THOMAS SZASZ

ANTIPSYCHIATRY

QUACKERY SQUARED

ANTIPSYCHIATRY

Other books by Thomas Szasz available from Syracuse University Press

Anti-Freud: Karl Kraus's Criticism of Psychoanalysis and Psychiatry

Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts, and Pushers, revised edition

Cruel Compassion: Psychiatric Control of Society's Unwanted

Fatal Freedom: The Ethics and Politics of Suicide

Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man

Insanity: The Idea and Its Consequences

Law, Liberty, and Psychiatry: An Inquiry into the Social Uses of Mental Health Practices

The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement

The Meaning of Mind: Language, Morality, and Neuroscience

The Medicalization of Everyday Life: Selected Essays

Our Right to Drugs: The Case for a Free Market

Pain and Pleasure: A Study of Bodily Feelings

Pharmacracy: Medicine and Politics in America

Psychiatry: The Science of Lies

Sex by Prescription: The Startling Truth about Today's Sex Therapy

The Theology of Medicine: The Political-Philosophical Foundations of Medical Ethics

ANTIPSYCHIATRY

QUACKERY SQUARED

THOMAS SZASZ

SYRACUSE UNIVERSITY PRESS

Syracuse University Press
Syracuse, New York 13244-5160

First Edition 2009

09 10 11 12 13 14 6 5 4 3 2 1

The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences—Permanence of Paper for Printed Library Materials, ANSI Z39.48–1984.8™

For a listing of books published and distributed by Syracuse University Press, visit our Web site at SyracuseUniversityPress.syr.edu.

ISBN: 978-0-8156-0943-8

Library of Congress Cataloging-in-Publication Data

Szasz, Thomas Stephen, 1920–
Antipsychiatry : quackery squared / Thomas Szasz. — 1st ed.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-0-8156-0943-8 (cloth : alk. paper)
1. Antipsychiatry. I. Title.
[DNLM: 1. Psychiatry—ethics. 2. Psychiatry—trends. 3. Coercion. 4. Philosophy, Medical. 5. Psychotherapy—ethics. 6. Quackery. WM 62 S996a 2009]
RC437.5.S885 2009
616.89—dc22 2009024333

Manufactured in the United States of America

CONTENTS

PREFACE

What Is Antipsychiatry?

> It is the union of Church and State that has caused all persecution.
>
> —LORD ACTON (1834–1902), *Essays in the Study and Writing of History*

Merriam-Webster's defines "psychiatry" as "a branch of medicine that deals with mental, emotional, or behavioral disorders"; Wikipedia says it is "a medical specialty which exists to study, prevent, and treat mental disorders in humans." These descriptions do not tell us what the psychiatrist *does and is expected, legally and professionally, to do.* That nondisclosure disguises the ugly truth: psychiatry is coercion masquerading as care. (I realize that quoting Wikipedia is frowned upon in academic circles because it is considered "unreliable." However, much of what is written about psychiatry and antipsychiatry—even in "reliable" sources—is biased, inaccurate, and misleading. I am interested in illustrating what people believe to be the meaning of certain psychiatric-technical terms, a purpose well served by Wikipedia.)

Medical specialists are distinguished by the diagnostic and therapeutic methods that characterize their work: the pathologist examines cells, tissues, and body fluids; the surgeon cuts into the living body, removes diseased tissues, and repairs malfunctioning body parts; the anesthesiologist renders the patient unconscious and insensitive to pain; and the psychiatrist coerces and excuses: he identifies innocent persons as "mentally ill and dangerous to themselves and others" and deprives them of liberty, and he excuses people of their responsibilities for their actions and obligations by testifying in court under oath that persons guilty of lawbreaking are not responsible for their

criminal acts. The former practice is called "civil commitment," the latter "the insanity defense." These legal-psychiatric interventions constitute the pillars upon which the edifice called "psychiatry" rests.

To be sure, psychiatrists also listen and talk to persons who seek their help. However, this does not distinguish them from others; nearly everyone does that. The difficulty peculiar to psychiatry—obvious yet often overlooked—is that the term refers to two radically different kinds of practices: curing-healing "souls" by conversation and coercing-controlling persons by force, authorized and mandated by the state. Critics of psychiatry, journalists, and the public alike regularly fail to distinguish between the linguistic practice of counseling voluntary clients and the legalistic-forensic practice of coercing and excusing captives of the psychiatric system.

The bread and butter of the modern psychiatrist is 1) writing prescriptions for psychoactive drugs and pretending that they are therapeutically effective against mental illnesses, 2) prescribing these drugs to persons willing to take them and forcibly compelling persons deemed "seriously mentally ill" to take them against their will, and 3) converting voluntary mental patients who appear to be "dangerous to themselves or others" into involuntary mental patients. Indeed, the modern psychiatrist no longer has the option to reject the use of force vis-à-vis patients: such conduct is considered dereliction of professional responsibility.[1]

In 1967, my efforts to undermine the moral legitimacy of the alliance of psychiatry and the state suffered a serious blow: the creation of the antipsychiatry movement. Voltaire's famous aphorism, "God protect me from my friends, I'll take care of my enemies," proved to apply perfectly to what happened next: although my critique of the alliance of psychiatry and the state antedates by two decades the reinvention and popularization of the term "antipsychiatry," I was smeared as an antipsychiatrist, and my critics wasted no time identifying and dismissing me as a "leading antipsychiatrist." (The term "anti-psychiatry" is sometimes hyphenated, sometimes not. In conformity with American English, I will, for the most part, use it in the nonhyphenated form.)

The psychiatric establishment's rejection of my critique of the concept of mental illness and its defense of coercion as cure and of excuse-making as humanism posed no danger to my work. On the contrary. Contemporary

"biological" psychiatrists tacitly recognized that mental illnesses are not, and cannot be, brain diseases: once a putative disease becomes a proven disease, it ceases to be classified as a mental disorder and is reclassified as a bodily disease; or, in the persistent absence of such evidence, a mental disorder becomes a nondisease. That is how one type of madness, neurosyphilis, became a brain disease, while another type, masturbatory insanity, became reclassified as a nondisease.

Not surprisingly, the more aggressively critics of psychiatric coercion reminded psychiatrists that individuals incarcerated in mental hospitals are deprived of liberty, the more zealously psychiatrists insisted that "mental illnesses are like other illnesses" and that psychiatric institutions are bona fide medical hospitals. The psychiatric establishment's defense of coercions and excuses thus reinforced my argument about the metaphorical nature of mental illness and the importance of the distinction between coerced and consensual psychiatry.

I have long maintained that mental illnesses are counterfeit diseases ("nondiseases") and that coerced psychiatric relations are like coerced labor relations ("slavery") or sexual relations (rape), and spent the better part of my professional life criticizing the concept of mental illness, objecting to the practices of involuntary-institutional psychiatry, and advocating the abolition of "psychiatric slavery" and "psychiatric rape."

In the late 1960s, a group of psychiatrists, led by David Cooper (1931–86) and Ronald D. Laing (1927–89), began to criticize conventional psychiatry, especially so-called somatic treatments. But instead of advocating the abolition of Institutional Psychiatry, they sought to replace it with their own brand, which they called "Anti-psychiatry." By means of this dramatic misnomer, they attracted attention to themselves and deflected attention from what they did, which continued to include coercions and excuses based on psychiatric authority and power. Thus, antipsychiatry is a type of psychiatry. The psychiatrist qua health-care professional is a fraud, and so too is the antipsychiatrist. In *Psychiatry: The Science of Lies*, I showed that psychiatry—an imitation of medicine—is a form of quackery. In this volume, I show that antipsychiatry—a form of alternative psychiatry—is quackery squared.

For more than a half century, I have consistently asserted two simple but fundamental propositions: mental illnesses do not exist, and coercions

justified by them are wrong. Anyone who seeks to help others must eschew the use of force. Not a single antipsychiatrist has ever agreed with these principles or abided by these practices. Subsuming my work under the rubric of antipsychiatry betrays and negates it just as effectively and surely as subsuming it under the rubric of psychiatry. *My writings form no part of either psychiatry or antipsychiatry and belong to neither.* They belong to conceptual analysis, social-political criticism, and common sense. This is why I rejected, and continue to reject, psychiatry and antipsychiatry with equal vigor.

ACKNOWLEDGMENTS

Once more, I thank Anthony Stadlen for years of fruitful conversation and for generously sharing with me his unmatched fund of information about the development and demise of antipsychiatry in England. I thank also Mira de Vries and Roger Yanow for their careful reading of the manuscript and excellent suggestions, Adrian C. Laing for filling in some lacunae about his father's life and permission to publish his communications to me, and the staff of library of the Upstate Medical University of the State University of New York in Syracuse for their devoted and generous assistance. As always, my brother, George, has been a boundless source of information and sober criticism.

ANTIPSYCHIATRY

INTRODUCTION

What Antipsychiatry Is Not

Give a dog a bad name and hang him.
—Proverb

The antipsychiatry movement is often said to be based on my contention that the phenomena psychiatrists call mental illnesses are metaphors and "myths," that is, not bona fide medical problems. "A key understanding of 'anti-psychiatry,'" explains Digby Tantam, professor of psychotherapy at the University of Sheffield, "is that mental illness is a myth (Szasz 1972)."[1]

This sentence calls to mind Mark Twain's remark: "Truth is mighty and will prevail. There is nothing the matter with this, except that it ain't so."[2] There is nothing the matter with Tantam's statement either, except that it ain't so. I first used the term "myth of mental illness" as the title of an essay in 1960; my book *The Myth of Mental Illness* was published in 1961, not 1972; and the "key understanding . . . that mental illness is a myth" forms no part of the antipsychiatry movement. Antipsychiatry is a misnomer.

Unfortunately, this is not Tantam's only serious gaffe. He writes: "Freedom is an inspiring value. . . . But untempered freedom lapses into libertarianism [*sic*]."[3] The flip side of individual liberty is personal responsibility, which is why libertarianism is not a popular philosophy. Tantam is either ignorant of the distinction between libertarianism and libertinism, or this is his way to malign libertarianism, the philosophy of responsibility that undergirds my moral outlook. *Merriam-Webster's* defines a libertarian as "a person who upholds the principles of individual liberty, especially of thought and

action," and a libertine as "a person who is unrestrained by convention or morality; specifically, one leading a dissolute life."

The antipsychiatrists' self-seeking embrace of my work presented, and continues to present, a danger to it. Notwithstanding their mendacious claims, the antipsychiatrists rejected neither the idea of mental illness nor the coercions and excuses intrinsic to psychiatry. Their sensational claims about curing schizophrenia and their pretentious pseudophilosophical pronouncements about the nature of madness diverted and continues to divert attention from the crucial role of the psychiatrist as agent of the state and adversary of the denominated patient. Characterizing my critique of psychiatric power—focused on the psychiatrist's double role as spiritual healer and pseudomedical agent of social control—as "antipsychiatry" effectively obstructs the cause of protecting people from the growing powers of Pharmacracy and the Therapeutic State.[4]

I

What, exactly, is antipsychiatry? Cooper and Laing not having defined the term, we must infer its meaning from the practices of its founding members, their colleagues at the Philadelphia Association (PA) and Kingsley Hall, and therapists who identify themselves as their followers. Clearly, antipsychiatrists do not reject the medical-therapeutic categorization of the human problems they "treat," often under the auspices of the National Health Service or other government-funded organizations, such as the Arbours Crisis Centre (ACC).[5] Nor do they reject the use of coercion and drugs, although they often say they do. Rejection of the concept of mental illness implies opposition to psychiatric violence and excuse-making and to the misrepresentation of psychotherapy as a medical-therapeutic activity or type of health care or health service.

The term "antipsychiatry" is now a part of the English language: a Google search of it yields forty-one thousand "hits." The term tarnishes every idea to which it is attached and diminishes every person to whom it is attached, and there is nothing to stop its growing intellectually and morally deleterious consequences.[6] The authors of the encyclopedic *Oxford Textbook of Philosophy and Psychiatry* correctly note, "The absorption of antipsychiatric themes into mental health practice has led some, especially in psychiatry, to believe that

antipsychiatry is dead. That it is not, that antipsychiatry is alive and well, is evident."[7] In short, the term "antipsychiatry" is a powerful rhetorical weapon in the hands of psychiatrists and their supporters: it stigmatizes and invalidates critics of psychiatry, regardless of the content of the criticism.

The psychiatrist who eschews coercing individuals and restricts his practice to listening and talking to voluntary fee-paying clients does not interfere with the work of the conventional psychiatrist. He merely practices what he preaches, namely, that human problems are not diseases and that it is wrong to initiate violence against peaceful persons. Such a psychiatrist resembles the atheist who neither believes in the dogma of Judaism or Christianity nor practices its rituals. To call such a person an antipsychiatrist, or anti-Semite, or anti-Christian does a grave disservice to the individuals so categorized and degrades the English language. Nor is that all: it also *diverts people's attention from the core moral-political problems of psychiatry, coercion and excuse-making. This is Laing's true legacy.*

I believe it is difficult to exaggerate the harm that the term "antipsychiatry" and the movement associated with it have done to the cause of freedom from unwanted psychiatric "help." Much of human history is a tale of oppressive human relations rationalized as benevolence and the struggle against such "help." The term "antislavery" means objection to slavery. The term "antirape" means objection to rape. The term "antipsychiatry" ought to mean objection to psychiatry, lock, stock, and barrel. But this is not how the people who called themselves antipsychiatrists used it. Their language was as befuddled as their philosophy, and led to a massive misunderstanding of their true views and actual professional practices, as I shall show.

As a rule, physicians are *free to perform or not perform* particular procedures, *engage or not engage* in certain practices: in part, that is the basis of medical specialization. The obstetrician who abstains from certain obstetrical practices—as, for example, Ignaz Semmelweis did when he refused to perform deliveries with dirty hands, which was the correct procedure in his day—was not called an "antiobstetrician." (Instead, he was called mad and locked up in an insane asylum, where he died, probably as a result of being beaten to death when he tried to leave.) Neither is today's obstetrician who chooses to abstain from performing abortions on demand called an "antiobstetrician." The surgeon who abstains from performing transsexual

operations is not dismissed as an "antisurgeon." In the legal profession, such role specialization is not merely permissible, it is obligatory: a defense lawyer cannot prosecute his client. However, the psychiatrist who abstains from civil commitment is demeaned as an "antipsychiatrist." Indeed, such a physician is, de facto, no longer free to practice psychiatry.[8]

II

The term *"Antipsychiatrie"*—coined in 1908 by the German psychiatrist Bernhard Beyer—came into being largely in response to two novel social phenomena: the growth of insane asylums during the nineteenth century and the mounting popular fear of "false commitment," that is, the incarceration of sane persons in insane asylums.[9] Beyer, like most psychiatrists of his generation, viewed any disapproval of psychiatry as lèse-majesté and created the term "antipsychiatry" as a label with which to stigmatize psychiatric criticism. This use of the term remained limited to Germany and fell into disuse during the First World War.

