

Healthcare NHS Trust for allowing us to publish the results.

References

- DRUG AND THERAPEUTICS BULLETIN (1993a) Selective Serotonin Reuptake Inhibitors for Depression? *Drug and Therapeutics Bulletin*, **31**, 57–8.
- (1993b) Prescribing costs. *Drug and Therapeutics Bulletin*, **31**, 87.
- ECCLESTON, D. (1993) The economic evaluation of antidepressant drug therapy. *British Journal of Psychiatry*, **163**, 5–6.
- MACKAY, A. V. P. (1993) Foreword. In *A Review of the Selective Serotonin Reuptake Inhibitors 1993* (eds A. Mackay, P. Pratt & B. Leonard). Clwyd: Unicorn Health Communications Services.

PRATT, P. (1993) Pharmacokinetics and interactions of the SSRIs. In *A Review of the Selective Serotonin Reuptake Inhibitors* (eds A. Mackay, P. Pratt & B. Leonard). Clwyd: Unicorn Health Communications Services.

*John Lawton, *Clinical Services Pharmacist, Nottingham Healthcare NHS Trust, The Wells Road Centre, Wells Road, Nottingham NG3 3AA*; and Prakash Naik, *Consultant Psychiatrist, Lyndon Clinic, Hobs Meadow, Solihull, West Midlands B92 8PW*

*Correspondence

The rise and fall of anti-psychiatry

Mervat Nasser

A review is made of the anti-psychiatric movement through its major protagonists, Lacan, Laing, Cooper and Szasz. The ideology was set to challenge the concept of mental illness and question the authority of the psychiatrist and the need for mental health institutions. The anti-psychiatric movement received a lot of attention in the 1970s but is now considered to be of the past and of likely interest to the psychiatric historian. However, the impact of the movement on current psychiatric practice requires further re-examination and appraisal.

The anti-psychiatric movement grew in the realm of politics, particularly the politics of the left, which was considered at one time the main source of progressive ideas and possibly the only instrument against capitalist oppression. It gained its initial respect and glamour from its association with the prevailing existential philosophy at that time. The need to strengthen the relationship between psychiatry and philosophy is an old one and based on Kant's contention that judgements on matters of sanity should be the prerogative of the philosophical mind.

Despite these connections, the roots of the anti-psychiatric movement are undoubtedly to be found in the psychoanalytic tradition. The

beginnings can be traced back to the writings of Jacques Lacan who was probably the first to glorify madness and regard it as the road to freedom. In a statement extracted from *Propos sur la Causalité psychique* (Paris, 1947) Lacan says, "madness is not an insult to liberty but follows liberty like its shadow". Lacan was also the first to launch an attack on established psychiatric thought and demand that psychoanalysis re-examine its concepts, with particular reference to explaining paranoia. He thought that the psychotic experience could be psychoanalytically understood in the same way as psychoanalysis offers an explanation for neurosis. In his rebellion he undermined genetic disposition and dismissed the possibility of any organic pathology.

Lacan attempted to challenge accepted ways of understanding the psychotic experience and introduced to psychiatry what could be called a revised Freudian doctrine (Bowie, 1987). However, he is more likely to be remembered for the importance he gave to language in the field of psychoanalysis. His system strongly relates language to the unconscious, where he regards the spoken word as man's peculiar privilege and his tool to displace desire and attain freedom. In developing his linguistic

theory he was influenced by poetry, particularly the surrealist movement headed by Eluard, and was also impressed by what he referred to as the poetic power of his patients (Lacan, 1968). His critics found no convincing basis to his argument and disputed the validity of his work, especially his inability to make distinction between descriptive account and the practical means he used to help his patients.

The age of the true radicals

Lacan may or may not have influenced the anti-psychiatric movement that flourished in the '60s and early '70s, but the names that came to be associated with the movement knew of him and acknowledged his contribution even if they did not wholeheartedly agree with him. David Cooper (1980) writes in his *Language of Madness* "...when psychoanalysis is done by a philosophical guru like Jacques Lacan it may be treated with affection, fascination and poetic respect... but the age of romanticisation of madness is now over, politicisation of psychiatry is indispensable". Cooper is one of three major figures linked to the movement that included R. D. Laing and Thomas Szasz. He is, in fact, the one who introduced the term anti-psychiatry in *Psychiatry and Anti-psychiatry* (Cooper, 1971).

Cooper, Laing and Szasz had one thing in common, the belief in the wickedness of the psychiatric orthodoxy and the desire to challenge it.

R. D. Laing is considered in Britain the true father of this movement although he never regarded himself as an anti-psychiatrist! He belonged to the psychoanalytic school and his thoughts reveal his admiration for existentialist philosophical ideas. He has been described as Sartrean in theory and Freudian in practice. Politics also played a role in shaping his views; his politics were socialist in content and based on Marxist theory. The fundamentals of his theory revolve around rejecting the illness model in psychiatry, based on his conviction of the intelligibility of the psychotic experience. Madness and sanity in his opinion are socially relative phenomena and, in his fascination with the assumed link between genius and madness, he was ready to consider statistical normality as not a necessarily desirable state of affairs.

