

PSYCHIATRIC FRAUD AND FORCE: A CRITIQUE OF E. FULLER TORREY



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special legal status and treatment, we ought to reject psychiatric assertions about people's mental condition ("mental illness") as justification for according them special legal status and treatment. Dr. Szasz has received many awards for his defense of individual liberty and responsibility threatened by this modern form of totalitarianism masquerading as medicine. A frequent and popular lecturer, he has addressed professional and lay groups and has appeared on radio and television in North, Central, and South America as well as in Australia, Europe, Japan, and South Africa. He is the author of 30 books, among them the classic, *The Myth of Mental Illness* (HarperCollins, 1961). His two most recent works are *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry* (Transaction, 2002) and *Faith in Freedom: Libertarian Principles and Psychiatric Practices* (Transaction, 2004). His books have been translated into every major language.

Summary

E. Fuller Torrey is the most prominent advocate of forced psychiatric treatment in the United States today. He regards the use of coerced therapy as so medically and socially important that it justifies deceiving the patient. The author presents a critical review of Torrey's propagandizing for the increased use of psychiatric force and fraud in "treating mental illness," noting that in the past, Torrey had condemned these very practices. In his book *The Death of Psychiatry*, Torrey agreed with Szasz's criticism of the concept of mental illness and opposition to involuntary psychiatric interventions and the insanity defense. He was invited to respond to this article but did not.

Keywords: *E. Fuller Torrey; Thomas Szasz; myth of mental illness; involuntary mental hospitalization; schizophrenia*

E. Fuller Torrey (1937-) is the most prominent advocate of forced psychiatric treatment in the United States today. He views this goal as so lofty that he boasts of using fraud to achieve it (Mencimer, 1998).

Torrey did not always extol psychiatric fraud and force. Until at least 1974, he agreed with my view that “mental illness” is a myth and shared my objections to involuntary psychiatric interventions and the insanity defense.

In his book *The Death of Psychiatry*, Torrey (1974) reprised every one of my criticisms of psychiatry—from my assertion that mental illness is a myth to my contentions that mental hospitals are prisons, that the insanity defense ought to be abolished, and that suicide is a basic human right—often with the same arguments and the same language that I use. If imitation is the highest form of flattery, then Torrey was paying me a great compliment indeed. Here are some illustrative excerpts:

“Diseases are something we have, behavior is something we do.” On this premise, Torrey develops his theory that the vast majority of people whom we call “mentally ill” have problems of living rather than physical disabilities. They are not “sick” and therefore must not be “warehoused” and “treated” on the basis of a medical model. (Torrey, 1974, dust jacket)

A mental “disease” is said to be a “disease” of the mind. . . . But a “mind” is not a thing and so technically it cannot have a disease. . . . At this point, disciples of the medical model may answer: “What we really mean, of course, by mental ‘disease’ is brain disease. We mean that the structure and function of the brain are impaired.” Brain disease, in this line of thought, is like kidney, liver, or thyroid disease. It is the impairment of structure or function of an organ. And by talking about brain disease, we are not in danger of creating another mysterious organ called the mind. In fact, there are many known diseases of the brain. . . . Tumors, multiple sclerosis, meningitis, and neurosyphilis are some examples. But these diseases are considered to be in the province of neurology rather than of psychiatry. . . . None of the conditions that we now call mental “diseases” have any known structural or functional changes in the brain. . . . This is true not only for conditions with labels like “explosive personality” and “paranoid personality,” but also for the behavior we categorize as “schizophrenia.” (Torrey, 1974, pp. 36, 38-39, *italics added*) [Note that Torrey goes out of his way to include schizophrenia among the alleged dis-

eases not identifiable by structural or functional changes in the brain.]

