thomas Szasz

New Brunswick, New Jersey: Transaction Publishers, 2004

xvi + 264 pp., index

For 50 years, Thomas Szasz has debunked what he calls the Therapeutic State, the institutional violation of individual liberty in the name of promoting health and preventing disease. “Heroic” is the most apt term to describe his efforts. Educated as a psychiatrist and psychoanalyst, the Hungarian-born Szasz has taken on every aspect of the Therapeutic State—from the stigmatizing diagnosis of mental illness, which ignores the scientifically grounded criteria of disease, to involuntary mental hospitalization (“a crime against humanity”), to the insanity defense/verdict, to the laws against drug manufacture/consumption and suicide. For many years, he stood virtually alone for individual freedom, reason, free will, and self-responsibility against the formidable, well-funded forces of scientism, materialism, and coercion—that is, psychiatry. Every advocate of reason and freedom should find inspiration in Szasz’s two dozen books and hundreds of popular and scholarly articles.

His latest book, *Faith in Freedom (FiF)*, is different from his others, which include *The Myth of Mental Illness* (1961), *Law, Liberty, and Psychiatry* (1963), *The Manufacture of Madness* (1970), *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts, and Pushers* (1974), *Schizophrenia: The Sacred Symbol of Psychiatry* (1976), *Insanity: The Idea and Its Consequences* (1987), *Our Right to Drugs: The Case for a Free Market* (1992), *The Meaning of Mind: Language, Morality, and Neuroscience* (1996), *Fatal*

Freedom: The Ethics and Politics of Suicide (1999), *Pharmacocracy* (2001), and *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry* (2002). In *FiF*, after describing the irreconcilable conflict between freedom and self-responsibility on one hand and coercive psychiatry on the other, Szasz turns his sharp analytical skills toward champions of liberty, most of whom, curiously, have been silent about, if not supportive of, psychiatric slavery. Among the thinkers Szasz examines are John Stuart Mill, Bertrand Russell, Murray Rothbard, Robert Nozick, Ludwig von Mises, F. A. Hayek, Julian Simon, Deirdre McCloskey, and, of particular interest to readers of this journal, Nathaniel Branden and Ayn Rand.

Before discussing his chapters on Rand and Branden, it is necessary to outline the Szaszian philosophy. Szasz wrote recently that the mythical nature of mental illness is not a conclusion but a premise. This may strike some readers as strange—but shouldn't for long, for it is a premise in the same way that, for Mises, the concept of human action is an axiomatic premise. People act to achieve objectives, and we cannot understand what they do if we view them without these axiomatic lenses. The existence of human action need not be proved, indeed, *can't* be proved. Action is self-evident—attempting to disprove it perforce demonstrates it. In Randian terms, one who does not acknowledge human action has no epistemological right to the concept *proof*; it is a “stolen concept” because it presupposes action.

Szasz simply insists that people stigmatized as mentally ill *act*; that is, they use means to pursue chosen ends. We may not approve of or understand their means or ends, but that doesn't entitle us to assume that such people exist outside the praxeological framework. In other words, psychiatry is morality masquerading as medicine.

The psychiatric worldview wishes to explain what looks like human action as the symptoms of diseases “like any other,” either of the brain or of the mind. (Psychiatry has gone back and forth between these alternatives. Today the brain dominates, since it is fashionable to reduce the mind to the brain. However, the ambiguous term “disorder” is used more often than “disease.”) But this immediately runs into trouble, as Szasz has long pointed out. The

standard criterion of disease is bodily pathology. But the mind is not a material organ. In Szasz's view, mind is the person's capacity to engage in self-conversation about himself and his environment. It is not the kind of "thing" that can become ill.