In the 1960s, a group of psychiatrists in London—led by David Cooper and Ronald D. Laing—reinvented the term *to distinguish themselves from establishment psychiatrists and to define themselves as superior to them*. Instead of defining their use of this key term, Cooper explained: "We have had many pipe-dreams about the ideal psychiatric, or rather anti-psychiatric, community." Who were the "we"? This question was answered a year later, in *The Dialectics of Liberation* (1968), edited by Cooper with the lead chapter by Laing. In the introduction, Cooper wrote, "The organizing group of [the 'Congress on the Dialectics of Liberation' held in London in 1967] consisted of four psychiatrists who . . . counter-label[ed] their discipline as antipsychiatry. The four were Dr. R. D. Laing and myself, also Dr. Joseph Berke and Dr. Leon Redler."[10]

Antipsychiatrists imitated psychiatrists by means of a childish negativism: they constructed antitheories of schizophrenia, which they called "existential-phenomenological accounts of madness"; established antihospitals, which they called "households" and defined as "ideal psychiatric communities"; and provided psychiatric treatments, which they called "trips," that often entailed the use of mind-altering (psychotropic) drugs, especially LSD. In

short, the antipsychiatrists were a new breed of institutional psychiatrists, competing with conventional institutional psychiatrists. The upshot of all this sound and fury was that "antipsychiatry" and "antipsychiatrist" quickly became terms of abuse, mimicking "schizophrenia" and "schizophrenic": attaching the appropriate derogatory label to the Other—"schizophrenic" to the psychiatric patient, "antipsychiatrist" to the psychiatric critic—discredits and dishonors the person to whom it is attached and eliminates the need to consider the validity of his views.

Once the term "antipsychiatry" entered the language of psychiatry and everyday English, lexicographers and mental health experts offered a variety of definitions of it. According to the *Oxford Dictionary of Psychology* (2001), "Antipsychiatry [is] a radical critique of traditional (especially medical) approaches to mental disorders, influenced by existentialism and sociology, popularized by the Scottish psychiatrist Ronald D[avid] Laing and others during the 1960s and 1970s."[11] The Wikipedia entry for "anti-psychiatry" reads, in part, as follows:

> Anti-psychiatry refers to a collection of alternative movements that challenge the fundamental theories and practices of (mainstream) psychiatry. . . . Coming to the fore in the 1960s, "anti-psychiatry" (a term first used by David Cooper in 1967) defined a movement that vocally challenged the fundamental claims and practices of mainstream psychiatry. Psychiatrists R. D. Laing, Theodore Lidz, Silvano Arieti and others argued that schizophrenia could be understood as an injury to the inner self inflicted by psychologically invasive "schizophrenogenic" parents, or as a healthy attempt to cope with a sick society. Psychiatrist Thomas Szasz argues that "mental illness" is an inherently incoherent combination of a medical and a psychological concept, but popular because it legitimizes the use of psychiatric force to control and limit deviance from societal norms. Adherents of this view referred to "the myth of mental illness" after Szasz's controversial book of that name. (Even though the movement originally described as anti-psychiatry became associated with the general counter-culture movement of the 1960s, Szasz, Lidz, and Arieti never became involved in that movement.)[12]

Other authorities had still different definitions, illustrating the uselessness of the category and the term. The *Oxford Dictionary of Sociology*

identifies "Anti-psychiatry" as follows: "A term coined in the 1960s for writers who are highly critical of the ideas and practice of psychiatry. Precisely who is included within this group (which is always theoretically and politically heterogeneous) tends to vary. Frequently mentioned are the radical libertarian Thomas Szasz, the more left-wing, existentialist-inclined R. D. Laing and his colleague David Cooper, the Italian mental health reformer Franco Basaglia (all psychiatrists), and two sociologists—the symbolic interactionist Erving Goffman and labelling theorist Thomas Scheff. Sometimes Michel Foucault is also cited in this context."[13]

According to Alex Burns, an Australian convergent/digital-media journalist and site editor of "The Disinformation Company,"

> Anti-psychiatry is a socio-political movement which rejects the methodologies, medical practices and underlying assumptions of psychiatry. . . . Anti-psychiatry was coined by David Cooper in 1967, and is generally associated with phenomenological philosophers like Thomas Szasz, Gregory Bateson and R. D. Laing (who denied being part of the movement). . . . During the upheaval unleashed by May 1968, Anti-Psychiatry spread to Milan, Brussels, Paris and other major European cities. . . . As a political force, Anti-Psychiatry waned during the 1970s due to the demise of Counter-culture (Marxist and Anarchist) politics, psychiatric care industry reform, and the popularity of Human Potential Movement therapies. . . . Anti-Psychiatry is experiencing a resurgence as a human rights watchdog.[14]

In 1974, Cooper candidly acknowledged, "When I first introduced the term anti-psychiatry in a book published six years ago I had no idea how many innocent workers in the field of madness would be caught up in a mythical and mystique-full web. . . . Some have clearly and correctly disassociated themselves from this onerous label. . . . Since, however, no one has adequately defined what anti-psychiatry is there seems to be nothing to associate oneself with or dissociate oneself from." As I noted in 1976, Cooper and Laing were evidently unaware that the term "antipsychiatry" had been invented and defined by Bernhard Beyer in Germany in 1908.[15]

In 1993, Chris Oakley, a British psychotherapist and associate of Laing, noted, "By this time [early 1970s], he [Laing] is engaged in vigorous

denunciations of 'anti-psychiatry' and wishes to divorce himself irretrievably from that term, and by 1976 (in *The New Review,* in the context of the Laing-Szasz debate) he is quite explicit: he is 'not an anti-psychiatrist,' he is 'a physician and a psychiatrist.'" Cooper, too, rejected his self-identification as an antipsychiatrist and, before dying, adopted the identity of "non-psychiatrist."[16]

1

ANTIPSYCHIATRIE

Querulantenwahnsinn

> [David] Rosenhan rediscovers psychiatry's oldest problem, "false commitment": "How many people, one wonders, are sane but not recognized as such in our psychiatric institutions?" He thus reinforces the legitimacy of depriving people of dignity and liberty, provided they *really have real mental illnesses.* His premise reeks of the odor of bad faith. Rosenhan identifies himself and his fellow frauds as sane pseudo-patients and the other inmates in the hospital as insane "real" patients, even though the latter were diagnosed as insane by the same psychiatrists whose inability to make such a diagnosis Rosenhan claims to have demonstrated.
>
> —THOMAS SZASZ, *Psychiatry: The Science of Lies*

Prior to the nineteenth century, persons considered mad lived in their own homes, or in the homes of their relatives, or were homeless beggars, vagabonds, wanderers. The forcible expulsions of the "mad" from their homes and their rehousing in other domiciles began in England in the eighteenth century. The first mental hospitals were revealingly called "private madhouses": they were profit-making enterprises, initially operated by apothecaries and clergymen in their capacities as "mad-doctors." Private madhouses catered to members of the propertied classes and functioned in part as substitutes for divorce, which the law did not recognize. In the typical case, it enabled a husband to dispose of his troublesome or otherwise unwanted wife.

In wealthy families, dependents—the aged, the physically sick, the "mad"—used to be housed in their own homes, cared for by servants. Relocating them in madhouses served solely the convenience of their (more

powerful) relatives. From the start, the difference between the uses and abuses of private madhousing was entirely arbitrary. The so-called mad person's forcible relocation was a personal-political-economic matter masquerading as a legally and medically valid "therapeutic" measure. In the course of the past three hundred years, this disguise has become set in stone: the distinction between true/valid commitment and false/invalid commitment became—and remains to this day—an article of faith, immune to rational examination and popular-political repudiation.[1]

No sooner did the practice of involuntary mental hospitalization begin than it was denounced as too prone to abuse. In 1728, Daniel Defoe (1661–1731) criticized "false commitment" and proposed to remedy it by mandating the "public control" of private madhouses.[2] His wish was fulfilled. A century later, the building of public insane asylums—all over the Western world—became the rage. The reform increased the problem it was intended to correct by a thousandfold. A letter to the editor of the London *Daily News* in 1858, by John Stuart Mill, is illustrative:

> It has become urgently necessary that public attention should be called to the state of the law on the subject of Lunacy. . . . A perfectly innocent person can be fraudulently kidnapped, seized, and carried off to a madhouse on the assertion of any two so-called medical men, who have scarcely seen the victim whom they dismiss to a condition far worse than penalty which the law inflicts for proved crime. Convicts are not delivered over to the absolute power of their gaoler; nor can they be subjected to the ruffianly treatment revealed by the York inquiry. Convicts can appeal against ill treatment; but to other unfortunates the ordinary use of speech is virtually denied; their somber statements of facts, still more their passionate protests against injustice, are held to be so many instances of insane delusion. . . . The obvious remedy is to require the same guarantees before depriving a fellow-creature of liberty on one pretext as on another. . . . Many other improvements in the law and procedure in these cases are urgently needed. . . . I earnestly entreat you to continue your efforts at rousing public opinion on a matter so vital to the freedom and security of the subject.[3]

Defoe and Mill were public figures. The credibility of their protest was not compromised by their having been incarcerated as mad, but was undermined

by their being laymen, "outsiders" unfit to judge the complexities of madness and mad-doctoring.

The belief that mad persons are best cared for and hence "belong" in insane asylums and the systematic establishment of large madhouses began and reached their zenith during the nineteenth century. As the practice of involuntary mental hospitalization became more common, so too did fears of, and protests against, "false commitment"—the incarceration of sane persons in insane asylums by scheming relatives and dishonest doctors. In Germany, psychiatrists took to defending themselves against what they interpreted as groundless accusations of abuse by defining opposition to psychiatry as "antipsychiatry," and the demand for freedom by incarcerated mental patients as a manifestation of their delusional madness, *Querulantenwahnsinn* (litigious insanity or paranoia).[4]

A brief comment about the term *"Querulantenwahnsinn"* is in order here. *Wahnsinn* is madness. The German word *Querulant* is also a word in English. The *Unabridged Webster's Dictionary* (3d ed.) defines "querulant" as: "Abnormally given to suspicion and accusation." The related term "querulous" is defined as "apt to find fault, habitually complaining, whining." Clearly, this is a type of *behavior* parents dislike in their children, politicians dislike in their constituents, and psychiatrists dislike in their patients, especially in patients whom they have deprived of liberty. Identifying such complaining as a form of insanity and medicalizing it with a diagnostic label in Latin, *Paranoia Querulans*, is another example of a successful psychiatric semantic power play, similar to the diagnosis of drapetomania before the Civil War and "oppositional defiant disorder" (ODD) today.

The diagnosis of *Querulantenwahnsinn* was quickly and uncritically embraced by Anglophone psychiatry. In 1910, the prestigious British *Journal of Mental Science* published a lengthy review of this ailment, defined as a brain disease. Under the heading "Litigious or Wrangling Insanity or Paranoia Querulans of the Germans," the reader was informed:

> The differences between the varieties known as cavilling, wrangling, litigious, and claimant paranoiacs are trifling. The litigious are those with a tendency to constant procedure, spending the main part of their existence in the precincts of law courts. The arguing or wrangling patients are more

> often bent upon incessant recrimination. Lastly, the claimants proper crave the depossession of those they believe frustrate their claims and use all means to regain possession. . . . The alteration in the psychical personality leads the patient into absurdly extravagant actions, since he is already intolerant, impatient, choleric and more difficult and vain in the family circle than with strangers. All the patients write, often in an alert but unduly authoritative style. They abuse and slander in papers and pamphlets, muddling their sentences and quotations, underlining words and emphasizing in large letters. . . . For themselves they only demand their rights and of others simply their duty. They use any and every stratagem to reach their ends. . . . Improvement for a while is the rule, but relapse is certain to follow. . . . The disease terminates irregularly, sometimes by accident, cerebral haemorrhage, or softening, sometimes abruptly, but in this case it is not by cessation of the mania but by a rather forced resignation. This is only an apparent recovery. That dementia does appear towards the end of the disease is undoubted.[5]

I

Such, then, was the social context in which the term "antipsychiatry" first arose. Ann Goldberg—a professor of history at the University of California–Riverside and a student of nineteenth-century German psychiatry—considers the 1894 trial of Heinrich Mellage, a tavern keeper in a small town in Westphalia charged with libel for his exposé of a case of false commitment, as the spark that ignited popular suspicion of psychiatric confinement in Germany.

Mellage heard by word of mouth of the case Alexander Forbes—a minister from Scotland incarcerated at Mariaberg, an insane asylum operated by the Catholic Church—who had unsuccessfully sought his freedom. Mellage undertook to liberate him by publishing a pamphlet entitled *39 Monate bei gesundem Geiste als irrsinning eingekehrt* (39 months of a sane man's imprisonment as insane):

> Forbes landed at Mariaberg in 1890, on the orders of his bishop. . . . [He] had been in conflict with the Scottish Church authorities over a property dispute, that he drank, and violent episodes, and that, on this basis, the Bishop of Aberdeen saw fit to send him away for a cure and subsequently to

> write Mariaberg that Forbes was "mentally ill." Forbes was initially treated as a disciplinary case and allowed to come and go as he pleased in the asylum. But he continued to drink and acted in other ways unbefitting a priest, and so the brothers had Forbes committed as a lunatic . . . "who poses a public danger." . . . Mellage's exposé brought to light an array of shocking abuses in the asylum. For his literary effort, he was slapped with a libel lawsuit, the charges brought jointly by the state and the Mariaberg asylum. . . . [T]he case contributed to a mounting backlash against psychiatry and asylums, intensifying public fears and helping to spur the formation of an extraparliamentary reform movement dubbed "antipsychiatry." . . . The public's fear of asylums was well founded: archival sources reveal the widespread use of asylums as disciplinary tools and, increasingly, of *Bewährungsanstalten* [Defense Institutions] to hold with indeterminant [*sic*] sentences an ever broader category of the "criminally insane" ("degenerates and psychopathic deficients" such as prostitutes and petty criminals). . . . The trial inadvertently brought to light not only the abuse of incapacity laws by private parties but also the frightening conditions in public asylums and the incompetence of even expert psychiatrists. . . . A simple designation of *"gemeingefährlich"* [dangerous to the public] subjected a person to immediate incarceration against his or her will.[6]

Although Mellage was acquitted, the trial—with its focus on *false commitment*—once again benefited only organized psychiatry: "The psychiatric establishment was smugly triumphant. . . . After the trial, reforms would be enacted to ensure medical oversight of private asylums thus furthering the professionalization and medicalization of psychiatry."[7] Without mentioning the long history of the controversy over false commitment in England and the United States, Goldberg observes, "Between 1890 and 1914, dozens of 'mad' people from the respectable bourgeoisie—businessmen, civil servants, pastors, academics, lawyers, doctors, writers—went public with the most intimate and stigmatizing details of their private lives. The stories were frightening and desperate: healthy people branded as insane, deprived of their legal capacities, and incarcerated in insane asylums."[8] She fails to point out that the psychiatrists who "diagnosed" (denounced) and "hospitalized" (incarcerated) these people insisted they were "insane" (mentally sick). Goldberg continues:

> As the victims of grave injustices, the authors were now taking their cases to the "court of public opinion." And the public readily listened. These stories became the stuff of public scandal, debate, and politics. They were taken up by the press and repeatedly debated in the parliaments. They also became the basis of an organized "lunatics' rights movement" *(Irrenrechtsreformbewegung),* dubbed "antipsychiatry" by its opponents, that came to be centered in the *Bund für Irrenrecht und Irrenfürsorge* [the German terms are more expressive and powerful. In English: "Association for the Rights and Care of the Insane] (hereafter *Bund*) (1909–1922)—an extraparliamentary pressure group founded and largely led by the "mad," whose journal *(Die Irrenrechts-Reform),* the organization claimed, had a circulation of 10,000. . . . The *Irrenrechtsreformbewegung* was a protest movement against the power and competency of psychiatric expertise that strongly advocated, among other things, the monitoring and control of the activities of psychiatrists and asylums by juries and commissions that included laymen. But its authors and activists were at the same time imbued with a scientific world view, and *neither rejected the existence of mental illness nor, in principle, the asylum.* Rather, theirs was a revolt against what they saw as the vast abuses of insanity diagnosis. . . . [T]he activists were part of broader intellectual currents that included the popularization of anti-élitist and 'holistic' scientific alternatives to the mechanism and materialism of the established sciences in the universities. More specifically, the *Irrenrechtsbewegung* had very close links to the "natural healing movement *(Naturheilbewegung).*"[9]

The nineteenth-century German critics of psychiatry naively urged the same counterproductive recommendations that nineteenth-century English critics of psychiatry had recommended, namely, "better" commitment laws and more "professional" management of insane asylums. Abolishing psychiatric slavery was not on the menu then, was not on the menu for Laing and his claque, and is not on the menu of contemporary mental health "reformers."