“Doctors” who are not doctors, and “hospitals” which are not hospitals comprise the world of psychiatry. . . . Mental “hospitals” are not only like prisons—they are much worse. . . . Another fallacy about mental “hospitals” which is frequently used to justify them is that they protect society from large numbers of “dangerous mental patients.” In fact, the number of individuals in these “hospitals” who can be considered as dangerous is infinitesimal. (Torrey, 1974, pp. 56, 69, 75)

We abide by the tenet that it is not justified to lock up people for something they might do, for this is an infringement on our freedom. But not so with mental “patients.” They are kept for indeterminate, and often interminable, periods for what they might do. One might ask why the myth of their dangerousness persists and why we apparently feel a strong compulsion to lock them up. The answer would necessitate a book in itself. Probably much of it, however, revolves around our need to scapegoat another group (in this case, mental “patients”). . . . As Szasz points out, a drunken driver is infinitely more dangerous to others than is a “paranoid schizophrenic,” yet we allow most of the former to remain free while we incarcerate most of the latter. . . . Involuntary confinement of “mental patients” is the rule, not the exception. . . . It should not be possible to confine people against their will in mental “hospitals.” If people are held to be universally responsible, then the rationale for such confinement ceases to exist. . . . This implies that people have a right to kill themselves. (Torrey, 1974, pp. 76, 89, 85, 180)

Usually when a person says he wants to kill himself, we just label him as mentally “ill,” therefore not responsible, therefore a candidate for the locked mental “ward” until he changes his mind. . . . Regarding a person who is adjudged to be “dangerous to others,” such a person should be dealt with in a judicial rather than a medical manner. (Torrey, 1974, pp. 180, 181)

When the concept of nonresponsibility is rejected outright, then people who [*sic*] we have called mentally “ill” are given back some of their dignity. . . . Furthermore, there would be no such thing as depriving a person of his right to stand trial. Everyone would retain this civil liberty as guaranteed by the Constitution and it could not be usurped by a psychiatrist or a judge. (Torrey, 1974, p. 179)

Another element which further muddles the scene is the way in which the term “schizophrenia” has come to be used, especially in the United States and the Soviet Union. Some professionals will label as “schizophrenic” virtually anyone who looks crosseyed or wears different colored socks. . . . The term “schizophrenic” will wither away to the shelves of museums, looked back upon as an historical curiosity along with the crank telephone. (p. 160)

Until we have more precise indicators, it is best that we err on the side of labeling too few, rather than too many, as brain diseased. In other words, a person should be assumed not to have a brain disease until proven otherwise. . . . This is exactly the opposite of what we do now as we blithely label everyone who behaves a little oddly “schizophrenic.” Human dignity rather demands that people be assumed to be in control of their behavior and not brain diseased unless there is strong evidence to the contrary. (p. 161)

[Chapter title and subhead:] Mental “Disease” as Preventable: The Road to Psychiatric Fascism; The Psychiatrization of Social Problems. (Torrey, 1974, pp. 97, 104)

If behavioral scientists come into the courtroom at all, they should come clearly labeled as a witness for either the defense or the prosecution. Such a scheme has been previously suggested by Szasz. . . . When psychiatrists go out into the community, they inevitably follow the road to psychiatric fascism. (pp. 183, 187)

Medicine is adequate for understanding human tissues but we need a model for understanding human issues. The major threats to our existence are no longer intracellular and intercellular but rather intrapersonal and interpersonal. We are the generation of Auschwitz. (Torrey, 1974, p. 200)

When *The Death of Psychiatry* was ready for publication, Torrey asked me to write a blurb for it, which I did. I wrote,

Dr. Torrey presents a reasoned review of the mythology of “mental illness” and the persecutory practices of psychiatry. . . . His work should help to make psychiatric barbarities couched in the idiom and imagery of medical care morally more distasteful and hence politically less useful. I commend his courage and recommend his book. (Szasz in Torrey, 1974, back cover)

When the book was published, Torrey presented me with an inscribed copy. The inscription reads, “To Tom, with many thanks for saying nice things about the book. If it has 1/10th the effect which your books have had, I shall be happy. Fuller.”