For him, to understand madness you must study the family. However, the skewed family in his view that is responsible for the madness

is representative of an overall repressive social structure. In Laing & Esterson's *Sanity, Madness and the Family* (1971) is written "...if the nuclear patriarchal family is to be opposed, it is because it frustrates peoples' desires and limits their possibilities in addition to its necessity to the survival of capitalism..."

Laing expanded his political views in *The Politics of Experience*, where he regards madness as the product of a struggle between the repressive society and the individual who is seeking to escape its repression. He formulated his views on schizophrenia accordingly, and rejected the notion that schizophrenia is a failure of human adaptation, on the contrary, he regarded it as a successful attempt not to adapt to what he called pseudo-social realities. Laing asserted that political dissidents fell into this category and were especially prone to the fate of madness "...when a nation is in confusion and disorder, patriots are recognised..." (Laing, 1967).

Cooper and the non-psychiatry

David Cooper extended Laing's political argument to an extreme. Capitalism is seen as the source of all evil and has a responsibility towards reinforcing the nuclear family ideology (Laing & Cooper, 1969). Psycho-technological training is nothing but a method that fulfils the purpose of mystification and social policing. He advocated 'non-psychiatry', arguing that modern psychiatry is a pseudo-science that grew hand in hand with capitalism as society's repressive device. The main purpose of psychiatry is to medicalise defiance and persecute the non obedient in order to teach its citizens how to conform to society's norms. Demolishing psychiatry will be the desired goal which can only be achieved by a political transformation of the society (Cooper, 1980).

Cooper's views find resonance in Breggin's criticism of psychiatry who stated that all psychiatric therapy is inherently political "... ultimately every therapy implements some utopian political vision against which the client will measure his own success and failure in the therapy" (Breggin, 1975).

Szasz, myth of mental illness or attack on institutions?

Szasz's contribution to the anti-psychiatric movement was made in his famous and notorious book *The Myth of Mental Illness*

(1972) in which he referred to the "game model" in hysteria; the hysterical symptom was considered a form of language that is meant to mobilise help. The approach adopted is transactional and based on earlier psychoanalytic writings by authors like Sullivan and Fairburn. However, Szasz would have not been regarded an anti-psychiatrist if his theories were limited to hysteria. His contention however stems from the fact that he considered the hysterical model applicable to all mental illnesses. In so doing he rejected the essence of psychiatric morbidity. He described mental illness as a metaphorical illness because "... the mind (whatever that is) is not an organ or part of the body. Hence it cannot be diseased in the same sense as the body can". He took the view that any psychiatric diagnosis is a licence for coercion and the exercise of psychiatrist power. "If mental illness is not a disease why then treatment or indeed admission?"

Ian Kennedy (1980), in broad agreement with Szasz, argued that the psychiatrist acts as a thought policeman and that psychiatric diagnosis is a political weapon aimed to constrain civil liberties. This attack was partially justified given the use of psychiatric therapy as a police measure in the Soviet Union at that time. Against this background of psychiatric abuses, Kennedy concluded that the disease approach to mental illness was untenable.

Szasz, as a consequence of his rejection of the disease model, spared no effort in attacking the mental hospital. His views were shared by the psychiatric historian and philosopher Foucault. In *Madness and Civilisation* (1971) Foucault argued that madness was tolerated and respected as a different way of being and knowing until the European renaissance and the ascent of reason; only then unreason acquired the name of madness and the exclusion of the mad became necessary to conform to the new society's values. Szasz's and Foucault's views echo the thoughts of the sociologist Goffman (1961) who articulated the impact of psychiatric labelling on the mentally ill in his book *Asylums* which arguably was the one that had the greatest influence on psychiatric thought and practice.

Szasz concluded that the only help that can be given to those patients is through psychotherapy which is infinitely superior to any treatment. The same view is also expressed by Breggin with some reservations "...the therapy is voluntary and promotes

personal freedom, it is extremely libertarian compared to other treatment environments." Latterly, Bentall (1993) while identifying weaknesses in the Szaszian premise, pointed to his contribution in drawing attention to psychiatric prejudice and the role of values in psychiatric decision making.

Impact of the anti-psychiatric movement on current psychiatric practice

There is a tendency among psychiatrists to regard the anti-psychiatric movement as having entered the annals of modern psychiatric history and to look back on the ideology as an attempt to flirt with polemics at the expense of scientific thought and enquiry. But while the anti-psychiatric movement failed to sustain its claim that it presents a true challenge to orthodox psychiatry it will be naive to assume that the anti-psychiatric movement had little or no impact on the way psychiatry is conceived and practised today. The trend towards politicisation of psychiatry can be seen in everyday practice, particularly in new terminology which reflects the growing understanding of the political power of the word. 'Therapy' has largely replaced 'treatment' and the 'patient' is commonly referred to as a 'client'. Indeed one aspect of Laing's political argument was his contempt for psychiatric literature which he referred to as vocabulary of denigration (Laing, 1967)

The anti-psychiatric movement, with its emphasis on the sociogenesis of mental illness, has contributed towards generating demand for grass roots involvement in laying down the guidelines for the provision of psychiatric services. This has resulted in the development of advocacy groups concerned with the legal, social and personal conditions of people under psychiatric treatment or who have experienced treatment before. These advocacy groups see themselves as responsible for upholding the rights of the mentally ill and restraining the powers of the psychiatrist.