II

Despite Goldberg's mastery of the historical material, her judgments, when she ventures any, are poorly considered, even bizarre; for example,

she concludes, "Ultimately, *Wilhelmine antipsychiatry missed the historical boat—the critique of bio-psychiatry—with the results in the Nazi 'euthanasia' policy.*"[10] This is an absurd interpretation. Critics of coercive psychiatry before World War I, whose objections Goldberg calls "Wilhelmine antipsychiatry," focused their fire on the correct target—the state-mandated, arbitrary power of the psychiatrist. The status of psychiatry (neuropsychiatry resting on neuropathology) as a medical specialty was then as unquestioned as was the status of, say, neurology as such a specialty. Wilhelmine psychiatry, like psychiatry everywhere at that time, was concerned with somatic pathology: the model insanity was paresis—general paralysis of the insane, a neuropathologically identifiable brain disease—the understanding and treatment of which eventually yielded to a purely biological explanation and cure.

The core problem of institutional psychiatry in Germany in the 1890s was the same as it has always been and is today—the concrete reality of coercion, not the abstraction "biopsychiatry." Goldberg failed to learn the lesson of the Mellage trial that she so carefully dissects: "According to the pamphlet literature, it was, in fact, entirely possible to consult a doctor for a simple case of nerves and end up ensnared in the coercive mental health system. . . . On cross-examination, some of the expert medical witnesses, who had lambasted the practices at Mariaberg, were forced to admit that they too sometimes used straitjackets and other restraint mechanisms. *They also could not all agree on Forbes's diagnosis, or even on whether he was ill.*"[11]

Goldberg discusses false commitment at length without acknowledging, or perhaps even recognizing, that the line that separates false commitment from true commitment has nothing to do with medicine or science, but is wholly a product of legal-social construction; that the problem that stares her in the eye is *not false commitment but civil commitment per se,* the depriving of innocent persons of liberty on allegedly medical-therapeutic grounds: "Here, one encountered cases not only of wives and children using the asylum to get rid of a husband/parent, but even of incapacitated men placed under the guardianship of their wives or (grown) children. . . . These authors faced the unenviable task of convincing a public that, contrary to the judgments of officials and experts, they were indeed sane and rational. . . . [T]heir experiences as certified lunatics by definition seemed to invalidate the voice that spoke about it."[12]

Goldberg is unable or unwilling to confront the mendacity intrinsic to the psychiatric enterprise: "One wonders how, in earlier decades and centuries, the 'mad' negotiated their way back to personhood." She misses the point that individuals stigmatized as mad never negotiated their way back to personhood. Once psychiatry detaches personhood from the individual, it can never again be firmly reattached to him: for life, he remains a "former mental patient," a "bipolar" or "schizophrenic in remission." When such a person applies for a driver's license or is a party to litigation, one of the first questions he is asked is "Have you ever been in a mental hospital or received a psychiatric diagnosis?" An affirmative answer automatically diminishes or destroys the subject's chances for employment and his status as a credible witness: "The spreading use of the diagnosis, explained one antipsychiatry author [in 1891], threatens the very fabric of society by undermining the basis of 'human rights,' namely the presumed autonomy and free will of 'rechtsfäig' [competent] citizen. Psychiatry was an impenetrable régime of experts that raised the frightening specter of an arbitrary power acting outside the law."[13]

There is nothing impenetrable about mental health laws. Such laws authorize psychiatrists to capture and incarcerate mad persons, just as slave laws authorized white men to capture and enslave black persons. The main difference is that psychiatrists have succeeded in convincing themselves and the public that their interventions are medical in nature, similar to the interventions of other physicians. This makes mad persons who turn to the law for relief seem crazy—"querulant" in German, "litigious" in English—enabling psychiatrists to define disagreement with them as a manifestation of mental illness:

> Psychiatrists . . . responded with a diagnosis that was tailor-made for this character-type: querulous insanity *(Querulantenwahnsinn).* A species of "moral insanity" and generally hereditary, *Querulantenwahnsinn,* explained defensively the psychiatrist Bernhard Beyer, does not label as ill people who pursue justice *(ihr Recht),* but *how* they pursue it. . . . *Querulanten* pathologically imagine themselves to be the victims of a wrongful injury from external machinations and intrigues and, in a paranoid state, engage in endless written complaints, petitions, and lawsuits. A *Zwangsimpuls* [compulsion] drives them to oppose "subordination," to fight for "human rights," and, in the worst of cases, even commit "lèse-majesté" in open court. *Querulantenwahnsinn* was a paradigmatic diagnosis of its time

> and place. . . . If the insanity diagnosis stripped citizens of their rights, *Querulantenwahnsinn* went one step further, pathologizing the very act of asserting those rights.[14]

The "insanity" of protesting the psychiatrist's benevolence is inherent in the concept of lunacy and its synonyms. It is what makes the notion of "lunatics' rights" or the "rights of mental patients" self-contradictory, an oxymoron. By definition, the term "lunatics" refers to a class of persons who do not know and are unable to protect "their own best interests"; indeed, their very existence depends on and entails their being dispossessed of their rights. Hence, they cannot—as members of that class—have rights. The psychiatric connotation of the term *"Querulantenwahnsinn"* needs to be emphasized here: it points to an argumentative person so deemed by the psychiatrist because he (the involuntary patient) persistently rejects the psychiatrist's power to control him.

Goldberg notes that while the lunatics' rights movement was "neither right nor left in any conventional sense," it was far more left than right: "With their strong faith in science as a force for enlightenment and freedom, liberals were mostly allied with psychiatry in support of the asylum status quo." Finally, comparing the first antipsychiatry movement with the second, Goldberg once again goes badly astray: "Much more radical than the Wilhelmine lunatics' rights movement, 1960s antipsychiatry *challenged not only the scientific status of psychiatry but the very notion of mental illness.*" As I documented elsewhere and discuss in more detail in the next chapter, the "1960s antipsychiatrists" did not reject the notion of mental illness.[15] Furthermore, while the meaning of the term "Wilhelmine antipsychiatry" is clear—it refers to criticism of false commitment—the meaning of the term "1960s antipsychiatry" is not clear at all. The only persons who *labeled themselves* as antipsychiatrists were David Cooper, Ronald Laing, and their colleagues at the Philadelphia Association.

III

Freud published *The Interpretation of Dreams* in 1900, establishing psychoanalysis as a new profession, different from—in many ways critical of—psychiatry. Loosely speaking, psychoanalysis may be said to be a kind of antipsychiatry: its practitioners—many of whom were not physicians—did

not use medical methods. In fact, Freud was no critic of psychiatry. He opposed neither civil commitment nor the insanity defense. In his famous study of the Schreber case, Freud took for granted that Schreber, diagnosed as mad, "belonged" in a madhouse.[16] Interestingly, it was Schreber—a superior court judge—whom psychiatrists considered a "querulant" and an antipsychiatrist. In his important book *In Defense of Schreber,* psychoanalyst and psychoanalytic historian Zvi Lothane uses that term to characterize the German critique of false commitment discussed above:

> The public outcry against abuses of psychiatry, or the first antipsychiatry, climaxed in the 1890s and the first decade of the twentieth century. A number of psychiatrists, physicians, and lawyers came out defending patients' rights against the arbitrariness of psychiatrists. [Psychiatrist Paul] Flechsig took part in this reaction. One year after Schreber's death, the psychiatric establishment beleaguered by the public, the *Reichstag,* and the press mounted a counteroffensive. It was documented in a book by the Bavarian psychiatrist Bernhard Beyer (1912), *The Campaign to Reform Psychiatry* (or, for brevity, *Reform*), a 668-page-long treasure trove of case histories, documents, commentaries and debates for and against psychiatrists and the revision of Germany's mental health laws. Among the cases discussed was Schreber's and among the psychiatrists, Flechsig. . . . Beyer says that in Schreber's case there was no room for doubt that the patient was crazy and the psychiatrist maligned.[17]

The so-called Schreber case is a classic in the psychiatric and psychoanalytic literature. Its dramatis personae—the patient, Judge Daniel Paul Schreber (1842–1911), and his psychiatrist, Professor Paul Emil Flechsig (1847–1929)—are familiar to most people in the mental health field. A few comments about them should suffice here. Schreber was thirty-seven when he first suffered from depression and hypochondriasis. He sought medical help, became a patient of Flechsig, a famous neuropathologist and neuropsychiatrist, and spent about a year in a mental hospital as a voluntary patient. For the next nine years, Schreber appeared to be well. In 1893, shortly after receiving a promotion to a senior judgeship, he fell "ill" again and was hospitalized involuntarily. Nine years later, after filing his own legal writ of appeal, he regained his freedom.[18]

For psychiatry, the Schreber case was just another instance of the legal-moral conflict between the sane person's right to liberty and the psychiatrist's duty and power to deprive the insane person of liberty in the name of protecting him and society. Schreber was "delusional" when he composed his writ but was, despite objections from psychiatrists, released by the court. This disagreement exposed the basic difference between psychiatry and jurisprudence—psychiatry supporting "public health" (vaguely and broadly defined) against individual liberty, and jurisprudence supporting individual rights against the therapeutic state (political power unconstrained by objective limits). Lothane ends his 550-page opus noting, "As Szasz has commented, 'Medicine is a natural science. Psychiatry is not; it is a moral science.' Schreber would have agreed. The banished ghost of ethics has been haunting psychiatry ever since."[19] The banished ghost of ethics will continue to haunt psychiatry until psychiatrists stop imprisoning persons and cease to use psychiatric "examinations" and "diagnoses" to interfere with the administration of justice.

For psychoanalysis, the Schreber case was a marker of where this new profession—led by Freud himself—went seriously astray with respect to the analyst's position regarding the rights and duties of analysts and analytic patients. Ostensibly, psychoanalysis was a "special profession," unlike psychiatry: its practice was not limited to physicians. Between 1900 and 1950, preventing suicide did not fall within the scope of the psychoanalyst's concerns, much less his professional duties. At the same time, psychoanalysts supported the two paradigmatic practices of psychiatry, civil commitment and the insanity defense. In 1976, I commented, "Freud, the psychoanalyst, never questioned the legitimacy of Schreber's confinement, and Freud, the psychopathologist, cared no more about Schreber's freedom than a somatic pathologist cares about the freedom of one of his specimens preserved in alcohol. Yet Schreber, the 'psychotic,' questioned the legitimacy of his confinement, and Schreber, the madman, sought and secured his freedom."[20]

IV

From its very beginning, psychiatry, unlike medicine, was synonymous with imprisonment: the psychiatrist had the authority and power to deprive his

patient of liberty. In other words, psychiatry was a creature of the modern nation-state.

Family, church, and state all rest on domination—the use or threatened use of force—and the widespread belief that the use of such force is reasonable and justified. Resistance to or rejection of domination is defined as misbehavior, sin, crime, or mental illness and punished accordingly. Psychiatry, masquerading as medicine, is an instance of a modern, legally authenticated institution of domination-submission. The diagnosis of "drapetomania"—the label attached to runaway slaves in pre–Civil War America—is an early example of the use of psychiatric rhetoric as a means of medicalized social control. Drapetomania, explained Samuel A. Cartwright, a physician in Louisiana in 1851, "is from 'drapetes,' runaway slave, and 'mania,' mad or crazy. It is unknown to our medical authorities, although its diagnostic symptom, the absconding from service, is well known to our planters and overseers. In noticing a disease not heretofore classed among the long list of maladies that man is subject to, it was necessary to have a new term to express it. The cause, in most cases, that induces the negro to run away from service is as much a disease of the mind as any other species of mental alienation, and much more curable, as a general rule."[21]

The cures consisted of special punishments intended to deter the "patient" from preferring freedom to slavery. Since then, this illness and the cures for it underwent several transformations while retaining its basic structure—the oppressed endeavoring to escape his oppressor and punished for his transgression by diagnostic labeling and penalties defined as treatments. In the Soviet Union, the illness—manifested by the effort to emigrate—was cured by labeling the would-be emigrant as a "dissident" suffering from "sluggish schizophrenia," incarcerating him in a mental hospital, and drugging him against his will.

Another form of this illness—called "oppositional defiant disorder" or "attention deficit hyperactivity disorder" (ADHD)—has assumed epidemic proportions in the United States. The American Academy of Child and Adolescent Psychiatry identifies ODD as follows:

> In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority

> figures that seriously interferes with the youngster's day to day functioning. Symptoms of ODD may include: excessive arguing with adults, active defiance and refusal to comply with adult requests, deliberate attempts to annoy or upset people, . . . frequent anger and resentment. . . . The symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. Five to fifteen percent of all school-age children have ODD. The causes of ODD are unknown . . . Biological and environmental factors may have a role. A child presenting with ODD symptoms should have a comprehensive evaluation. It is important to look for other disorders which may be present, such as attention deficit hyperactivity disorder.[22]

Is ADHD a disorder different from ODD, or is it just another deceptive term intended to mystify the masses about the pseudoscience of psychiatry? The National Institute of Mental Health offers this definition of ADHD:

> Attention Deficit Hyperactivity Disorder, ADHD, is one of the most common mental disorders that develop in children. Children with ADHD have impaired functioning in multiple settings, including home, school, and in relationships with peers. If untreated, the disorder can have long-term adverse effects into adolescence and adulthood. Symptoms of ADHD will appear over the course of many months, and include: Impulsiveness: a child who acts quickly without thinking first. Hyperactivity: a child who can't sit still, walks, runs, or climbs around when others are seated, talks when others are talking. Inattention: a child who daydreams or seems to be in another world, is sidetracked by what is going on around him or her. How is it diagnosed? If ADHD is suspected, the diagnosis should be made by a professional with training in ADHD. This includes child psychiatrists, psychologists, developmental/behavioral pediatricians, behavioral neurologists, and clinical social workers. After ruling out other possible reasons for the child's behavior, the specialist checks the child's school and medical records and talks to teachers and parents who have filled out a behavior rating scale for the child.[23]

In short, children who displease their "behavior raters" are classified as medically ill, suffering from diseases similar to, say, meningitis, justifying—indeed mandating—their coerced treatment with drugs. The same goes for the two other powerless groups (the modern medical Negroes)—old people

in nursing homes and lawbreakers in prisons. Anyone who disagrees with these views and objects to the coercive drugging of these persons is "depriving sick patients of treatment," is in denial about "advances in neuroscience," is an antipsychiatrist.