The Death of Psychiatry was not Torrey’s first foray into the field of psychiatric criticism. In 1972, he published a book titled *The Mind Game: Witchdoctors and Psychiatrists*. His thesis in *The Mind Game* was also not novel. One of the chapters in my book, *The Manufacture of Madness*, originally published in 1970, is titled “The Witch as Healer.” In the preface to *The Mind Game*, Torrey (1972) wrote,

Too often added years seem only to bring the encrustations of time, obtunding self-criticism and impelling self-justification. Perhaps it is only from the vantage point of the nest's edge that the relationship of witchdoctors and psychiatrists can be clearly seen. (p. xiii)

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Since 1974, when *The Death of Psychiatry* was published, neither psychiatry nor my views about it have changed much. My conviction about the metaphorical character of “mental illness” has only deepened, and my opposition to the insanity defense, civil commitment, and the other tools by which psychiatric slavery is practiced has only intensified. What has changed is Torrey’s views about these subjects and about me. The principles and practices the old Torrey condemned, the new Torrey recommends. The old Torrey admired me and agreed with my views. The new Torrey has contempt for me and ridicules my views:

It has been a quarter of a century since Thomas Szasz began entertaining us with his theories of “mental illness” as a myth and why mental hospitals should be emptied. . . . He continues to repeat the same ideas, long ago dismissed by professionals. . . . Thomas Szasz is an anachronism, the Studebaker of American psychiatry. . . . [He] is wrong in the essentials he has been declaiming over the years. . . . As for Szasz’s exhortation to empty the mental hospitals and break the bonds of what he calls “psychiatric slavery,” that has been tried, with sadly predictable consequences. . . . Szasz’s theories have guaranteed these people an endless cycle of rehospitalizations and inhumane living conditions. . . . Another myth about Thomas Szasz, then, is that he has any idea what he is talking about. . . . [His writings] will be remembered as interesting reflections of the 1960s, much as phrenology reflects an earlier era. (Torrey, 1986a, p. 98)

I did not advocate “empty[ing] the mental hospitals,” that is, forcibly evicting persons from the only “home” they had. I advocated abolishing civil commitment and the insanity defense, a policy that would abolish, not augment, the use of coercion in psychiatry.

“Szasz’s theories have guaranteed these people an endless cycle of rehospitalizations and inhumane living conditions”: What Torrey (1986a, p. 98) calls “rehospitalization” is his term for serial civil commitment, a policy Torrey knows I oppose. He also knows that I am not now and have never have been in the business of “guaranteeing” people “living conditions,” humane or inhumane.

As for Torrey's claim that "it certainly is clear now that serious mental illnesses are not myths [but brain diseases]" (p. 98), that is clear only to those who, *a priori*, believe it.

It is important to keep in mind that the claim that (serious) mental illnesses are brain diseases does not rest on recent discoveries. Instead, that belief was intrinsic to psychiatry from its very beginnings as a medical specialty in the 19th century: It forms the basic premise of the classification of psychiatry as a branch of medicine and the requirement of an M.D. degree for training and certification in psychiatry. It is also the basic premise of the legal justification for incarcerating innocent people in "hospitals" for "treatment" and for acquitting guilty people of crimes because of "mental illness." Psychiatrists as well as lawyers have always viewed mental diseases as brain diseases.

The new Torrey (1986b) declares, "In the last decade research evidence has become overwhelming that these [schizophrenia and manic-depressive psychosis] are indeed brain diseases, just as multiple sclerosis, Parkinson's disease, and Alzheimer's disease are brain diseases" (p. 10A). However, this claim has nothing to do with new discoveries. Emil Kraepelin took for granted that dementia praecox and manic depression were brain diseases. The American Psychiatric Association, the American Medical Association, the American Bar Association, and the American media all maintain that these are brain diseases. Torrey proclaims the same belief yet considers himself a critic of psychiatry, an image the media confirm, praising him for "think[ing] outside the box" (Carlson, 2001, p. C1).

Patients with Alzheimer's disease differ from patients with multiple sclerosis and Parkinson's disease in one very important respect. Alzheimer's disease causes dementia. The person who suffers from it becomes mentally disabled, unable to care for himself, much as an infant is unable to care for himself. If such a person is wealthy and has relatives willing to care for him or hire help to do so, then, like President Reagan, he is cared for at home. If he is poor and his family cannot care for him, then he is confined in a nursing home. Properly speaking, his status is as neither voluntary nor involuntary patient: Typically, he is unable to understand where he is or to protest against his care. In contrast, the person who suffers from multiple sclerosis and Parkinsonism is, unless the illness is far advanced, alert and legally competent. If his illness is debili-

tating, he is hospitalized in a medical hospital and is cared for by neurologists. He is free to accept or reject medical treatment.