The brain of course can indeed become ill: Alzheimer's and Parkinson's disease are recognized brain illnesses, and others will undoubtedly be discovered. But here is a key point: such diseases are confirmed by the time-honored medical criteria and are recognized not only by clinical physicians, but also by pathologists. Real diseases are found in cadavers at autopsy. But the putative "mental" diseases—schizophrenia, depression, bipolar disorder—are not even listed in pathology textbooks, much less found in cadavers. There are no tests or biological markers for mental illness. Psychiatrists do not examine the brains and bodies of their patients. The psychiatrists' predictions that new brain-scan technology would establish their bona fides have fallen flat, as documented by the *New York Times* on 18 October 2005 ("Can Brain Scans See Depression?"). But as Szasz long ago wrote, even if one identified some connection between the behavior of someone diagnosed as mentally ill and some unusual brain process, this would not prove that the behavior was *caused* by the brain activity. It may well be that the person's conduct and its underlying outlook on life created the brain abnormality. Nor have psychiatry's hopes of finding strong correlations between disturbing or disturbed conduct and levels of various brain chemicals panned out. (See Robert Whittaker's *Mad in America*.) Disease can cause deficits—paralysis, fatigue, blindness—but how can it "cause" complex chains of behavior, such as the actions John Hinckley Jr. took in his attempt to assassinate President Reagan? Human action has *reasons* not causes, Szasz insists.

But it is the reigning faith of our time that some behavior has reasons and some behavior has causes—and there is a specially trained group of people who can tell the difference. In fact, as Szasz shows, psychiatrists are phony doctors engaging in phony diagnoses about phony diseases. What they call treatment and hospitalization are in fact usually assault and incarceration.

What, then, do psychiatrists really do? They stigmatize people

and facilitate their oppression on the basis of implicit ethical criteria, albeit in medical terms. As I have summed up Szasz's position previously:

If neuroscientists discovered that mass murderers and people who claim to be Jesus had different brain chemistries from other people, *most everyone* would accept this as evidence that they suffered from a mental illness/brain disorder (MI/BD).

If neuroscientists discovered that homosexuals had different brain chemistries from heterosexuals, *far fewer* people would accept this as evidence that they suffered from a MI/BD.

If neuroscientists discovered that nuns had different brain chemistries from everyone else, *very few* people would accept this as evidence that they suffered from a MI/BD.

If neuroscientists discovered that married men had different brain chemistries from bachelors, *no one* would accept this as evidence that they suffered from a MI/BD.

Clearly, a difference in brain chemistry per se is not enough to make people believe that someone has a MI/BD. It takes more. Why, then, would a difference in one case be taken as evidence of MI/BD, while a difference in another case would *not* be? The obvious answer is that people, including psychiatrists, are willing to attribute behavior to mental illness/brain disorder to the extent that they disapprove of that behavior, and are *unwilling* to do so to the extent they approve of, or at least are willing to tolerate, that behavior. (Psychiatry once held that homosexuality was a mental illness. That position was changed, but not on the basis of scientific findings. Science had nothing to do with the initial position either.)

In other words, the psychiatric worldview rests, not on science or medicine, as its practitioners would have us

believe, but on ethics, politics, and religion. (Richman 2004)

Szasz emphasizes that a psychiatrist typically does not come on the scene until there is a conflict, either within a person, in which case he calls the psychiatrist himself, or between persons (usually within a family), in which case one person turns another over to the psychiatrist, often against his will. Thus, psychiatry as we know it is the *medicalization of human conflict*. Szasz was widely misunderstood when he branded mental illness a myth. He does not deny that people engage in highly disturbing and even atrocious conduct. (Unlike the “anti-psychiatrists,” he never maintained that the mentally ill are actually saner, supersensitive people reacting to a world dark with madness.) What he objects to is the attempt to explain such behavior medically, or scientistically. He is fond of this quotation from the philosopher Gilbert Ryle (1949, 8): “A myth is, of course, not a fairy story. It is the presentation of facts belonging to one category in the idioms belonging to another. To explode a myth is accordingly not to deny the facts but to re-allocate them.”