It needs to be emphasized here that from Daniel Defoe's protests against "false commitment" at the beginning of the eighteenth century until my *principled critique* of psychiatric coercions and excuses in the 1950s, psychiatric criticism was *limited to denunciations of the incarceration of sane persons in insane asylums.* Neither the first group of antipsychiatrists, active between 1880 and 1922, nor the second group, active during the mid-1960s and since, opposed or opposes *the psychiatric incarceration and treatment of individuals deemed mad by psychiatrists.* Psychiatrists and antipsychiatrists alike accepted the medical, moral, and legal legitimacy of involuntary mental hospitalization and treatment. As a result, all psychiatric criticism accepting this premise was counterproductive, placing more and more power in the hands of these supposed experts.

I rejected this premise. If we regard individual liberty under the rule of law as our principal political value (as I do), it follows that our principal problem with respect to coercive psychiatry is that it is medicalized slavery. It follows that psychiatric slavery cannot be reformed. It must be abolished. In 1774, Thomas Paine wrote, "As these people [Negro slaves] are not convicted of forfeiting freedom, they have still a natural, perfect right to it; and the governments whenever they come should, in justice set them free, and punish those who hold them in slavery."[24] The same goes for psychiatric slaves.

V

As I showed in my book *Coercion as Cure,* the history of psychiatry is the history of counterproductive psychiatric reforms. The legend of Philippe Pinel—the father of French psychiatry, striking the chains off the insane—is illustrative. Pinel is revered as a great humanitarian reformer. In fact, he replaced an overt form of brutality with more covert forms of it, in particular imprisonment and torture defined as medical interventions, called "the moral treatment of the insane."[25] The sanctification of Pinel as the "liberator" of the madman illustrates the central role of coercion in the theory and

practice of psychiatry and the fact that efforts to reform psychiatric abuses are doomed to failure. Repeatedly, the mental patient is liberated. Yet he continues to be enslaved.

Who was Pinel? Who gave him the authority to unchain his prisoner-patients? He was a physician, an agent of the French-Jacobin state. In 1793, four years into the French Revolution, the government appointed Pinel "physician of the infirmaries" at the Bicêtre, a dungeon that "housed about four thousand imprisoned men—criminals, petty offenders, syphilitics, pensioners, and about two hundred mental patients."[26] He received this appointment not because of professional merit but because of his friendship with leading Jacobins, such as physiologist Pierre Jean Georges Cabanis (1757–1808) and Michel-Augustin Thouret (1748–1810), a prominent physician and the key opponent of the master quack Anton Mesmer (1734–1815).[27] In 1804, Pinel was made chevalier of the Legion d'Honneur. Today, his statue stands outside the Salpêtrière in Paris.

Pinel's ceremonial unchaining of the mental patient was a medical-religious reenactment of Exodus—*the founding miracle of the new Jacobin religion of psychiatry.*[28] Ceaselessly reprised for two centuries, the legend has proved amazingly successful in distracting the attention of both the public and the medical profession from the most obvious and important feature of the origin of psychiatry, namely, that it is a creature of the modern centralizing state, an auxiliary to the prison system, with the psychiatrist's role defined as that of a medical soldier charged with the correction of the inmates' incorrect behavior. Pinel created modern psychiatry as a medical specialty not by demonstrating that mental diseases are diseases but by defining coercion as treatment. *The adjective "moral" in "moral treatment" refers to the fatal self-contradiction at the heart of psychiatry: the psychiatrist claims to be a physician who identifies the individual he imprisons as ill, yet confines and punishes him as if he were a criminal, and calls the punishment "moral treatment."* By arranging and rearranging the two basic elements of psychiatry—the fiction of mental illness and the fact of coercion-therapy—the psychiatrist builds increasingly more impressive and costly pyramids of bogus diseases and brutal treatments.

Pinel's magnum opus, *Traité médico-philosophique sur l'aliénation mentale, ou la manie* (Medical-philosophical treatise on mental alienation, or

mania), was published in 1801 and quickly became enormously influential in both Europe and the United States. The English translation, published in 1806, is entitled *A Treatise on Insanity, in which are Contained the Principles of a New and More Practical Nosology of Maniacal Disorders than has yet been Offered to the Public, etc.*[29] In Section II, under the subtitle "The Moral Treatment of Insanity," Pinel states:

> If met, however, by a force evidently and convincingly superior, he submits without opposition or violence. This is a great and invaluable secret in the management of well regulated hospitals.[30] . . . The estimable effects of coercion illustrated in the case of a soldier . . . all fair means to appease him being exhausted, coercive measures became indispensable.[31] . . . In the preceding cases of insanity, we trace the happy effects of intimidation, without severity; of oppression, without violence.[32] . . . For this purpose the strait-waistcoat will generally be found amply sufficient. . . . Improper application for personal liberty, or any other favor, must be received with acquiescence, taken graciously into consideration, and withheld under some plausible pretext.[33] . . . To effect and expedite a permanent cure, unlimited power in the choice and adoption of curative measure were given to his medical attendant.[34]

As these excerpts show, Pinel regarded the madman as a headstrong, ill-behaved child, and himself as his father whose duty was to break the child's will and domesticate him. He ended *Traité* with a flattering plea addressed to government authorities: "For the accomplishment of these our earnest wishes, we look up to the councils of a firm government, which overlooks not any of the great objects of public utility."[35] Pinel, let us remember, was a Jacobin. He was authorized to unchain mental patients by the French state, the same political entity that gave his predecessors the authority and power to enchain them. The state created and sanctified both chattel slavery and psychiatric slavery, and only the state has the authority and power to modify their terms and abolish them. Today, the therapeutic state is extending psychiatric slavery over aspects of life formerly free of it, not restricting, much less abolishing, it.

In 1908, German dissenters against psychiatric imperialism were demeaned as insane, suffering from *Querulantenwahnsinn*. In 2008, American dissenters against psychiatric imperialism are still demeaned as insane.

"Paranoid. Schizophrenic. Obsessive. Compulsive. Those are words normally used to describe mental health disorders [*sic*]. But just last year they were used disparagingly to describe Illinois parents who wanted to be notified before their children underwent mental health screenings at school," reports the *Southtown Star* of Chicago.[36]

Even more bizarrely and despotically, psychiatrists now attribute resistance to psychiatric coercion—especially by mental patients—to "anosognosia," an alleged brain disease. Priests hunting heretics were more modest: they were satisfied with destroying their adversaries' bodies by burning them at the stake. Psychiatrists have higher aspirations: true soul murderers, they deny their adversaries' capacity to possess moral agency. Mental patients who refuse psychiatric drugs do so because they suffer from anosognosia—"a lack of awareness of mental illness . . . common among patients with schizophrenia who are nonadherent to antipsychotics."[37]

2

ANTIPSYCHIATRY

Alternative Psychiatry

> A good catchword can obscure analysis for fifty years.
>
> —OLIVER WENDELL HOLMES JR. (1841–1935)

Ronald D. Laing and David Cooper were trained and practiced as hospital psychiatrists. Antipsychiatry developed and took place in institutional settings—first in regular (state) mental hospitals, later in alternative mental hospitals named euphemistically, as was Kingsley Hall, Laing's famous "antipsychiatric household."

I opposed antipsychiatry from the start, in part because I believed that persons who undertake an explicitly nonmedical, noncoercive, contractual "cure of souls" ought to treat their clients as independent, existentially equal persons and therefore *ought not* to provide room and board for them. Housing patients in traditional mental hospitals *deprives their inmates of liberty.* Housing clients in group homes *protects legally competent adults from the responsibility* to domicile and support themselves. "A rose by any other name would smell as sweet," said Shakespeare.[1] Psychiatry by any other name smells as foul.

My objection to psychiatry—as psychiatric power and imprisonment, with which in my view it is synonymous—predates by many years my training in psychiatry. In 1945, when I decided to end my residency in internal medicine and train in psychiatry, I chose the University of Chicago Clinics because the hospital lacked a psychiatric ward and provided outpatient psychiatric services only. The following year, I entered training at the Chicago Institute for Psychoanalysis and, in 1950, received my certificate of graduation from it.

In those days, most psychoanalysts worked only with fee-paying patients in their private offices, limited their work to psychoanalysis or psychotherapy (now called "talk therapy"), and had no connections with mental hospitals. The distinction between consensual, office-based psychiatry (psychotherapy) and coerced, hospital-based psychiatry (somatic therapy) was then clear: analysts treated voluntary patients who provided lodging and food for themselves, whereas psychiatrists treated involuntary patients who were provided room and board by the hospital. (There were exceptions—for example, Frieda Fromm-Reichmann [1889–1957] and others at Chestnut Lodge, in Rockville, Maryland.) Separating the person who receives a psychiatric service from the agency or individual that pays for it is, in practice, incompatible with consensual psychiatry. The psychiatrist's financial dependence on the patient is the patient's ultimate and perhaps only protection from the psychiatrist's power over him.

One of the most deleterious consequences of the creation of the antipsychiatry movement was the loss of clear contrast between office-based consensual counseling and hospital-based coerced restraint and its replacement with a contrast between authoritarian, "bad" psychiatry and democratic, "good" antipsychiatry. This is a nonsensical distinction. Consensual psychiatry rests on a buyer-seller relationship between putative equals, whereas coercive psychiatry is based on a welfare relationship between a needy recipient and a benevolent provider. The libertarian-capitalist regards the buyer as a person possessing the means to satisfy his needs and hence sees market relations as empowering, enabling the buyer to hire or fire the expert. The socialist-statist regards the person in need as a helpless individual unable to provide for his needs and sees market relations as disempowering, the would-be buyer the victim of the capitalist seller system. Adaptations of antipsychiatric practices—the Arbours Centres in England, Lacanian psychoanalysis in France, "democratic psychiatry" in Italy, and Soteria Houses in the United States—all rest on "therapists," agents of the state, providing food and lodging and other "services" for their patients.

Laing trained and worked in psychiatric institutions, created a new one of his own, and pretended to erase the economic, existential, and professional boundaries between himself and his clients. In contrast, I trained and worked in the tradition of the private practice of medicine and psychoanalysis,

shunned psychiatric institutions, limited my work to consensual relations with persons who supported themselves and paid for my services, and regarded the boundaries—"contract"—between the obligations and duties of expert and client as being of paramount importance.[2]

I

Because Cooper and Laing never defined "antipsychiatry," others seized the opportunity to do it.[3] In *A Historical Dictionary of Psychiatry,* psychiatric historian Edward Shorter offers this description of the "Antipsychiatry Movement": "Early in the 1960s, as part of the general intellectual tumult of the time, a protest movement arose against psychiatry. . . . The movement crystallized around a number of prominent intellectual spokespersons."[4] He lists me in first place among them. What better way is there for delegitimizing a conservative-libertarian critic of psychiatry like me than by equating my views with those of Laing and Cooper and dubbing it all "antipsychiatry"?

Shorter does not distinguish between coerced and consensual psychiatry and misrepresents my views: he does not acknowledge that I began my criticism of involuntary mental hospitalization in the mid-1950s, that I did not and do not oppose consensual psychiatric relations, and that my views had nothing to do with the leftist "tumult" of the '60s, whose representatives were in fact bitterly critical of my writings, as I illustrate presently. Shorter's "facts" about my psychiatric career are stubbornly false: I received no psychiatric training in Cincinnati (where I had been a medical, not psychiatric, resident), and I never worked at the Veterans Administration Hospital in Syracuse (where, as a professor of psychiatry at SUNY in Syracuse, I conducted an occasional case conference).

Shorter lists Erving M. Goffman (1922–82) in second place and, uncomprehendingly, remarks, "It is ironic that the antipsychiatry movement should have received its launching shove among intellectuals from Goffman, one of the most luminous sociologists of the twentieth century." Shorter is apparently unaware of how strongly Goffman felt about the historical and ongoing crimes of psychiatry and tries to diminish Goffman's stature by remarking that he "tossed off his second book *Asylums* (1961) almost as a

second thought; certainly the book had less impact on sociology and anthropology than his other writings."[5] Goffman did not "toss off" *Asylums,* a collection of important essays written over a period of several years. Shorter also seems to be or chooses to be unaware that, in 1970, Goffman, George J. Alexander, and I founded the American Association for the Abolition of Involuntary Mental Hospitalization and, with like-minded colleagues, published a newsletter, the *Abolitionist:*

> The motive for establishing the American Association for the Abolition of Involuntary Mental Hospitalization (AAAIMH) was the conviction that the practice of involuntary psychiatric interventions—epitomized by civil commitment—is a moral atrocity, similar to the practice of involuntary servitude. This makes the abolition of that practice a precondition of so-called psychiatric reform. To that end, in 1970, George Alexander, Erving Goffman, and I founded the AAAIMH. . . . The organization began as a shoe-string operation and, in the absence of interest and funding, remained in that state. In 1980, with the tide of professional and public opinion running irresistibly the other way, the organization was disbanded.[6]

Shorter's attempt to dismiss *Asylums* with the comment that "certainly the book had less impact on sociology and anthropology than his other writings" requires placing it in context. This observation was true, and remains true today, because academic fashions and granting agencies support coercive psychiatry and exercise tremendous power over the careers of social scientists. A young anthropologist or sociologist would be ill-advised to support so Chekhovian an indictment of asylum psychiatry as Goffman presented. I predict that Goffman will be best remembered for *Asylums,* proving Shorter wrong.

The third prominent antipsychiatrist on Shorter's list is Michel Foucault. What makes him an antipsychiatrist? That Laing—number five on the list—wrote a glowing review of *Madness and Civilization:* "Thereupon, Foucault became a name to conjure with in the antipsychiatry movement."[7]

Next on the list is Franco Basaglia: "The Italian antipsychiatry movement hooked up with the political Left . . . 'Democratic Psychiatry,' that explained diagnosis and confinement of psychiatric patients in terms of the Marxist theory of class. For his efforts, Basaglia became a virtual idol of

antipsychiatric forces across Europe."[8] Laing and Cooper bring up the rear, despite having been the only self-defined antipsychiatrists. Shorter is not writing psychiatric history; he is writing psychiatric apologetics.

The upshot of this jumble of ideas about what constitutes antipsychiatry is that legal, medical, and psychiatric professionals, social scientists, the press, and the public use the term as a grab-bag identification *imposed* on psychiatric critics and criticisms, regardless of the critics' rejection of this invidious identification and regardless of the content or merit of their criticism. Sartre famously declared, "The Jew is one whom other men consider a Jew."[9] This useful quip must not to be mistaken for a generally valid rule. Like any identity or role, that of Jew may be self-defined or other-defined or both. As the examples cited illustrate, an antipsychiatrist is a person whom other persons consider an antipsychiatrist. That is the simple truth from which we must start and must not lose sight of.

Because Laing was the acknowledged leader and spokesman of antipsychiatry, I regard him as the person most responsible for popularizing the term and the great mischief he has caused with it, and offer only a few remarks about Cooper. Cooper's writing, like his life, was chaotic. He died from chronic alcoholism in Paris in 1986, aged fifty-five.[10]

Who was Cooper, why did Laing choose him as a friend and coauthor, and why did they choose the term "antipsychiatry" for their collective self-identification? Laing describes him as "a trained Communist revolutionary and a member of the South African Communist Party. He was sent to Poland and Russia and China to be trained as a professional revolutionary. . . . [W]e cooperated on writing *Reason and Violence*."[11]

According to Wikipedia, Cooper was "an 'existential Marxist' [who] . . . believed that madness and psychosis were a product of society and that its ultimate solution was through a revolution. . . . Cooper coined the term anti-psychiatry to describe opposition and opposing methods to the orthodox psychiatry of the time." Yet the Wikipedia entry for "antipsychiatry" does not mention Cooper: "Anti-psychiatry refers to a post-1960s configuration of groups and theoretical constructs hostile to most of the fundamental assumptions and practices of psychiatry. Its igniting influences were Michel Foucault, R. D. Laing and Thomas Szasz."[12]

Evidently, Cooper and Laing were unaware of the provenance of the term "antipsychiatry," but recognized that "a good catchword can obscure analysis for fifty years," which was their sole true aim. They wanted to amaze, not analyze, to impress, not inform. Spellbound by Marx, the communist revolution, and the anticolonial liberation movements, Cooper and Laing inverted the stigma term "schizophrenia": it became a "voyage of the discovery of the true self." Admiration replaced abjuration; the antipsychiatric aspiration for authenticity was contrasted with the psychiatric enforcement of alienation.