That is not what Torrey advocates for patients whom he categorizes as “severely mentally ill”: He advocates deceiving them and compelling them to be drugged with chemicals he deems good for them. In short, he talks medicine but practices fraud and force—and is proud of it. *The Washington Post* staff writer Peter Carlson (2001) explained,

In recent years, Torrey has emerged as America’s most prominent spokesman for the idea that the government should compel the insane to take the antipsychotic drugs that can relieve their illness. A million Americans who suffer from schizophrenia or manic-depressive illness are homeless, and thousands commit violent crimes, Torrey says, because they don’t take the drugs that could relieve their delusions and hallucinations. They don’t know they’re sick. . . . Torrey says that he not only preaches forced treatment, he has practiced it. He tells the story of a homeless schizophrenic he treated in a Washington women’s shelter in 1984. Hearing voices [and so forth] . . . she refused Torrey’s offer of anti-psychotic drugs but asked him if he had any pills for her sinus problems. He gave her antipsychotic pills and told her they were sinus medicine. His subterfuge violated the code of medical ethics, he admits. . . . “I substantially improved the quality of her life and got her into a house,” he says. (p. C1)

Torrey’s “saving” this woman surreptitiously and against her will from hearing voices reminds one of the practice, legitimized by law as recently as the 19th century, of zealous Christian servants in Jewish households surreptitiously baptizing children to save them from going to hell. The story of a famous such case is masterfully recounted in *The Kidnapping of Edgardo Mortara*, by David I. Kertzer (1997). We should also remember that the users of psychiatric fraud and force always insisted that their methods were ethical, noble, and therapeutic. This was the case with mechanical straitjackets in the past and is the case with chemical straitjackets now (Szasz, 1957).

Torrey is looking for viruses that cause “mental illness.” But what he finds are not viruses but people who, he claims, need his help. From another newspaper report, we learn,

A few years ago, Torrey met a 19-year-old woman who had been dashing through National Airport on her way back to college when she had encountered a straggly looking woman . . . [who, she real-

ized] was her mother. . . . Her daughter tried to get the woman into a hospital for treatment, but she resisted, and a Virginia judge refused to commit her against her will on the grounds that she wasn't dangerous. . . . Torrey went back with the woman's daughter and lied to the judge, describing her mother as a dangerous, violent woman who had threatened to hurt people. The judge institutionalized her. . . . Along with bullshitting judges to get people committed to psychiatric hospitals, he has publicly admitted to having medicated people against their will. He supports laws that would make it easier to get people committed to mental hospitals, and he has advocated forcing the seriously mentally ill to take antipsychotic medications as a condition of receiving federal disability benefits and other payments. And he has argued that mentally ill people at risk of becoming violent should be forced to take medication as a condition of living outside of a hospital. (Mencimer, 1998)

If Torrey is as deceitful and disrespectful of the truth in his role as physician to poor, homeless people as he says he is, why should we assume that he is any more honest in his role as brain scientist? In his zeal to save sick minds, Torrey reminds one of the legendary Florentine priest, Girolamo Savonarola (1452-1489), so zealous to save sinful souls that he was said to be holier than the church.

* * *

What are we to think of a profession whose members openly acknowledge that they lie to patients and even boast about it? Torrey (1997) writes,

It would probably be difficult to find any American psychiatrist working with the mentally ill who has not, at a minimum, exaggerated the dangerousness of a mentally ill person's behavior to obtain a judicial order for commitment of someone in need of care. (p. 152)

The National Alliance for the Mentally Ill (NAMI), a group with which Torrey is closely allied, also endorses "therapeutic prevarication." The following is an excerpt from a NAMI Web site:

Sometime, during the course of your loved one's illness, you may need the police. By preparing now, before you need help, you can make the day you need help go much more smoothly. . . . It is often difficult to get 911 to respond to your calls if you need someone to come & take your [mentally ill] relation to a hospital emergency room (ER). They may not believe that you really need help. And if they do send the police, the police are often reluctant to take some-

one for involuntary commitment. . . . When calling 911, the best way to get quick action is to say, “Violent EDP,” or “Suicidal EDP.” EDP stands for Emotionally Disturbed Person. This shows the operator that you know what you’re talking about. Describe the danger very specifically. “He’s a danger to himself” is not as good as “This morning my son said he was going to jump off the roof.” . . . Also, give past history of violence. This is especially important if the person is not acting up. . . . When the police come, they need compelling evidence that the person is a danger to self or others before they can involuntarily take him or her to the ER for evaluation. . . . Realize that you & the cops are at cross purposes. You want them to take someone to the hospital. They don’t want to do it. . . . Say, “Officer, I understand your reluctance. Let me spell out for you the problems & the danger. . . . *While AMI / FAMI [Alliance for the Mentally Ill / Friends and Advocates of the Mentally Ill] is not suggesting you do this, the fact is that some families have learned to “turn over the furniture” before calling the police. . . . If the police see furniture disturbed, they will usually conclude that the person is imminently dangerous. . . . THANK YOU FOR YOUR SUPPORT WHICH MADE IT POSSIBLE FOR US TO PROVIDE THIS INFORMATION TO THOSE WHO COULD BENEFIT FROM IT.* (Jaffe, 2000, *italics added*)

Filing a false report with the police is a felony. The Eighth Commandment states, “Thou shalt not bear false witness.”

Advocates of psychiatric coercion admire Torrey’s love affair with forced psychiatric treatment. In an adulatory essay in the *New York Times Magazine*, Michael Winerip (1998) dubbed Torrey “schizophrenia’s most zealous foe” and wrote,

In 1996, he [Torrey] was invited to debate Szasz, author of “The Myth of Mental Illness.” The debate was surreal. There was no common ground; it was as if the two men came from different centuries. . . . I wondered why Torrey had bothered. “I have this idea,” said Torrey recently, “that I can get him to admit there is mental illness—I almost got him at the end of the debate.” (pp. 26-29)

Savonarola tried to “get” heretics to “admit” the truth of his lies.

Winerip interviewed neither me nor Professor Richard E. Vatz, who invited Torrey and me for the debate at Towson University in Maryland and moderated the event. In a letter to the *New York Times*, Vatz (1998) protested Winerip’s mischaracterization:

As the moderator of the E. Fuller Torrey–Thomas Szasz debate at Towson University, I must strongly object to Michael Winerip’s depiction of the debate as “surreal” and of Szasz as “once influential.” Szasz is the most quoted and respected critic of psychiatry. . . . It is

frustrating, indeed, to see . . . a writer more intent on sending an ode to the subject of his piece, E. Fuller Torrey, than providing even a modicum of substantive analysis. (p. 16)

Substantive analysis of what counts as a “mental illness” is the last thing the American people want to hear, and the media oblige them.

Because Torrey lacks neuropathological credentials or accomplishments, how does he establish his neuroscientific bona fides? By surrounding himself with the paraphernalia of brain research, by giving grants to brain researchers, and by making frequent references to his sister as a schizophrenia patient since her teens in the 1950s:

[Torrey] has lots of brains. They arrive at the rate of about one a week, packed in dry ice and FedExed to him by coroners around the country . . . he and some colleagues are . . . investigating Torrey’s controversial hypothesis that schizophrenia might be caused by a viral infection, possibly an infection spread by cats. . . . Within his profession, though, he has been widely attacked as a dissident, a gadfly, a troublemaker. But then something happened: A wealthy couple with a mentally ill son put their fortune behind Torrey’s efforts. Now, Torrey runs a foundation that distributes more than \$20 million a year, which makes the aging gadfly second only to the federal government as a source of grant money for the study of schizophrenia and manic depressive illness. . . . When Torrey was an undergraduate at Princeton in the late 1950s, his mother called him to report that his sister Rhoda, then a high school senior, had begun hallucinating. . . . Since then, Rhoda has been in and out of mental hospitals for her entire adult life. (Carlson, 2001, p. C1)

Torrey’s sister was diagnosed as suffering from schizophrenia more than a decade before he wrote *The Death of Psychiatry*. The old Torrey did not mention her. The new Torrey never loses an opportunity to do so. It seems that being a psychiatrist and having a sister with a “serious mental illness”—or, better, being a mental health professional and having such an “illness”—now enhances one’s qualifications as an expert on mental illness as brain disease.