The conversion of morals into medicine has provided cover for the barbaric treatment of those diagnosed as mentally ill. From the early madhouses where “beasts” were beaten, immersed in freezing water, and chained, to the hospitals where patients were lobotomized and electroshocked, to the modern outpatient “mental health facilities” where people are required to take powerful psychiatric medicines that induce the symptoms of Parkinson’s disease, the record of psychiatry is shameful. As Szasz puts it, on Monday, Wednesday, and Friday psychiatrists help lock up innocent people, and on Tuesday and Thursday they help acquit guilty people. In either case, psychiatry opposes freedom and self-responsibility.

The contrast with physical illness could not be more stark. Although mental illness is alleged to be like any other illness, competent people who suffer physical illnesses are not treated against their will. In *FiF*, Szasz embraces Charles Sanders Peirce’s injunction to “Consider what effects . . . we conceive the object of our conception to have” (Szasz 2004, 133). He elaborates: “The consequences of the contemporary concept of mental illness are incarcerating innocent

persons, excusing persons guilty of crimes, and countless other infringements of individual liberty and personal responsibility. It is disingenuous, if not dishonest, to discuss and defend the concept of mental illness and ignore this essential aspect of it” (133).

He takes this further by pointing out that “Since psychologists and psychiatrists are legally and professionally obligated to deprive ‘seriously mentally ill’ persons of liberty, *they cannot be both libertarian and mental health professionals*” (130; emphasis added). He then adds parenthetically, “I am called a psychiatrist, but am not a psychiatrist. I do not believe in and do not treat mental illness.”

It is important to understand that Szasz’s critique is broader than psychiatry. He is concerned with all manifestations of the Therapeutic State, with its intent to blur the distinction between private health and public health (that is, infectious disease). Today, no health matter is regarded as entirely private. This is both a cause and effect of government intervention, and it is why government is involved with smoking, diet, and so on. Why does the government write dietary guidelines? Obviously, the more that government pays for medical care, the most plausible is its claim that health is a public matter; if the taxpayers will have to pay the bills for their fellow citizens’ ill health, why shouldn’t the government regulate behavior and save the taxpayers money? That is the opening to totalitarian control in the name of health and fiscal responsibility.

For Szasz, then, libertarianism and the modern ideology of psychiatry are intrinsically at odds. “The most important challenge now facing libertarians,” he writes, “lies, in my view, on the psychiatric front—that is, abolishing coercive or involuntary psychiatry root and branch and replacing it with a fully voluntary, contractual ‘free market psychiatry,’ neither helped nor hindered by the state” (38).

FiF contains new theoretical material, specifically in charting the parallels between (neoclassical) economics and psychiatry—“twin scientisms.” He writes: “The success of science has inevitably spawned imitations of science, called ‘scientisms.’ . . . I regard scientism as a type of cheating or impersonation—a nonscientist pretending to be a scientist. This description fits both economists and psychiatrists perfectly” (39).

Imitating real scientists, economists and psychiatrists use (pseudo)scientific language, but cannot dispense with the use of ordinary language as well. The scientific-scientific language of economics is mathematics, of psychiatry, neuroscience. That is for show. The real action lies in law and politics: economists and psychiatrists solicit politicians to enact the kinds of economic and psychiatric policies they favor. . . . [T]he functions of both economics and psychiatry are, properly speaking, theological and political. Both deal with beliefs and values; both offer explanations of how people live and recommendations of how they ought to live; and both use force and justify its use by professional rhetoric. . . . (40)

Why are economists and psychiatrists so eager to claim special scientific status for themselves? For the same reason that, formerly, priests claimed special theological status for themselves. Because they want to be able to sell their supposedly useful services to the public and the government; and, most importantly, by serving the state, they want to be in a position to influence its policies. (58)

Szasz goes on to suggest that economics rightly conceived (catallactics) is the opposite of psychiatry (“coercetics”). He cites James Buchanan’s point that the solitary Robinson Crusoe makes choices, but not *economic* choices, because they do not involve cooperation with others. “Similarly, I have emphasized that, as long as Crusoe is alone, he could have malaria, but could not have schizophrenia. Why not? Because malaria is the name of a parasitic disease that could well kill him, whereas schizophrenia is the name of a behavior that connotes conflict. Crusoe could ‘develop’ schizophrenia only after he and Friday come into conflict and Friday so labels Crusoe’s behavior” (72).