In the 1950s, I published a series of essays scrutinizing the concepts of illness, malingering, and mental illness, challenged the presumption that the psychiatrist's professional responsibility should include the *forcible* prevention or control of the patient's "dangerousness to himself or others" (suicide and murder), and presented systematic critiques of civil commitment and the insanity defense. In 1960, I published my paper "The Myth of Mental Illness," and a year later my book with the same title. That did it: overnight I became persona non grata among psychiatrists and psychoanalysts. Unable or unwilling to address the troubling problems I raised, the mental health establishment resorted to the ancient method of dealing with a disturbing message: "killing" the messenger. Secure in the moral superiority of their left-liberal weltanschauung, psychiatrists smeared and dismissed me as a right-wing fascist, a member of the "lunatic fringe."[13] In a paper in the *American Journal of Psychiatry,* Paul Lowinger, a professor of psychiatry at Wayne State University in Detroit, explained:

> The anti–mental health lobby, which is part of the right-wing lunatic fringe, looks to the *National Review* for its intellectual Wheaties. Perhaps it surprises no one to find an exposition in [William F.] Buckley's journal by Dr. Szasz of the frightening "menace of psychiatry to a free society". . . . These views of the metaphoric nature of mental illness and the psychiatrist as jailer have also appeared in *Harper's Magazine*. It may be of interest to know that Szasz's opinions are now distributed along with Robert Welch's *Life of John Birch* by Defenders of American Liberties headed by a former McCarthy committee counsel Robert Morris. The anti–mental health movement, with a potential membership of 26.5 million Goldwater voters, finds confirmation of its views in Thomas Szasz.[14]

Lowinger's essay stimulated a protest by T. P. Millar. In a letter to the editor titled "Guilt by Association," Millar—whom I did not know then and do not know now—wrote:

> The approach that Dr. Lowinger employs in dealing with Dr. Szasz's criticism of psychiatric commitment is a particularly invalid one. Dr. Lowinger tells us that "Dr. Szasz's opinions are now distributed along with Robert Welch's *Life of John Birch* by Defenders of American Liberties headed by a former McCarthy committee counsel." We are also told that "the anti–mental health movement, with a potential membership of 26.5 million Goldwater voters, finds confirmation of its views in Thomas Szasz." In these two sentences Dr. Szasz's views are associated with Robert Welch, the McCarthy committee, the anti–mental health movement, and Senator Goldwater. Is this not the technique we have come to deplore as guilt by association?[15]

For organized psychiatry, the answer appears to be no, especially when the "guilty association" is itself a false attribution. The upshot was that—in the aftermath of the virulent condemnation of my persona generated by the publication of *The Myth of Mental Illness*—critics began to smear me as a "John Bircher."[16] Laing embraced that tradition, writing, "I could take exception to his [Szasz's] association with the John Birch Society and his version of the free society, rampaging capitalist, post-capitalism of cold war."[17] Laing's colleague Cooper was even less fond of "rampaging capitalists": "The fulfillment of liberation comes only with effective macropolitical action. So the Centers of Revolutionary Consciousness have also to become Red Bases. Macropolitical action here must be essentially negative, and takes the form of rendering bourgeois power structures impotent by any and every means. . . . Molotov cocktails have their place in a significantly organized, student-worker rebellion."[18]

Laing had no problems with Cooper's enthusiasm for Molotov cocktails but considered my classical liberal-libertarian "version of the free society" and alleged "association with the John Birch society" prima facie evidence of ideological wrongheadedness. Let me set the record straight about this attribution. I never had an "association" with the John Birch Society, which, I might add, was in the 1960s and for some time afterward a respectable

anticommunist organization (except in the eyes of committed socialists and communists). The source of the easily discredited smear that Laing repeats with relish lies in my having published an essay in 1962, in the *American Journal of Psychiatry,* entitled "Mind Tapping: Psychiatric Subversion of Constitutional Rights."[19] In those days, I received frequent requests from both conservative and liberal publications for republishing my essays, which I always granted. I received such a request from the *American Opinion,* the monthly magazine of the John Birch Society, which both the *American Journal of Psychiatry* and I granted. My "association" with the John Birch Society was the same as the *American Journal of Psychiatry*'s association with it. But that was not the way my critics interpreted it.

Since having been maliciously identified as a member of the John Birch Society almost fifty years ago, I have been falsely identified as a member of every group that has criticized conventional psychiatric practices, among them antipsychiatry.

II

I stated that Laing and Cooper never defined "antipsychiatry." Laing never claimed to have done so; indeed, he pretended to oppose the term, despite having co-created it. Cooper didn't define "antipsychiatry" either, but he said he did, and his so-called definitions deserve to be recognized. Chapter 5 of his book *The Grammar of Living* is entitled "What Is Anti-Psychiatry?" The following excerpts are from this source.

> Anti-psychiatry for me was and is clearly susceptible of definition and, although hitherto I have only tried to show by actual examples what I mean by this concept, it is about time to list unequivocally the points of antagonistic contradiction that exist between this apparently negative entity and the patently extant and positive profession that is "state-registered" as Clinical Psychiatry . . . Clinical psychiatry, however, is only a small part of an extensive system of violence, of normalizing techniques that commence with the principal conformism-inducing instrument of the bourgeois state, the family, and run on through primary and secondary schooling and universities aiming to produce and then reproduce an endless assembly-line of independent industrious creatures who all work for

> some Purpose which has long been lost sight of and which was never very visible in the first place anyhow.[20]

This is a denunciation of the family, society, and psychiatry, not a definition of antipsychiatry. Cooper ignores the existence of contractual psychiatric relations between consenting adults. He states that antipsychiatry is a "negative entity," yet it requires "reciprocity," that is, therapist and patient must exchange roles: "Another way of reversing the rules of the psychiatric game is by attacking the unidirectional role structure of psychiatrist versus patient and replacing it by a relationship of reciprocity. Reciprocity is impossible within the infantilizing, paternalistic structure of the psychiatric institution or in most psychotherapeutic situations where the structuring of the context precludes reciprocity."[21]

In 1978, in my review in *The Spectator* of Cooper's last book, *The Language of Madness,* I noted that, in his view, we humans are "naturally" creative, courageous, loving, and good, but are the victims of a cosmic theft, these goods having been stolen from us. "To act politically," he declares, "means simply regaining what has been stolen from us, starting with our consciousness of our oppression within the capitalist system."[22]

According to Cooper, everything most of us regard as bad is good, and vice versa. Systematically inverting values is Cooper's idea of explaining social phenomena and rectifying their defects. For example: "Madness is a common social property that has been stolen from us, like the reality of our dreams and our deaths: we have to get these things back politically so that they become creativity and spontaneity in a transformed society." Cooper hates individualism, private property, and the free market—and loves collectivism, communism, victims, and the prefix *anti.* "Fruit dies on the trees," he explains, "because peasant farmers can't deal with a parasitic market structure which stops the fruit that they gather meeting the mouths of other workers who supply them in turn—by their work." He praises Marx, "who learnt about money and then learned how to hate it, how to hate the market place of exchange value." Antipsychiatry was merely Cooper's first flirtation of parlaying a prefix into a career, as the following examples illustrate: "Anti-definition . . . is a way of opening up the definiendum. . . . Anti-classification means seeking and stating existing differences as opposed

to enclosing entities in boxes." Freud called the clitoris a "stunted penis." For Cooper, it is a superphallus:

> "Some psycho-technicians find it incomprehensible when I say that women—*physiologically speaking* [Cooper's emphasis]—have bigger phalluses than men." For Freud, the dream was the "royal road to the unconscious." For Cooper, "the dream is the anti-psychoanalysis." . . . *The Language of Madness* (an utterly misleading title) is a pitiful piece of work. It fails even as Communist propaganda. "There are," writes Cooper, articulating his recommendation for social change, "two things to be done: firstly, the final extinguishing of capitalism and the entire mystifying ethos of private property; secondly, the social evolution that . . . will produce the classless society. . . . One might argue that the incapacity for homosexual experience is an 'illness' in need of 'treatment.' . . . One of the critical experiences of my life was when at the age of four, at a circus in Cape Town, I burst into tears because I thought the clown had been really hurt by the wicked ring master. I could not be consoled until the clown came into the audience to tell me that the hurt was an illusion, make-belief." He is still weeping, and is proud of it.

Cooper comes closest to defining antipsychiatry in the following statement—sad, shocking, sensationalistic, or stupid, depending on our point of view:

> The anti-psychiatrist is one who is prepared to take the risks involved in progressively and radically altering the manner in which he lives. He must be prepared to give up the security devices of property (beyond the necessary minimum), exploitative money-games, and static, comfortable, family-like relationships as opposed to solidarity and comradeship with those who, with all the power of love and generosity, are similarly opposed to the trivialization of experience which is the aim of bourgeois education and psychiatry. *He must be prepared fully to enter his own madness, perhaps even to the point of social invalidation, since unless he does this he has no qualification.* . . . When groups of people live together in communes, however, other possibilities arise: in such a group some people may be "professionals" and others "patients" by exterior definition but at certain points these exterior roles may be reversed and the "professional" may go into a disintegrative

> experience and be cared for by the "patient." This abolition of roles through reversal and then re-reversal works well when a certain homeostasis is achieved once the group has built up a strong enough solidarity and its own particular tradition of anti-family. . . . Lastly, anti-psychiatry is political and is subversive by its very nature to the repressive bourgeois social order. . . . Anti-psychiatry in its very nature must be involved in permanent revolution.[23]

How did Cooper put his concept of antipsychiatry into practice? Fortunately, we have the report of one of his patients who was privileged to witness his going "into a disintegrative experience and be[ing] cared for by the 'patient.'" In the late 1970s, David Gale—now a writer in London—was a confused young man deep into drugs and antipsychiatry. He called Laing for an appointment and was referred to Cooper. The following excerpts are from his essay "Far Out," published on September 8, 2001, in *The Guardian:*

> I had a 10 o'clock appointment with my psychotherapist at Primrose Hill. When I got there, he was naked in the kitchen. He was dandling a naked baby and telling me that he had been up all night fucking a South American woman. The baby belonged to Roy, one of Cooper's patients. Roy and Cooper would go out in Roy's VW camper van and pick up chicks and fuck them. . . . But the South American woman was not a pick-up, she was the girlfriend of another patient of Cooper's. This guy had jumped under a tube train two days ago. His father had been a butcher. Cooper said the guy had grown up watching meat being chopped and fantasized that his father was chopping him up. . . . Cooper said that in the moment of his death, the guy had achieved something he had been craving all his life: to be treated with respect by his father. . . . I thought what I ought to think was that all this wildness was good for me. I was reluctant to admit that, in fact, I simply felt uncomfortable.

Gale then relates how Cooper imposed "reciprocity" on him and how he felt about it:

> [Cooper] was a tubby man with a shiny face and a warm, deep voice. His book, *Psychiatry and Anti-psychiatry,* introduced a key element of the anti-psychiatric position, that there should be no distinction made between

doctor and patient. The patient could even treat the doctor and this would be therapeutically most salutary. Such a notion, given the nature of my own anxieties, struck me as rather academic. . . . Although I was aware of his revolutionary reputation, there were still times when his pronouncements surprised me. . . . As a young man, Cooper had met Jean-Paul Sartre in Paris. . . . Cooper told me he dreamed that he fucked Sartre up the arse. . . . I assumed that therapy had to be like this. . . . I was proud of my therapist. . . . But he disturbed me in ways that seemed to have no redeeming side. One day in the purple room, he came in, slumped in his armchair and told me he had just been making love to his partner, a feminist writer. "I live within her orgasms," he intoned. "Hmm," I said, nodding. Clearly he had told me something remarkable—you could live within someone's orgasms. But, you know . . . my therapist's frankness continued to upset me. I kept mum. . . .

My therapist told me he had been sitting in his kitchen. The bell rings and a dark, beautiful woman asks if she can come in and drop acid with him. Soon they are making love on his bed overlooking the park. As the acid washes in, Cooper and the beautiful woman leave their bodies and assume astral forms, which are radiant and blue. The astral lovers hover above the bed, making divine congress. . . . He is suffused with feelings of love. . . . An era of harshness will be supplanted. . . . He cried all day for five days. He told me this.

What can you say? You're supposed to be the patient, for God's sake. Do you really want your shrink to be so fascinating? No, you don't. . . . You don't want to know about his trips or his girlfriend's orgasms. . . . Before the [next] session began, he gave me a fiver, then fell on the bed. Would I go to the off-licence and buy him a bottle of whisky? When I got back, he opened the bottle and offered me some. In those days it was not cool to drink alcohol and I didn't like whisky anyway, so I took half an inch in a plastic cup. Cooper grasped the bottle and upended it into his mouth. When he had finished, there were a couple of inches left. [After listening to music] Cooper started to weep. He wept loudly throughout the track and when it was finished, he played it again and wept again. He did this over and over while I sat and watched. After an hour, I decided the session must be over, so I said, "I'd better be going." He did not seem to hear me. . . . Then I left and never went back. I said to myself, "It's fucking me up more staying than going."[24]

Both psychiatry and antipsychiatry stand condemned before the court of common sense and common decency: their practitioners—more interested in themselves than in their patients—bask in their grandiose self-conceptions. Cooper's idea of the "good life" was not the examined life, or the religious life, or the free and responsible life; it was the life of unending, unthinking, drunken, drugged, masturbatory sex, using the bodies of anonymous women as sex toys. Supported by parent-surrogates conned by his conceit, Cooper was apparently able to pull off this stunt for a decade or more. Maybe he died happy. *Chacun à son goût.*

III

Laing regarded himself, and many of his admirers still regard him, as a revolutionary thinker. I disagree. He was a conventional thinker in the "liberal" French-Continental tradition of "Pas d'enemies à gauche" (No enemies to the left). What was revolutionary in psychiatry in the 1960s and 1970s, and is even more revolutionary today, is seeing the State—Right *and* Left—as the enemy of the Individual, especially of the Patient as a free and responsible Moral Agent.[25] Laing was blind to all that. He was a communitarian who saw only a Virtuous Left and a Wicked Right. Perhaps because he recognized that *therein* lay Laing's basic identity, Bob Mullan, Laing's official biographer, entitled his book of interviews with Laing *Mad to Be Normal.*

Laing's fame is closely connected with the commune he founded and named after the community center, Kingsley Hall, whose premises it occupied. Established in 1965, Kingsley Hall was to serve as "a model for non-restraining, non-drug therapies for those people seriously affected by schizophrenia. . . . After five years' use by the Philadelphia Association (from 1965 to 1970), Kingsley Hall was left derelict and uninhabitable."[26] The similarities between the economic and human consequences of the Soviet regime and Laing's regime—at Kingsley Hall and in his own life—are not coincidental.