Like pioneer psychiatrists such as Kraepelin and Alzheimer, Torrey regards “serious mental illnesses” as brain diseases. But the similarities end there. Kraepelin and Alzheimer were neuropathologists. They said that certain people in mental hospitals had brain diseases after examining their brains and identifying specific histopathological changes in them. Torrey knows nothing

about the histopathology of schizophrenia or any other “mental illness.” He identifies them as brain diseases because the patients exhibit psychiatrically unwanted behaviors, which he calls “symptoms”: “Does schizophrenia change the function of the brain? In a literal sense, the question is tautological because *the symptoms that constitute schizophrenia—delusional thinking, loose associations, and auditory hallucinations, for example—are indicative of brain dysfunction*” (Torrey, Taylor, Gottesman, & Bowler, 1994, p. 116, *italics added*). This is certainly easier than discovering specific histopathological changes in brain tissue.

Emil Kraepelin (1856-1926), writes Hans-Dieter Mennel (n.d.), professor of neuropathology at the University in Marburg, “had concentrated his efforts on histopathology in order to solve the Delphian oracle of psychiatry, i.e., to trace the cause of endogenous psychosis.”

The title of Alois Alzheimer’s (1864-1915) doctoral dissertation, published in 1904, was *Histopathologische Studien zur Differentialdiagnose der Progressive Paralyse* (Histopathological Studies of the Differential Diagnosis of Progressive Paralysis [General Paralysis of the Insane, Paresis]) (Maurer & Maurer, 1998/2003, p. 114). Paresis was manifested by muscular paralysis as well as by “paralysis” of thinking. Hence, it was clearly a disease of the body, suspected to be a late sequel of syphilis. However, this suspicion was confirmed only in 1905, by the discovery—by zoologist Fritz Schaudinn (1871-1906) and dermatologist Erich Hoffmann (1868-1959)—of the causative organism, which they named *Spirochaeta pallida*, today called *Treponema pallida*. In 1913, the Japanese bacteriologist Hideyo Noguchi identified the organism in the tissues of the central nervous system of patients who died of neurosyphilis.

After the discovery of penicillin and the realization that it was a highly effective agent against syphilis, “psychiatry”—in the telling phrase of Mark Ritchie (n.d.), a psychiatrist at the Louisiana State University School of Medicine—“lost the treatment of syphilis to the physicians.” Ritchie’s language implies that psychiatrists are not real physicians. It also implies something we know, namely, that once a “mental illness” is firmly identified as a neurological illness, for example, epilepsy, it ceases to be a “mental illness.” The conclusion is inescapable that the diseases psychiatrists call “brain diseases” are either obscure illnesses whose neurological

nature has not yet been demonstrated or are metaphorical diseases, that is, not diseases at all.

Between the beginning and the end of the 20th century, the very definition of the subject matter of psychiatry and hence its scope became radically transformed—from neuropathology to psychopathology. At the beginning, a scientifically well-trained psychiatrist was a neuropathologist—an expert in the histopathology of the central nervous system. At the end of the century, the same was a psychiatric nosologist and psychopharmacologist—an expert in creating (and uncreating) psychiatric diagnoses, attaching them to all manner of “bad” behaviors, and prescribing so-called psychiatric drugs for persons labeled with such terms.

There may well be things we still do not know about the “severe mental illnesses,” but it is certain that whatever remains to be discovered about manic depression and schizophrenia will not be discovered by psychiatrists who, like Torrey, are experts only in deceiving and forcibly drugging psychiatric patients and justifying it as treatment (and suicide and crime prevention).