Szasz furnishes a vivid illustration of the Therapeutic State in action through the story of the economist and libertarian Deirdre N. McCloskey, who was born Donald McCloskey. At age 52, the

transsexual McCloskey told his wife, sister, and children that he would become a woman. Szasz, basing his account on McCloskey's book *Crossing*, writes that McCloskey's sister and wife attributed this decision to mental illness. That would have been bad enough, but McCloskey's sister, a psychologist and "liberal" activist who was angry that the psychiatrist McCloskey saw voluntarily did not say what *she* wanted to hear, had McCloskey committed—twice. Szasz emphasizes that few people realize that this is what the mental-health system comes down to. One day, McCloskey—a perfectly competent, functional, and law-abiding adult—was visited by "two uniformed men." They say (according to McCloskey's account), "Sir, you have to come with us. We have a warrant. . . . A warrant for arrest for mental examination" (200). He manages to get released after demanding a hearing. But that wasn't the end of it. Szasz writes: "Two weeks after the commitment hearing in Iowa, McCloskey attends the annual meeting of the Social Science History Association at the Palmer House in Chicago, honoring him for his work on the rhetoric of economic history" (202). McCloskey is called away from the meeting. He hurriedly leaves the room, fearing that his wife or one of his children has been injured or become ill. But he's wrong. As McCloskey recounted:

And there was his [Donald's] sister, with two big Chicago policemen. Oh, my God, not again.

"I don't suppose you have informed the new judge that you've tried this once already in Iowa?"

Ignoring him, she ordered one of the policemen: "That's him. Seize him." (202)

With the help of a high-priced attorney, McCloskey again acquires his freedom. He knows he is fortunate. "What if I were poor?" he asks (203).

As Szasz stresses, McCloskey was not hospitalized, but incarcerated. Why? Because McCloskey's family was embarrassed by his

desire to be a woman. They chose psychiatric coercion to “resolve” the conflict. This is the Therapeutic State stripped to its essentials. Conflict between individuals, particularly members of the same family, is ubiquitous. Thus, in today’s legal context, the “psychiatrization” of conflict is a recipe for totalitarianism.

Considering psychiatry’s threat to individual liberty and self-responsibility, Szasz finds it hard to fathom why genuine liberals, or libertarians, fail to be concerned with the Therapeutic State. Why would thinkers, who are ordinarily skeptical about rationalizations for state power, accept its widespread exercise against innocent people in the name of mental health? “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. . . . 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 it justifies” (xiii–xiv).

One might respond that under the intellectual division of labor, not every libertarian writer needs to address psychiatric issues, especially considering their ostensibly esoteric nature. But I believe this criticism misses the mark. If libertarians, like Thomas Jefferson, swear “eternal hostility against every form of tyranny over the mind of man,” then it is their responsibility to become aware of the unlibertarian and scientific nature of psychiatry and the Therapeutic State it underpins. “That’s not my department” is a poor excuse for timid acceptance and even enthusiastic support in the face of preventive detention, the forcible administration of drugs and electroshock, and the relief from responsibility for heinous acts.

Szasz addresses this criticism. “Admittedly, ours is an age of specialization. . . . However, from social scientists—that is, from students of human affairs and personal responsibility—I believe we ought to expect more: they ought to familiarize themselves with the few truths and many falsehoods about the medical specialty called ‘psychiatry.’ . . . 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” (xiv).

So what does Thomas Szasz have to say about Ayn Rand? I will end the suspense now. Szasz has positive and negative things to say about Rand, but I will confine myself to Szasz’s references to Rand’s comments on psychiatry and psychology. In terms of her contribution to the philosophy of freedom, suffice it to say that in Szasz’s view she “did not add anything of significance to the grand literature of liberty, from Montesquieu to Voltaire, Adam Smith, Acton, Mises, and Hayek” (123).