Although sympathetic with Laing's socialist politics, American writer Clancy Sigal—one of the founders of Kingsley Hall, about whom I shall say more later—recognized that the creators of antipsychiatry were doers rather than thinkers, more interested in applying antipsychiatric practice

than articulating antipsychiatric theory: "[David] Cooper, the most political among us, insisted that theory took second place to 'praxis.' So it was important that his brand of non-therapy take place *in a National Health hospital within the state system* because that's where most distressed people were warehoused or, worse, treated."[27]

As I saw it, this was an arrogant and foolish policy, like insisting that efforts to save Jews threatened by the Nazi state take place "within the state system" because that is where the most endangered Jews live. It was a sign that Laing and his group wanted to replace the reigning psychiatric rulers with a new set of antipsychiatric rulers. The antipsychiatrists were not interested in helping "mental patients" deprived of liberty to regain their freedom, individually or as a group. This is why considerations of the legal, moral, and economic aspects of psychiatric and antipsychiatric practices are absent from their writings.

The antipsychiatrists' determination that their work "take place *in a National Health hospital within the state system*" was significant for another reason as well, which the antipsychiatrists seemed not to have recognized. Whenever an individual or institution provides housing for a person, without the recipient paying for it at market rates, the recipient becomes, ipso facto, dependent on and inferior to the provider. Yet the "staff" at Kingsley Hall maintained—and perhaps sincerely believed—that everyone in the building was "on equal terms" with everyone else.

In his biography of his father, Adrian Laing alludes to his habitual equivocations and lifelong refusal to take responsibility for his behavior and sagely observes: "Ronnie wanted to have his cake and eat it. . . . Ronnie made two mistakes with David's introduction [in *The Dialectics of Liberation*]. First, he did not insist on reading it prior to publication. Ronnie did not consider himself an 'anti-psychiatrist.' . . . The damage, however, had been done. David managed to label Ronnie an anti-psychiatrist. Ronnie was furious at this move, but made a more serious mistake in not taking immediate and effective action to rectify his position."[28]

Laing could easily have prevented the term "antipsychiatry" from being attributed to him: he could have stopped the publication of *The Dialectics of Liberation,* either altogether or in the form in which it appeared; he could have withdrawn his contribution to it, declaring publicly, then and there,

that he objected to the term. But he did nothing of the sort. Instead he played the blame game: it was all the fault of David Cooper and his friends: "I was very pissed off at Deborah Rogers [Cooper's literary agent] and Neil Middleton [his publisher] over the book *[The Dialectics of Liberation]*. . . . I thought that she and Neil Middleton had really done me a publishing disservice by encouraging my alleged association with anti-psychiatry. . . . Again and again I had said to David Cooper, 'David, it is a fucking disaster to put out this term.' But he'd a devilish side that thought it would just serve them all right and confuse them. 'So let's just fuck them with it.'"[29]

That goal they accomplished magnificently. In the process, Cooper and Laing inflicted incalculable harm on the effort to combat psychiatric coercions and excuses, and harmed themselves as well. There was a large element of self-destructiveness in Cooper's and Laing's lifestyles, a proclivity they applied to naming their own efforts. "Give a dog a bad name and hang him," says an old proverb, neatly summarizing the tactic of justification by stigmatization. Cooper and Laing stigmatized themselves and invited psychiatrists to "hang" them. They got their wish. It would be difficult to think of a modern catchword as effective in obscuring "analysis for fifty years"—perhaps longer—as the term "antipsychiatry."

As we have seen, Adrian Laing believed that his father made a "serious mistake in not taking immediate and effective action to rectify his position [regarding the term 'antipsychiatry']." But there was nothing to rectify. Laing did not repudiate antipsychiatry for the same reason he did not repudiate psychiatry: he wanted to be a part of both, while pretending to oppose both. Apropos of my objections to the term in the 1970s, Adrian Laing writes, "Besides, the point was lost during the course of the debate that there had been and was only one 'anti-psychiatrist'—David Cooper. . . . Thomas Szasz was not an anti-psychiatrist, nor was Aaron Esterson. Ronnie himself had denounced the concept. . . . No one seemed to want to accept that the whole idea of anti-psychiatry had been abandoned by those with whom the term had originated."[30]

IV

Laing's endorsement of the term "antipsychiatry" was an act of extreme irresponsibility. The pen may not be mightier than the sword, but the wounds it

inflicts are deeper and last longer. Psychiatrists who create catchy terms to be used as weapons of destruction must be held responsible for their creation. While Laing the person and his apocalyptic pronouncements may not be worth more attention, the term "antipsychiatry" is.

Laing and his followers managed to confuse the language of psychiatric criticism to a far greater extent than contemporary writers on the subject realize. They set up a false dichotomy between conventional psychiatric practitioners and themselves, obscuring that psychiatry and antipsychiatry are two sides of the same coin. As a result, henceforth, anyone who addresses the subject of psychiatry becomes categorized as for or against psychiatry—propsychiatry or antipsychiatry. I criticize both psychiatry and antipsychiatry and am stigmatized as a "leading antipsychiatrist."

Although antipsychiatry, like psychiatry, cannot be defined, it can, like psychiatry, be identified on the basis of its practitioners' actions and words. In fact, antipsychiatrists engage in the same practices as do psychiatrists: they embrace the medical-therapeutic categorization of the human problems they "treat," often under the auspices of the National Health Service or other government-funded organizations (such as Soteria Houses), although they often say they do not. They use coercion and drugs, although they often say they do not. In his autobiography, Laing writes, "To say that a locked ward functioned as a prison for non-criminal transgressors is not to say that it should not be so. . . . This is not the fault of psychiatrists, nor necessarily the fault of anyone. . . . It does not follow from such possibly disturbing considerations that the exercise of such [psychiatric] power is not desirable and necessary, or that, by and large, psychiatrists are not the best people to exercise it, or, generally, that most of what does happen in the circumstances is not the best that can happen under the circumstances."[31] This was not my view of psychiatric incarceration. Nevertheless, antipsychiatrists were eager to claim me as one of their own, while psychiatrists were dismissing me as a "popular sixties type of guy, an antiestablishment rebel."[32]

I did my best to dissociate myself from antipsychiatry. In my essay "Anti-Psychiatry: The Paradigm of the Plundered Mind," published in *The New Review* in London in 1976, I emphasized the overarching role of coercion in the so-called care of persons stigmatized as schizophrenic and rejected Laing's view that the schizophrenic's mind is plundered by his

malevolent family, much as, in the communist view, the worker's labor in capitalist society is plundered by his malevolent employer. The same year, in my book *Schizophrenia: The Sacred Symbol of Psychiatry,* I devoted a chapter to setting forth my objections to Laing's antipsychiatric pronouncements and practices.[33]

Disdainful of critics, Laing did not answer my criticisms directly. Instead, he deputized Leon Redler (born 1936), one of his lieutenants, to do so. In a two thousand–word letter to *The New Review,* Redler denied everything: "Neither Laing nor any current member of the Philadelphia Association Ltd. of which he is chairman has considered or called himself an 'anti-psychiatrist' or part of an 'anti-psychiatry movement.'" This was certainly a cavalier way to dispose of the self-identification that Cooper, Laing, Berke, and Redler had declared in *The Dialectics of Liberation.* And what about my objections to psychiatric coercion? Redler-Laing answered it by acknowledging that they had no objection to the practice: "Most of us agree that even *involuntary hospitalization has a place—as when a person is mad or crazy and a danger to himself or others.*"[34] These are the same qualifications that psychiatrists use to justify coercion.

Redler is untroubled by asserting transparent self-contradictions. At Kingsley Hall, he claims, "No one was in a position entailing obligations, responsibilities, privileges and for *power vis-à-vis others that corresponded to the role of staff in hospital.*" This is flatly contradicted by the accounts of numerous observers, most famously by the tale of Mary Barnes's "journey," guided by Joseph Berke (born 1939).[35]

Using the Kingsley Hall Theater to stage their egalitarian fantasy, Redler also denied my labeling the antipsychiatrists as left-liberals: "Neither Laing nor any other member of the PA is a self-declared or apparent socialist, communist, etc." Adrian Laing disagrees: "Fundamentally Ronnie had a Christian-Marxist-Liberal philosophy of life."[36] Also, Laing himself identified Cooper as a communist. Cooper was proud of his communist-revolutionary identity, and Laing, at the very least, was comfortable with it. Assuredly, Laing was no libertarian. His only lasting commitment seems to have been to quackery.

One of the distinguishing features of the quack doctor is that he is confident of his cure even when he knows not what ails the patient. There

was more than a touch of this sort of quackery in Laing's attitude toward "schizophrenia." Periodically proclaiming his disbelief in schizophrenia as an illness, he persisted in using drugs to "treat" it. Mullan asks, "You have argued that drugs can be a great boon to psychiatry and that if you yourself were in torment you might beg for drugs or electric shocks. The point you are trying to make is that this has nothing to do with causation of what we call illness, has it?"[37]

Here was an opportunity for Laing to seize on Mullan's phrase—having to "beg for drugs"—and say something about drug prohibition. Why else would a person have to *beg* for a drug? Both Mullan and Laing treat prescription laws as if they are laws of nature, not laws of men. Again, Laing chooses to play (quack) doctor: "And remember that the causation has nothing to do with treatment," he explains to Mullan. No wonder Laing was a failure as a medical student and displayed his medical ignorance whenever he was confronted with a medical problem. In the case of some diseases, such as acute appendicitis or lung cancer, etiology has indeed nothing to do with treatment; in the case of others, such as nutritional deficiency disorders—beriberi, rickets, scurvy—etiology has everything to do with treatment.

After another leading question by Mullan about psychopharmacology, Laing continues: "*I'm* not talking about the aetiology of schizophrenia, I've always said that. I'm talking about the experience and behavior that lead someone to be diagnosed as schizophrenic is more socially intelligible than has come to be supposed by most psychiatrists and most people." To the bitter end, Laing carefully refrains from saying "there is no schizophrenia" or "schizophrenia is not a disease, it is merely the name (diagnosis) of a supposed disease."[38] Evidently, he regarded himself, and wanted others to regard him, as *Doctor* Laing, a physician providing a *health care service*.

V

It is necessary here to add a brief note about Aaron Esterson (1923–99). He and Laing were close friends from their days in medical school in Glasgow. They coauthored *Sanity, Madness, and the Family*, subtitled *Families of Schizophrenics* (1964), in which they acknowledged the affinity between their skepticism about the psychiatric claim that schizophrenia is a disease and my

contention that it is not—that mental illness is a metaphor and a myth—set forth in *The Myth of Mental Illness* (1961). "It is important to recognize," wrote Laing and Esterson, "that the diagnosed patient is not suffering from a disease whose aetiology is unknown, unless he can prove otherwise. He is someone who has queer experiences and/or is acting in a queer way, from the point of view usually of his relatives and of ourselves." In a footnote, they added: "For the development of this argument see, Szasz, Thomas S. (1961), *The Myth of Mental Illness,* New York: Hoeber."[39] The text on the dust jacket summarizes the authors' thesis as follows: "This is a major contribution to the understanding of schizophrenia. Questioning the traditional assumption that the schizophrenic suffers from an illness in the accepted medical sense, the authors—using a phenomenological method—have studied the families of a series of schizophrenics."

This conclusion is indeed the same that I had come to, not by studying so-called schizophrenics but by scrutinizing the medical-pathological definition of disease, the semantics of the term "mental illness," and the intimate historical and political connections between psychiatry and the law. Taking the idea of the nonexistence of mental illness seriously has consequences for the psychiatrist every bit as serious as are its consequences for the (would-be) mental patient: The psychiatrist must abandon his medical role and relinquish the privileges and powers that go with it. Instead, he must be satisfied with the existentially less prestigious and economically less profitable role of private counselor or "soul doctor," a position similar to that of coach, minister, or private teacher or trainer. Or he must choose a different profession.

This was a sacrifice Laing was not prepared to make. He wanted to be a *rich and famous psychiatrist.* In his autobiography, *Wisdom, Madness, and Folly,* tellingly subtitled *The Making of a Psychiatrist* (1985), he reminisces that when he began to realize that his involuntarily hospitalized patients were not sick, "I still did not want neurology and psychiatry to fall apart for me." Twelve pages later, he repeats, "I was still trying to hold together neurology and psychiatry."[40] Laing did not want to admit that his work and his interests had nothing to do with medicine, or neurology, or psychiatry as it was conventionally defined.

Laing was an actor, an exhibitionistic, flamboyant, restless person, alternately agitated and combative, bored and depressed. In contrast, Esterson

was a quiet, learned, scholarly person, put off by exhibitionism. Yet Laing and Esterson were friends, collaborators, and inevitably also competitors. As Laing's fame and flamboyance grew, a breakup of their friendship became inevitable.

"Before 1966 was over," writes Adrian, "there came a night when Ronnie 'let Aaron have it.' . . . Ronnie refused to continue their friendship unless Aaron 'took Jesus Christ into his heart.' Aaron took the view that this was a piece of unadulterated cheek." After asking Esterson to stand up and removing his glasses as if to clean them, Laing, "quite out of the blue, delivered a full blow to Aaron's jaw."[41] Nowhere else in the voluminous literature about Laing is this episode mentioned. Nowhere else is there any evidence that Laing was anti-Semitic. What was this fight about? Puzzled, I asked Adrian Laing. He promptly replied to my e-mail and kindly offered the following explanation:

> The reason why this story appears only in my book is because Aaron had an affection for RD's first family and was only willing to talk to me. It's not a story my father told me (or anyone else) but Aaron was very particular about it. . . . "What was it all about?" The "taking Jesus Christ into your heart element" is deceptive because it should not be taken too literally on a theological level. It should be understood in the context of Glaswegian banter—the expression to take Jesus Christ into your heart was a sarcastic and emotionally provocative way of telling Aaron he was—in RD's view—mean spirited. I wouldn't say he was being 'anti-Semitic'—it's what Glaswegians call winding someone up. But there was a deep undercurrent of jealousy, resentment and petty politics between that whole group. Aaron was far more "straight" and orthodox than RD and was against the quasi-spiritual aspects of RD's work, particularly the polemics of the Politics of Experience. Aaron saw Kingsley Hall as a route to success and peer recognition, but RD was satisfied to let Kingsley Hall run its course come what may. The resentment element was that RD had already made it (and was glowing in the media attention) and was achieving considerable financial success. Attention-wise, Aaron was being left behind RD, Joe Berke and Mary Barnes. On a specific level the immediate backdrop was the "debate" about Mary Barnes—Aaron thought RD was being too indulgent on her behalf and that Kingsley Hall was turning into the Mary Barnes story. On

> a frivolous level it was like a rock band falling apart because the lead singer was getting all the attention whereas the rest of the band was doing all the hard work.[42]

Anti-Semitism is a sensitive subject. I do not want to add another charge to my severe criticism of Laing or complicate my analysis of antipsychiatry by raising this issue. The episode illustrates, inter alia, that an utterance often has one meaning for the person who says it, and another for the person who hears it. Laing may not have intended this piece of religion-talk as an insult, but Esterson may well have felt insulted by it.