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Sadly, Torrey has no monopoly on mendacity about “mental illness.” A *White House Fact Sheet on Myths and Facts about Mental Illness* (White House Press Office, 1999) declared, “Research in the last decade proves that mental illnesses are diagnosable disorders of the brain.”

Either this is false, that is, “mental illnesses” are not brain diseases. Or if it is true, and then virtually everything relating to psychiatry is falsely labeled.

The government states that “mental illnesses” are brain diseases. Why then is the government’s multibillion dollar agency and institution called the National Institute of Mental Health? Why isn’t it called the National Institute of Brain Health? Why isn’t it merged into the National Institute of Neurological Disorders and Stroke? Why do we need two separate institutes devoted to studying brain diseases?

In the 1970s, medical school departments of psychiatry began to rename themselves. The new name they chose was “Department of Psychiatry and Behavioral Science,” not “Department of Psychiatry and Brain Science.”

The Web site of the Stanley Medical Research Institute, where Torrey is now executive director of research programs, states, “Schizophrenia and bipolar disorder are the major psychiatric disorders in the United States” (<http://www.stanleyresearch.org/>). Why does the site use the term *psychiatric disorders* rather than “brain diseases” or “neurological diseases”?

The answer to these questions is obvious: because there are two kinds of “brain diseases”—proven or real brain diseases, such as strokes, whose victims are treated by neurologists in regular hospitals, and putative or fake brain diseases, such as schizophrenia, whose victims are treated by psychiatrists in mental hospitals; because there are no “brain health laws” providing for the incarceration of patients with brain diseases, but there are “mental health laws” providing for the incarceration of patients with mental diseases; and because neurologists are satisfied with treating voluntary patients, whereas psychiatrists insist on treating involuntary patients as well (Szasz, 2003).

Torrey longs for a world where he is in charge of mental patients, their treatment, their housing, and the very language in which we talk about all this. He asserts, “Seriously mentally ill [patients] deserve better housing than other people, not worse housing” (Torrey, 1988, p. 211). What kind of housing, in Torrey’s opinion, do physically disabled people deserve?

So enamored is Torrey (1988) with pharmacratic power that he advocates coercing not only mental patients but also mental health professionals. He proposes that each state passes a law

requiring each psychiatrist, psychologist, and psychiatric social worker in the state to provide four hours a month of pro bono service to patients with serious mental illnesses. This requirement can be implemented by law as a condition of professional licensure to practice in the state. (p. 207)

Torrey (1988) declares, “Individuals with serious mental illnesses are remarkably treatable” (p. 206). Why, then, is it necessary to coerce them? Because, he says, “approximately half of all people with severe mental disorders have impaired insight” (Torrey, 1997, p. 156). “Impaired insight” is psychiatric justificatory rhetoric. It is not the same as legal incompetence and must not be equated or confused with it. Note that Torrey uses the term *impaired insight* to justify his deciding how the patient should be treated.

There are many other gems in Torrey's oeuvre, but I nominate the following passage from *Nowhere to Go: The Tragic Odyssey of the Homeless Mentally Ill* (Torrey, 1988) as his pièce de résistance:

Another step in this direction [destigmatizing mental illness] would be to change the name of all mental health facilities to mental illness facilities. Thus there would be community mental illness centers, mental illness professionals, State Departments of Mental Illness, and a National Institute of Mental Illness. Such semantic changes would go far toward reminding professionals what their first priority should be. The myth of mental illness, carried like an icon through almost three-quarters of a century, would finally be put aside, a pernicious relic of the past. (p. 206)

Torrey contends that serious mental illnesses are brain diseases that need to be destigmatized because they are called mental illnesses. It is a mystery how changing the euphemism "mental health" to the dysphemism "mental illness" would help to accomplish that goal.

Logic and facts go by the board. *Nowhere to Go* was published in 1988. I was born in 1920 and first used the phrase "myth of mental illness" in 1960. That does not stop Torrey from writing that the phrase has been "carried like an icon through almost three-quarters of a century."

Torrey cannot make up his mind: He vacillates between ridiculing me as "the Studebaker of American psychiatry" and exaggerating my influence, tracing my malign powers over American lawmakers and psychiatrists to the time when I was minus-7 years old.

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