In remarks based on Murray Rothbard’s paper “The Sociology of the Ayn Rand Cult,” Szasz writes: “[T]he Randian and Freudian cults were very similar. Many Randians showed a keen interest in psychoanalysis. Indeed, in the eyes of many of Rand’s followers, her lectures on Objectivism became indistinguishable from expositions on psychotherapy and exercises in group therapy.” After quoting Rothbard’s contention that in the Objectivists’ eyes the “cure for . . . neurosis” lay in ridding oneself of bad philosophy and embracing Objectivism, Szasz comments: “The similarities between this process and the teaching of psychoanalysis—especially ‘training analysis,’ required by psychoanalytic institutes—are not coincidental. A quasi-religious indoctrination is, I have long maintained, intrinsic to ‘mental health’ and ‘psychotherapy’ as fanatical secular religions” (124–25). (For the record, *FiF* was published before James Valliant’s book, *The Passion of Ayn Rand’s Critics*. But Szasz presumably would not have been surprised by Rand’s acting explicitly for years as Nathaniel Branden’s psychotherapist or by her feeling entitled to diagnose Branden’s psychological “ailments.”)

Although Rand never wrote about psychiatry, Szasz says she “emerges as a person who saw through much of the imposture that characterizes the mental health field, but had no particular interest in psychiatric coercions or excuses” (126).

Szasz’s favorable view of Rand is somewhat charitable considering that Branden’s early writings on psychology and mental health, of which Szasz is critical (see below), all had Rand’s explicit endorsement and continued to have it even after their split. (Szasz acknowledges

Rand's role in his chapter on Branden.) Branden published "Mental Health versus Mysticism and Self-Sacrifice" in the March 1963 issue of *The Objectivist Newsletter*, later reprinted as the second chapter of *The Virtue of Selfishness*. In that essay, Branden writes about "the mind" in the literal terms of health and illness, as though it were a physical organ. He states: "The standard of mental health—of biologically appropriate mental functioning—is the same as that of physical health: man's survival and well-being. . . . Anxiety and guilt, the antipodes of self-esteem and the insignia of mental illness, are the disintegrators of thought, the distorters of values and the paralyzers of action" (Branden [1963] 1964, 36). There is no indication that Branden was using "health" and "illness" metaphorically. It is one thing to attribute unhappiness and failure to faith and the suspension of reason; it is something else entirely to see these as causes of (literal) psychopathology.

Moreover, Rand's 1971 essay "The Psychology of Psychologizing" directly reveals her acceptance of mainstream notions about mental health and mental illness. Although she begins this essay by condemning the pretentious and invidious dressing of moral judgment in psychological terms, she herself soon does something similar:

A man who has psychological problems is a conscious being; his cognitive faculty is hampered, burdened, slowed down, but not destroyed. *A neurotic is not a psychotic*. Only a psychotic is presumed to suffer from a total break with reality and to have no control over his actions or the operations of his consciousness (and even this is not always true). A neurotic retains the ability to perceive reality, and to control his consciousness and his actions (this control is merely more difficult for him than for a healthy person). So long as he is not psychotic, this is the control that a man *cannot* lose and *must not* abdicate. . . . A layman needs some knowledge of medicine in order to know how to take care of his own body—and when to call a doctor. The same principle applies to psychology: a layman needs some knowledge of psychology in order to understand the nature of a human consciousness;

but theoretical knowledge does not qualify him for the extremely specialized job of diagnosing the psychopathological problems of specific individuals. . . . [T]he mind is a processing organ; so is the stomach. (Rand [1971] 1990, 28–29, 31; emphasis in original)

Nevertheless, from Rand’s correspondence with John Hospers, Szasz points out that she disagreed with Hospers’s view that Freud had discovered some of the causes of human behavior. Szasz comments that Rand “had a healthy skepticism about doctrines based on nothing but authority, her own excepted. She saw clearly the reductionist fallacy in psychoanalysis and in Hospers’s thinking: understanding how a person’s body works is not the same as understanding the reasons for his actions.” He quotes Rand: “If I were the first scientist who discovered some of the things that man can do with his vocal chords, this would be valuable, but it would not entitle me to declare what songs all men could sing at a certain time or why they would want to sing them. . . . If Freud discovered that men have the capacity to repression, this does not entitle him to declare what they repress is the desire to sleep with their mothers or fathers” (127).