Importantly, Esterson agreed that linking "antipsychiatry" with my work obscures my basic epistemological objections to the concept of mental illness and the practices of psychiatric coercions and excuses: "Thomas Szasz's article criticizing anti-psychiatry in *TNR [The New Review],* Vol. 3, No. 29, has just come to my notice. The damage this movement has done to the struggle against coercive traditional psychiatry is enormous. And Dr. Szasz, who has played the leading part in the struggle is to be congratulated on his critique. It is devastating in its accuracy and quite extraordinarily comprehensive."[43]

One of the signal events in the history of antipsychiatry was the Congress on the Dialectics of Liberation in London, in July 1967. Organized by Cooper and Laing, the congress proceedings, entitled *The Dialectics of Liberation*, were published in 1968. The most famous guest speaker was Stokely Carmichael (1941–98), a.k.a. Kwame Ture, honorary prime minister of the Black Panther Party and organizer for the Student Nonviolent Coordinating Committee (1960–66). In the late 1960s, Ture moved to Conakry, Guinea, spent the last three decades of his life there, adopted the cause of Pan-Africanism, and sought to unite all of Africa into a single socialist state. According to Wikipedia,

> After two years of treatment at the Columbia-Presbyterian Medical Center in New York, he died of prostate cancer at the age of 57 in Conakry. He claimed that his cancer "was given to me by forces of American imperialism and others who conspired with them." In a final interview given to the *Washington Post,* he spoke with contempt for the economic and electoral

> progress made during the past thirty years. He acknowledged that blacks had won election to major mayorships, but stated that the power of mayoralty had been diminished and that such progress was essentially meaningless. A devout Marxist, he was disgusted by the growth of the black middle class.[44]

What was Carmichael's contribution to the Congress on the Dialectics of Liberation? As we shall see, it was a message that strongly supports my claim that the original group of self-identified antipsychiatrists was committed to, or strongly sympathized with, a collectivist-communist ideology. Carmichael/Ture declared:

> I'm not a psychologist or a psychiatrist. I'm a political activist and I don't deal with the individual. What we're talking about around the US today . . . is the system of international white supremacy coupled with international capitalism. And we are out to smash that system. And people who see themselves as part of that system are going to be smashed with it. . . . *[W]estern society enjoys its luxury from institutionalized racism, and therefore were it to end institutionalized racism, it would in fact destroy itself. . . . We want to see it [black money] go into the communal pocket. The society we seek to build among black people is not an oppressive capitalist society.* . . . There will be new speakers. They will be Che [Guevara], they will be Mao [Zedong], they will be [Franz] Fanon. You can have Rousseau, you can have Marx, you can even have the great libertarian John Stuart Mill.[45]

I am quoting this black racist-communist tirade not because it throws light on the predicament of the coerced mental patient but to rebut Redler's and Laing's claim that "neither Laing nor any other member of the PA is a self-declared or apparent socialist, communist, etc."

Another featured speaker at the congress was Herbert Marcuse (1889–1979), a German-born philosopher and author, best known for his book *Repressive Tolerance*. Marcuse was not interested in liberating psychiatric slaves from their masters. He was interested in "liberating" Western capitalists from "the Affluent Society." What did Marcuse mean by the phrase "Liberation from the Affluent Society," the title of his address?

> [Liberation from the affluent society] is identical with the transition from capitalism to socialism, if socialism is defined in its most Utopian terms: namely, among others, the *abolition of labor, the termination of the struggle for existence*—that is to say, life as an end in itself and no longer as a means to an end . . . not as a private factor but as a force for the transformation of human existence and of its environment. . . . They presuppose a type of man who *rejects the performance principles governing the established societies*. . . . [W]hat I have in mind [is a society] no longer subjected to the dictates of capitalist profitability and of efficiency. . . . There is a new sensibility against efficient and insane reasonableness.[46]

It is frightening to realize how energetically Western societies have pursued these dystopian anti-ideals and how successful their efforts have proved to be. In most areas of contemporary life, incompetence and inefficiency in the name of egalitarianism have replaced traditional values. Sports remain virtually the only sphere in which meritocracy based on competence is rewarded in proportion to performance (rather than by reference to gender-race identity politics).

Faced with my criticism of the congress, the organizers disclaimed responsibility for the speakers they chose to invite and for what their guests said: "There is no 'idealization of insanity' in Laing's writing, lectures, practice or that of the PA," declared Redler. In fact, much of Laing's fame rested on precisely that idealization, which even Daniel Burston, one of Laing's most ardent admirers, acknowledged to be true: "In any case, and in fairness to his critics, Laing *did* briefly romanticize madness as a result of his desire to humanize our conceptions of psychosis, and to debunk prevailing conceptions of normality."[47]

Inadvertently, Burston points to one of the crucial issues where Laing went wrong. There never was any need to "humanize madness." Human beings—sane or insane—are ipso facto human. No human being can, morally and logically, be deprived of his humanity. Blacks, Jews, women, oppressed groups do not need to be "humanized." They need liberation from their coercive dehumanizers. This is not quibbling about words. It is clarifying our task as would-be humanists. Such clarification has been greatly hindered by the slogan "antipsychiatry."

In the 1970s, before that term achieved the tawdry popularity it enjoys today, the controversy over antipsychiatry was still of considerable interest, at least in English intellectual circles. Adrian Laing refers to a series of publications in the 1970s—including Laing's "book" *Facts of Life* (1976), Anthony Clare's review calling it "boring, very boring indeed," and my book chapter "Anti-Psychiatry: The Paradigm of the Plundered Mind"—and cogently comments:

> The simultaneous publication of these [three] books created another wave of publicity about R. D. Laing and "anti-psychiatry," which continued unabated throughout the latter part of 1976 and eventually culminated in the publication in 1977 of a lengthy offprint from *The New Review* under the title *Anti-Psychiatry: A Debate*. Ronnie had found the whole "anti-psychiatry" debate rather tedious ever since David Cooper had set the hare running in 1967. . . . By 1975 Ronnie was not in the mood to go over old ground, and preferred Leon Redler to enter the affray with a detailed response to all the chattering about Laing, Szasz, Cooper, Esterson, and now Anthony Clare which seemed to go ad nauseam. Others found the complex rivalries between Szasz, Ronnie, Esterson, Redler, and Berke totally absorbing. The *Observer* stated on 10 April 1977: "For months now an astonishing debate about the uses and abuses of psychiatry has dominated the pages of the literary magazine, *The New Review*. In its way the acrimonious attack on the unorthodox views of R. D. Laing by his fellow psychiatrist, the American Thomas S. Szasz, is as important to psychiatry as the famous Leavis-Snow debate of the 1960s was to literature."[48]

Today the reader would have to search far and wide to find a similarly discriminating comment about the differences between Laing's views and mine.

VI

Owing to Bob Mullan's numerous interviews with Laing, we have Laing's own version of his reaction to my piece in *The New Review*. "I thought," says Mullan, "that Szasz's early work might have appealed to you, with his use of anthropological and historical data." Laing replies:

Well, you haven't read anything from me in all these years attacking Szasz, *at all.* [This was not true, as I show in this chapter.] I met him on three occasions. I think the first thing that came to my notice was that Szasz had an "attitude" about me that he's modified a little bit. In a paper in the early '70s, that appeared in something like *Encounter,* he attacked me for being a very unreliable character, *dangerous.*[49] Not so much because of what I said but for the fact that so many people took it seriously. I was a Communist, in his book, a base rhetorician, one of those who uses words for the effect of rabble-rousing—whoever the rabble may be. I was irresponsible and hopelessly confused, as I was on the one hand saying that mental illness didn't exist, like him, and on the other hand treating it as though it did. That was, as I remember it, the gist of Szasz's criticism. I was very sad about this because I thought that, although I could well imagine that Szasz had things that he would disagree with me about, but basically we were . . .

[Mullan finishes the sentence:] On the same side?

[Laing continues:] Something like the same side. I could take exception to his association with the John Birch Society and his version of the free society, rampaging capitalist, post-capitalism of cold war. I could make some allowances because he was a Hungarian and no doubt hated the Russians. But fuck it, if he could put out with such intense vehemence this thing about R. D. Laing, I wasn't going to give him the credit of replying to it. I wasn't going to use his name for the history books. He wasn't going to get anything out of me at all in response to that. . . . But I thought someone had better reply to it, so Leon Redler wrote a reply which was good enough and there it remained. [Adrian states: "Redler maintains that he wrote on his own initiative."][50] I put out feelers through Ross Speck—what the fucking hell is Thomas Szasz going on about?—and I got word back that some of his friends had tried to tell him that he'd got it wrong about me. [No one ever told me this.] But apparently he'd got a fixed idea about me. I thought my stance in relationship to Szasz's argument that I'm inconsistent is totally wrong. As you know, I've never denied the existence of mental distress, mental misery, confusion, suffering and so on [none of these is, per se, a disease] but I've tried to show that this was more socially intelligible than most people supposed.[51]

Mullan calls Laing's attention to the fact that my criticism is not the only one to which he did not respond: "You've made a point constantly of

not replying to criticism, haven't you?" Evidently still rankled by my critique, Laing returns to his resentment of me:

> I'm sorry that Szasz has gone that way. Everyone at that conference [the Milton Erickson "Evolution of Psychotherapy" conference in Phoenix, Arizona, in 1985] was asked to nominate who they would like to actually ask as a discussant to their paper. I acted as a discussant to Bruno Bettelheim's paper and I nominated Szasz to act as the discussant for mine. I gave a talk that—the two pieces didn't hang together in what I said, but I didn't know they were going to *publish* it as it stood. The two halves of my paper didn't seem to be particularly connected. So Szasz got up afterwards to discuss it and said that the nearest thing he had ever come to what it must feel like to be subjected to involuntary incarceration in a mental institution was having to sit through Dr. Laing's talk. From there he went on and on in his own manner and tried to tear it *absolutely* to pieces. What he fixed on was what he called my relativism and that I was just unrigorous, sloppy, and a dishonest nihilist. It was nihilism in disguise; he was dismissing me as a nihilist. He also tried to make out that what I was saying was fashionable *salon* nihilism and that it had nothing to do with science. So I wasn't going to reply to that. You know, fuck it. He came and shook my hand afterwards. Having done this performance of destruction he came on the stage and offered me his hand in front of about three or four thousand people. So I shook his hand. What I had *actually* been talking about was not so much what would technically be called perspectivism as radical constructivism—but you know, this thing about whether you can believe your eyes or other people. The problematic of quantum physics or what to believe with two possibilities in everything. The undecidability observer paradox, that what you observe actually disturbs the system.[52]

Recollecting the events in Phoenix, Laing is inadvertently making my points all over again. We do not need quantum physical theories to understand that when human beings interact, the behavior of each influences the behavior of the other. Laing continues:

> This was a problem we confronted: the same terminology which was used to express our dilemmas was used to express the world of quantum physics. It was this sort of thing that was mind-boggling for some people, but you wouldn't have thought that there was anything mind-boggling if you

> read most journals and stuff about psychotherapy. But Szasz got up and that was the first thing he said—that he had great difficulty in stopping himself from saying that it was like listening to an incoherent schizophrenic psychotic. He was definitely *boggled* and he couldn't get his voice. Literally, his throat was croaking and he said he had the flu and apologized for this. Eventually, he groaned out his accusations of nihilism.

"Did you talk to Szasz afterwards?" Mullan asks. Laing answers: "No. Well, I was prepared to talk to him but he wasn't prepared to talk to me. He had changed his attitude later at a Richmond Fellowship conference [in London], we met standing for cocktails at lunch time. You know that sort of thing—a glass of wine—and he was very affable and professionally friendly."[53]

When Australian historian Douglas Kirsner interviewed Laing, Kirsner reminded him of my critique in *The New Review:*

> DK: "Thomas Szasz and you had an altercation in *The New Review* (August 1976). Szasz attacked you very strongly saying that you did in a sense believe in mental illness. In his opinion, you were on the same side of the psychiatrists. . . . How did you react to Szasz's views?"
>
> RDL: "Well, I have to differentiate my position from anti-psychiatry. . . . Szasz doesn't like a position which says, 'I agree with you completely that mental illness is a metaphor.' I agree. At the same time I continue to say that whatever the institutional power-ridden nature of this metaphor is, *this metaphor maps on to what is going on. In other words, mental illness is a map. . . . So I'm just going to say that I'm going to treat this person on equal terms with me. . . . I might even deal with it by the power use of the diagnosis of schizophrenia.*"[54]

The reader is free to interpret this reply as he sees fit. I interpret it as typical Laingian equivocation, fence-sitting, waffling. Actions speak louder than words. Laing's actions accord with the view that *mental illness is real and may be legitimately dealt with "by the power use of the diagnosis of schizophrenia."*

VII

In 1979, three years after the debate in the pages of *The New Review,* Laing reviewed three of my books in *The New Statesman* and used that opportunity

to pay me back for having criticized him. In the process, he confirmed that, at heart, he was and wanted to remain a conventional institutional psychiatrist: "In these three books *[The Theology of Medicine, The Myth of Psychotherapy,* and *Schizophrenia: The Sacred Symbol of Psychiatry],* Szasz continues, extends and deepens his diatribe, which began in 1961 with *The Myth of Mental Illness,* against what he regarded as the abuse of the medical metaphor in our society. . . . But suppose we *do drop* the medical metaphor. If the rest of us could recognize that what Szasz is propounding are, of course, eternal verities, then psychiatry would disappear, and with it what he calls antipsychiatry."[55]

Laing categorizes these scholarly books as a "diatribe" and *misstates what I wrote*. I wrote: "Psychiatry, as we know it, would gradually disappear . . . ," and continued: "Specifically, involuntary psychiatry, like involuntary servitude, would be abolished, and the various types of voluntary psychiatric interventions would be reclassified and reassessed, each according to its true nature and actual characteristics." Laing concludes: "It sounds as though it would all be much the same. It makes one wonder what he is making all the fuss about, whether he is not making a sort of fetish out of the medical metaphor, and a scapegoat out of psychiatry. We miss in these books any in-depth analysis of structures of power and knowledge such as we find in Foucault and Derrida."[56]

Ironically, according to Daniel Burston, "Laing's esteem for Foucault was never quite reciprocated. In 1975, when they finally met, Foucault's courtesy toward Laing was strained and ironic, and he seemed to regard Laing as an irrelevant has-been. That is certainly how most of his compatriots viewed him. Laing was no longer fashionable, and he knew it. And in all likelihood, though he seldom said so, he probably suffered from nagging doubts about the viability of the therapeutic communities he founded with the Philadelphia Association."[57]

Laing's dismissing my work by reference to Derrida's merits a brief comment. Laing praises Jacques Derrida (1930–2004)—the French philosopher known as the founder of deconstruction—as an expert on the "in-depth analysis of structures of power and knowledge." Except as a put-down, I have no idea what Laing means. Derrida was one of the modern philosophes who, during the second half of the twentieth century, grew in Paris

like mushrooms and whose academic prestige and vogue were directly proportional to the pompous incomprehensibility of their prose style. "The primary purpose of this section"—write Alan Sokal and Jean Bricmont in *Fashionable Nonsense,* their critique of French postmodern nonsense—"is to provide a gentle lead-in to the article's first major gibberish quote, namely Derrida's comment on relativity ('the Einsteinian constant is not a constant . . . '). We haven't the slightest idea what this means—and neither, apparently, does Derrida."[58]

Laing's favorable reference to Michel Foucault reveals Laing's passion for power. Warned Oxford professor of philosophy Alan Ryan, "It is pretty suicidal for embattled minorities to embrace Michel Foucault, let alone Jacques Derrida. The minority view was always that power could be undermined by truth. . . . Once you read Foucault as saying that truth is simply an effect of power, you've had it." If ever there was a "minority view," today it is the view of the few individuals who oppose psychiatric coercions and excuses. Cooper, Laing, Foucault, and the French intellectual phonies associated with the antipsychiatry movement were power-hungry left-liberals interested in taking over psychiatry, not destroying its intellectual foundations and scientistic pretensions. Indeed, Laing came to the same conclusion about his French heroes: "Every time I read a reference to me in a French newspaper or journal, I would be bracketed with Cooper and referred to as 'the father of anti-psychiatry.' . . . [I]n the early '70s I was invited to an evening at Félix Guattari's house. . . . *I thought they were all completely phoney—all the things Szasz might have said about the phoney radical salon revolutionary left, well this was them, the Guattari crowd.*"[59]