The World Federation for Mental Health is the world's only multidisciplinary, non-governmental mental health coalition whose objectives are to promote the rights and welfare of the mentally ill and their families. In the United Kingdom the association developed a strong advocacy role and in 1970 was renamed MIND. MIND was instrumental in strengthening the patient's legal rights with

reference to detention and the need for patients' representation on Mental Health Act tribunals. The philosophy of MIND was seen as embracing the anti-psychiatric ideology and its sentiment was perceived as hostile to psychiatrists.

However, the greatest impact of the anti-psychiatric movement is seen in the shift of focus from the large mental institutions to the provision of care in the community. This trend is the product of various schools of thought and the anti-psychiatric ideology is certainly one of them.

It is not a coincidence that graffiti painted on the walls of San Giovanni's *Psichiatria Democratica* reads "prison=asile=usine=école" which conveys the Foucaultian principle that prisons, mental hospitals, factories and schools are all agencies of capitalist control (Foucault, 1975; Jones & Fowles, 1984). The philosophy that governed the development of community centres in Britain was largely shaped by the Italian experience as well as the American model of community care. These community centres have the tendency to distance themselves from the so-called medical model of psychiatric disease and perceive the good psychiatrist as the one who refrains as much as possible from prescribing drugs, frowns upon detention and is more inclined to use psychotherapy. This model of care derives its support from the non-medical psychiatric professionals who arguably still celebrate the anti-psychiatric ideology in their education and training and constitute the main source of care for the psychiatrically ill in the community. They see themselves as representing the culture of resistance or opposition to the psychiatrist's power. This is more evident in the case of social workers who acknowledge that their training and practice orientation come in close conflict with conventional psychiatric practice.

On the other hand, the medical establishment seems to have departed from the social model and is now more interested in biological theorising, believing that the organic model is likely to be the one that offers better understanding of the nature of mental illness and serves the needs of the mentally ill.

The discrepancy in orientation is bound to widen the gap between the psychiatrist and other professionals despite constant pressure to achieve the desired objective of team cohesion and harmony. It seems inappropriate therefore to ask if anti-psychiatry is alive or dead. Anti-psychiatry may have fallen from grace and no longer be led by eminent psychiatrists but the movement lives on. It has only been handed over to the team.

References

- BENTALL, R. (1993) Thomas Szasz, crazy talk and the myth of mental illness (comment). *British Journal of Medical Psychology*, **66**, 69–76.
- BOWIE, M. (1987) *Freud, Proust, and Lacan. Theory as Fiction*. Cambridge: Cambridge University Press.
- BREGGIN, P. R. (1975) Psychiatry and psychotherapy as political processes. *American Journal of Psychotherapy*, **29**, 3.
- COOPER, D. (1971) *Psychiatry and Anti-psychiatry*. London: Paladin.
- (1980) *The Language of Madness*. London: Pelican Books.
- FOUCAULT, M. (1971) *Madness and Civilisation*. London: Tavistock.
- (1975) *Surveiller et Punir*. Paris: Gallimard. English edition, *Discipline and Punish* (trans. A. Sheridan). New York: Pantheon.
- GOFFMAN, E. (1961) *Asylums – essays on the social situations of the mental patients and other inmates*. London: Penguin Books.
- JONES, K. & FOWLES, A. J. (1984) *Ideas on Institutions*. London: Routledge & Kegan Paul.
- KENNEDY, I. (1980) *Great Caution Must be Exercised in Visiting the Status of Mentally Ill on Anyone*. The Reith Lectures: Unmasking Medicine.
- LACAN, J. (1947) *Propos sur la Causalité Psychique*. Paris: Seuil.
- (1968) "The Mirror phase", the functions of language in psychoanalysis. *New Left Review*, **5**.
- LAING, R. D. (1967) *The Politics of Experience*. New York: Pantheon Books.
- (1969) *The Dialectics of Liberation (with D. Cooper)*. New York: Collier Books.
- (1971) *Sanity, Madness and the Family (with A. Esterson)*. New York: Basic Books.
- SZASZ, T. (1972) *The Myth of Mental Illness. Foundations of a theory of personal construct*. London: Granada Publishing.
- (1972) Bad habits are not diseases. *Lancet*, **ii**, 128.

Mervat Nasser, Senior Lecturer and Consultant Psychiatrist, Department of Psychiatry, University of Leicester, Clinical Sciences Building, Leicester Royal Infirmary, Leicester LE2 7LX