When Hospers tells her he can’t say whether an armed robber should be imprisoned or subjected to “psychiatric therapy to keep him from repeating the offense,” Rand’s response, Szasz writes, is “eloquent testimony to her intelligence and courage to see through the sacred dogmas of law-and-psychiatry.” He quotes her:

The purpose of law is *not* to prevent a future offense, but to punish the one actually committed. If there were a proved, demonstrated, scientific, objectively certain way of preventing future crimes (which does not exist), *it would not justify the idea that the law should prevent future offenses and let the present one go unpunished.* . . . Therefore, “psychiatric therapy” does not belong—on principle—among the alternatives you list. And more: it is an enormously dangerous suggestion. . . . Since *prevention* of crime is a *psychological* issue, since it involves a

man's *mind* (his premises, values, choices, decisions), it would be monstrously evil to place a man's mind into the power of the law, to let the law prescribe and *force upon him* any course of treatment involving or affecting his mind. If "*the prevention of crime*" were accepted as the province and purpose of the law, it would permit and necessitate the most unspeakable atrocities: not merely psychological "brainwashing," but physical mutilations as well, such as electric shock therapy, prefrontal lobotomies and anything else that neurologists might discover. No moral premise—except total altruistic collectivism—could ever justify that sort of horror . . . *a penal code has to treat men as adult, responsible human beings*; it can deal only with their actions and with such motives as can be objectively demonstrated (such as intent vs. accident); it cannot assume jurisdiction over men's minds, brains, souls, values and moral premises—it cannot assume the *right* to change these by forcible means. (128–29; Rand's emphasis)

Szasz expresses his agreement with these remarks, and, indeed, in this Rand and Szasz are on the same wavelength. But he notes that Rand accepted commitment, in Rand's words, "[i]f a man is *proved* to be legally irresponsible, that is, insane . . . incapable of reasoning . . . unable to claim the rights of a rational man." Yet she quickly acknowledged that "the issue of proving it [insanity] is enormously complex, controversial and dangerous, since no fully demonstrated, scientific knowledge is yet available on what can be taken as proof" (129; Szasz's emphasis).

Szasz comments: "For all this, Rand deserves far more credit than she has received." But he points out that she regarded neurosis as a disease "and has to be treated as such" (131).

Szasz seems to stray from his thesis (the libertarian neglect of the Therapeutic State) in noting, like others, that children are nonexistent in Rand's novels. To that effect, he quotes Whittaker Chambers's infamous review of *Atlas Shrugged* in *National Review*. Even more puzzling is Szasz's inclusion of Chambers's outrageous and invidious passages about Rand's alleged "dictatorial tone" and about gas

chambers. “This is a bit over the top,” Szasz comments. “Chambers’s theatrical flourish does not do justice to Rand’s principled rejection of initiating the use of force. . . . And yet, Chambers detected a deep flaw in Rand’s character that was there and was not just maliciously imputed to her” (130). Szasz concedes he is “not . . . a student of Rand’s writings” (130). In my opinion, Chambers’s offensive review is best left buried and forgotten. As noted, Szasz’s book was written before Valliant published *The Passion of Ayn Rand’s Critics*, which argues that Rand was not the authoritarian terror or cult leader she has been made out to be. Whether that book would have prompted Szasz to write his Rand chapter differently, one can only speculate.

If Szasz found some favorable things to say about Rand, such is not the case in his chapter on the psychologist Nathaniel Branden:

Branden’s views on mental illness and psychotherapy do not deserve serious attention. I present them only because many libertarians regard him as a representative of “libertarian psychology and psychotherapy.” . . . Branden proudly identifies himself with psychiatrists and other mental health professionals: he believes that mental illnesses exist and that, ontologically, they belong in the same class as physical illnesses, such as AIDS, diabetes, or cancer. *Comme il faut*, he ignores the coercions and excuses intrinsic to the legal and psychiatric use of the term “mental illness.” The persons who typically deploy the term “mental illness” to coerce and excuse people are judges, legal scholars, and practicing attorneys. Yet Branden does not mention the opinion of a single psychiatrist, psychiatric critic, judge, or legal scholar. He does not mention psychiatric drugs, mental hospitals, involuntary mental hospitalization, the insanity defense, suicide, and homosexuality.

Evidently, Branden considers none of these issues important. What he focuses on instead is the “mind,” an “entity” whose “condition” Branden claims to have special expertise in

diagnosing and treating. (135)

Szasz quotes Branden as writing, “Mental illness is, fundamentally, psycho-epistemological; a mental disorder is a thinking disorder. This is fairly obvious in cases where the patient’s predominant symptoms are hallucinations, delusions. . . .” On which Szasz comments: “Branden appears to be unfamiliar with the vast psychiatric literature on schizophrenia, whose popularized version he presents as if it were his own discovery. As usual, he ignores the almost equally vast literature critical of the concept of schizophrenia as a disease” (136). He finds much in Branden’s writings—he specifically discusses *The Psychology of Self-Esteem* and *Breaking Free*—“nonsensical,” “drivel,” and evidence of his being a “genuine cockalorum,” but in my view, some of Szasz’s criticisms in areas other than psychiatry stem from his unfamiliarity with Rand’s philosophical writings.

Surprisingly, Szasz doesn’t point out that Rand and Branden’s views on mental illness are, in fact, self-subverting. To say that mental illness is a *thinking* disorder is to say that it is *not* illness. (What is a diagnosis of a thinking disorder if not an evaluation of someone’s thinking?) And to say that curing mental illness entails the embrace of the Objectivist ethics is to say the same thing. How can an illness be cured by an ethical code? Cancer and pneumonia can’t be cured by ethics. Branden’s real view seems to be that “mental” problems are, to use Szasz’s term, “problems in living”; that is, they have nothing to do with psychiatry or neurology.

This becomes obvious in the events surrounding the Rand-Branden romantic relationship, which Szasz uses effectively to undercut Branden’s claims as a psychologist. When the affair commences, Branden’s wife, Barbara, suffers a great deal. Who would be surprised by that? Yet Branden attributes his wife’s suffering to “pathological anxiety.” Why the medical term? Barbara Branden herself, in her biography, *The Passion of Ayn Rand*, states that pathological anxiety is “primarily the result of a chemical imbalance in the brain” (Branden 1986, 277). But this tells us little. Did the chemical imbalance cause the anxiety, or did the anxiety (a response to a loved one’s callousness) cause the imbalance (if it really existed at all)? On

this Szasz comments: “This is what happens when psychologists—who cannot tell the difference between the pancreas and the parathyroid—play doctor. . . . The mind boggles. Intellectual arrogance mixed with medical ignorance, serving the cause of self-deception, seemingly has no limits. If Branden had beaten his wife and broken her jaw, would they still have attributed the pain in her jaw to a chemical imbalance in her brain?” (141–42).

In his chapter on Branden, he offers another reason for respecting Rand: “she could smell a fraud”—namely, the medical claims about depression. When Branden explained that some depression has a “biological basis, she angrily disagreed: ‘I can tell you what causes depression. I can tell you about rational depression and I can tell you about irrational depression—the second is mostly self-pity—and in neither case does biology enter into it’” (142).

Szasz has produced a prodigious literature of liberty—and, at age 85, he is not finished. In my view, his criticism of libertarian obliviousness to coercive psychiatry is spot-on. One hopes that *Faith in Freedom* will be an alarm clock for sleeping libertarians.

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