Laingian therapists, existential analysts, and many other nonmedical psychotherapists had been warned. Laing was not serious about his occasional rejection of the term "mental illness" as the name of a medical disease. He approved of psychiatric violence, provided it was exercised by the "right people." Noted British existential analyst Anthony Stadlen did not let Laing's *New Statesman* review go unchallenged. He wrote, "Dr. Laing's new role as the 'perfectly decent' defender of psychiatry against Szasz's 'insulting and abusive' 'fuss' calls for comment. Laing is saying, unequivocally, that 'it would all be much the same' to him whether involuntary psychiatry be retained or abolished. He is saying 'it would all be much the same' whether

voluntary interventions, including his own, are intended as medical treatments for illness or as interpersonal counseling, ethical exploration, existential analysis. He implies quite clearly that he is one of the 'rest of us' who do use the medical metaphor."[60]

Stadlen's remarks highlight the fundamental differences between my critique of psychiatry and the so-called antipsychiatric critique of it. It is relevant to note here that because I believed that psychiatric diagnoses–mental illnesses were not the names of medical diseases, I held that psychiatrists who genuinely share this view must, in their practices, abstain from using drugs and eschew their privilege to prescribe drugs. This was the opposite of Laing's view. His psychiatric practice as well as his personal life were permeated by the use of psychoactive drugs. According to Adrian, "Ronnie used the drug in *therapy sessions* both at 21 Wimpole Street [his office] and, at a later stage, in Kingsley Hall. . . . LSD was a drug which intrigued Ronnie and for which he was given permission by the British Government, through the Home Office, to use in a *therapeutic context*."[61]

Laing liked to play the role of expert on psychopharmacology—a *medical doctor*, searching for the "right drugs" *to be prescribed by physicians for sick patients*. He was a drug medicalizer, as opposed to an abolitionist of drug prohibition. Self-medication was okay for him, but not for others. Shortly after Laing's death, American journalist and photographer Peter Naysmith published an interview he had with Laing in 1986, about the drug MDMA, better known as "Ecstasy." Naysmith explains, "The interview from which this article sprang took place in 1986. I'd visited Dr. Laing at his north London home while researching an article on MDMA for 'The Face' magazine ('Ecstasy,' published October 1986). However, the man and the interview seemed to merit a story in themselves, so I wrote this additional Ecstasy piece, uncommissioned. . . . Unfortunately, at that time, nobody was interested in Laing. Editors in 1986 tended to regard him as something of a lapsed 60's guru."[62]

Ecstasy (MDMA, 3,4-methylenedioxy-N-methylamphetamine) is a member of the amphetamine class of psychoactive drugs. It is a stimulant and a psychedelic, unusual for its tendency to produce a sense of intimacy with others as well as diminished feelings of fear and anxiety. The drug is criminalized in all countries in the world under a UN agreement. MDMA is

one of the most widely used illicit drugs in the world. In his interview with Naysmith, Laing plays the drug expert—the scientist who is privy to the secrets of forbidden substances that hold out the promise of magical cures for sick patients:

> "There's very little you can expect me to say about this subject without becoming party or privy to criminal offences." The canny Scots eyes looked up over their glasses. Even to a radical in the field of psychiatry like Dr. Ronald Laing, some questions exceed the limits of invasion. Or can be made to appear so. Because, of course, he knew he'd be committing no offences. The topic of indiscretion—the psychotropic drug MDMA or 'Ecstasy'—was fully legal when he'd tried it in California, 1984 (criminalized only in July 1985), and had gained no official therapeutic uses in Britain or Europe before or since. . . . He shuffled in his seat—a man never quite reconciled to any social confinement—then suddenly his face relaxed, as if realizing there's no point in withholding what you believe to be true. He took off his glasses and leaned forward. Yes, he would address the question. "The first point to be made on this subject is, there's a lot of global research going on to come up with more and more useful, precise, and harmless chemicals."

After lecturing Naysmith about psychotropic drugs available by prescription, Laing returns to the subject at hand:

> "All I can say is that within the context that I knew of its use, amongst very careful and responsible professionals and therapists in America . . . all direct reports, including my own experience, were positive." Laing had taken MDMA, or "Adam" as he calls it, at Esalen, California's new-age headquarters, just as it hit its peak as an intriguing new mediator in couple counseling. In these settings it showed marked abilities in unlocking adult defensiveness and offering a temporary truce to warring spouses. But it also offered some less temporary dollar signs to those with an eye for market forces. In the month before its U.S. ban, an estimated 30,000 doses were manufactured and sold in the Dallas region alone. It could be bought in bars, charged to any credit card, and came with a discount coupon for the next purchase. With such a rude finger held in its face, the Federal Drug Administration responded with its heaviest ban, Schedule One. . . . And here Laing had his own Ecstasy tales. "Then I started

> to hear less favorable stories, like the California police computer picking up this drug in the blood of overdoses and suicide cases about people staging 'love-ins' in Holiday Inns; that the margin between a dangerous overdose—to life that is—and recommended amounts, is considerably less than with alcohol, barbiturates, or aspirin. The trouble is, neither myself nor anyone can make a general statement about its dangers because there are almost no statistics published." . . . Unfortunately for the psychiatrist hoping for new, prescribable drugs, it's the "overdose" effect sought by the buying public that has ruined its chances. . . . [Laing continues,] "It's my opinion that government agencies, instead of slapping a total bar on this drug should explore it like they do others. It's a subtle chemical . . . and if it passes the exacting filter as a prescribable drug, there's definitely a place for it."

Government agencies "exploring drugs." "Prescribable drugs." Laing was antilibertarian to the bone, viscerally opposed to responsibility and liberty. He was also a liar and con man. According to Clancy Sigal, "It was their [Laing and Cooper's] mutual project to divest themselves of this [medical] learning and of the habits acquired during clinical practice *in order to free themselves* as part of an enterprise of liberating their patients."[63] This did not prevent Laing from posing as a medical expert on psychopharmacology as well as a humanistic healer opposed, on medical grounds, to the use of psychopharmacological agents. In fact, Laing had also deceived the Home Office when he applied for special permission to use LSD "in a therapeutic context"—and then took it himself. He also deceived all those who believed him when he declared that mental disorders are disturbances in human relationships, not disorders of brain chemistry, and then used drugs to "treat" "patients."

Laing maintained, "The actual effects of LSD mimicked a psychotic breakdown. . . . [In a BBC interview] Ronnie extolled the virtues of lysergic acid, mescaline, psilocybin, and hashish," and referred to the notion of chemically induced model psychosis as if it were a fact. "As far as Ronnie was concerned," writes Adrian, "the principal area into which he felt the need to expand during 1966 was drugs and, in particular, LSD, hashish, and mescaline. . . . From 1960 until 1967 Ronnie's intake of substances, legal and

otherwise, increased considerably, and there was clearly a steady increase in his personal consumption during 1965 and 1966, which coincided with his living at Kingsley Hall."[64]

Similarly, John Clay writes, "LSD opened up new vistas, new fields of experience for him, and he was to use it more and more. . . . With LSD he found he could travel through time in a way that the past wasn't simply at a distance but co-present. . . . 'I now usually take a small amount of it myself if I give it to anyone, so that I can travel with them.'" Although Laing's followers deny that Laing was a drug guru, the high priest of "super-sanity," Adrian Laing shows us that he was. Declared R. D. Laing: "An LSD or mescaline session [*sic*] in one person, with one set in one setting, may occasion a psychotic experience. Another person, with a different set and different setting, may experience a period of super-sanity. . . . The aim of therapy will be to enhance consciousness rather than to diminish it. Drugs of choice, if any are to be used, will be predominantly consciousness expanding drugs, rather than consciousness constrictors—the psychic energizers, not the tranquilizers."[65]

From the point of view of a person who believes in a free market in drugs, the antipsychiatrist is a mirror image of the psychiatrist. Each has his favorite drugs—LSD and mescaline in one case, Haldol and Zyprexa in another. Each uses his medical credentials and medical privileges to prescribe them to his patients.[66] Each is a victim of his own metaphor: LSD facilitates the Laingians' imaginary trips, while Haldol heals the psychiatrists' imaginary diseases.

Without framing it in such terms, the late Anthony Clare noted that this was an important element in Laing's and other psychiatric rebels' objection to officially sanctioned psychotropic drugs: "Laing flew too close to the sun . . . in his elevation to the status of guru. Eventually he did fall like a stone to personal dissolution and to professional oblivion. First there was LSD. It is one of the most profound ironies of the 1960s that so many of the bitterest critics of drug therapy in psychiatry should have been so zealous in pushing acid as the cure of everything from schizophrenia to social isolation." Clare's remark is cogent. However, there was nothing ironic about the antipsychiatrists' obsession with LSD: it was an integral part of their love affair with

fashionable "French radical thought [that] has often turned on a contrast between some privileged moment of truth and the bovine inauthenticity of everyday life (Terry Eagleton, Professor of Cultural Theory at the University of Manchester)."[67] It was that bovine inauthenticity of everyday life that irked Laing and that he set out to eradicate.

3

THE DOCTOR OF IRRESPONSIBILITY

> It is people's privilege to see in me whatever they want. . . . It is also mine never to take or to have taken any particular stand.
>
> —R. D. LAING, interview in the French weekly *L'Express* (1973)

Laing was the most famous self-identified antipsychiatrist. To be sure, his self-identification was passive—he let his collaborator David Cooper name him so. Laing then claimed that he was not an antipsychiatrist and had never been one. So what was all the hullabaloo about? It was about Laing's persona as a public figure, one of the modern celebrities famous for being famous, and outrageous. This requires devoting more space to Laing's behavior, which was always attention-getting and often offensive, than to his ideas, which were consistently inconsistent and often incoherent.

As I noted earlier, medical specialists are distinguished by their characteristic diagnostic or therapeutic methods: the methods that characterize the work of the psychiatrist are coercion and excuse-making. Laing endorsed and personally engaged in coercive psychiatric practices and gave expert psychiatric testimony on behalf of defendants charged with crimes. Insofar as he may be said to have specialized, he specialized in personal and professional irresponsibility.

Laing was a violent individual who gave expression to his belligerence and combativeness in his everyday language and also in his personal and professional relationships. His violence toward his patient-friend-colleague Clancy Sigal is documented in Sigal's roman à clef, *Zone of the Interior*. It is an important document because the events described therein were subsequently

confirmed by Joseph Berke, one of the most important "guilty" participants. The Sigal saga ought to be the last nail in the coffin of the legend that Laing supported the idea that mental illness is a metaphor and opposed the practice of psychiatric coercion. To the contrary. He renamed the most severe form of so-called mental illness—which psychiatrists call schizophrenia—a "breakdown that can be a breakthrough." Such apocalyptic-utopian slogans—combined with fashionable Far Left politics and existential rhetoric—propelled him, for a brief period, to the fame he craved.

Who is Clancy Sigal? In 1959, he was a thirty-three-year-old successful screenwriter in Hollywood. Fearful of being blacklisted because of his Marxist sympathies, feeling alienated from his native land, and distrusting himself "not to be a stool-pigeon . . . in the McCarthyite 1950s [when] 'everybody' submitted who wanted, as I did, to make it in the movie business," Sigal left the United States for the United Kingdom—and stayed for thirty years. In England, he wrote, published, had a love affair with Doris Lessing, became a famous patient and collaborator of R. D. Laing, and, as he put it, "grew up." In an essay in *The Guardian* in 1989, entitled "Goodbye Little England," Sigal wrote:

> What did Karl Marx and Sigmund Freud have in common? They both slept with their housekeepers. It's taken me 30 years to figure this out. Suddenly, the two mental giants who have ruled my life come into sharper focus. It's exhilarating, and also shattering, for your gods to fail. At last, it's time to grow up. I did it all here, in Britain. And now it's time to go. Back to the United States where I'm a gastarbeiter, a "guest worker" in my own country. Going where the money is, and where a jobbing writer like me can be a professor of journalism without blushing. . . . It's been a long, long road from Sunset Boulevard to Primrose Hill NW1. Yet now that I'm packing my bags for yet another attempt to be an American, I'm sometimes not sure which country I'm in. A loony type of "Americanization"—American greed without Yankee zip, "style" without stylishness, money without a guilty conscience—is taking hold. . . . You're a midway people, halfway between America and Russia, heaven and hell. This delicate, often dispiriting balance can be maddening. And I really did go crazy here, in love, for fraternity with comrades who nearly killed me, and with women who sometimes I wish had. Anyone who calls this place "sane" is nuts.[1]

As Sigal's rhetoric reveals, he has not yet fully recovered from his intoxication with Freud and Laing, and perhaps has no desire to do so.

I

The connections between Laing, Sigal, and Doris Lessing require a brief digression here. Students of Lessing's work are familiar with the similarities between her and Laing's speculations about the "nature of insanity." Both address this conundrum as compassionate fantasists without any understanding of, or interest in, the economic and legal aspects of the practice of psychiatry, whose product the modern concept of insanity is. For example, a biographical entry on Lessing states that "following R. D. Laing, [Lessing] explores the possibility that only the mad are sane."[2]

The crucial elements common to the Laing-Lessing theory of schizophrenia are the inversion of values ("only the mad are sane") and the replacement of observation by metaphor ("voyages in inner space"). Neither explains anything, but both provide the illusion—for those naive enough—of "understanding what goes on." It needs to be added that the crucial element common to the Laing-Lessing practice of the good life is marrying early, procreating children, abandoning them to pursue fame and fortune, feeling guilty about this dereliction of duty (an obligation that seems almost biologically based), and never coming to grips with one's sinful selfishness. From a 1996 interview with Lessing in *The Daily Telegraph*, we learn:

> The limits of sanity have always intrigued her. It occurred to her in the Sixties that people were wrongly being diagnosed as schizophrenic when in fact they were having out-of-body experiences that anyone can have if they know how. So she decided to experiment. "By starving myself of food and sleep for a few days, I sent myself over the edge. It was a fascinating experience—these famous voices that people talk about, you really do hear them." Here she stops to stress that she does not want anyone reading this to try it themselves. "I wouldn't have done it so light-heartedly if I had realized how terribly, terribly dangerous it is. It's not so easy to come back again. For weeks I couldn't get rid of the symptoms I had induced—particularly this bloody voice hammering away inside me, telling me how wicked I was, how everything about me was horrible. I understood what was happening, but if you

> were a bit naive psychologically you could easily think that these voices were coming from outer space." I ask her if her interest in people's mental states is linked to her espousal of Sufism, the intuitional search for knowledge comparable to Christian mysticism. "I don't want to go into that. When one talks about it, one tends to simplify things terribly and mislead people." She has been studying it for more than 30 years and, according to those who know her, it has given her contentment and serenity. "It's the most important thing in my life," she says simply and finally.[3]

Lessing's and Laing's understanding of this phenomenon—not a "symptom," unless "it" is considered a disease—is not an improvement over Shakespeare's understanding of it (in *Macbeth*). Lesley Hazelton—an English writer who lives in the United States—cogently notes that following her disillusionment with communism, Lessing "had to search for a new philosophy, and found a halfway point in the ideas of London's radical psychiatrist R. D. Laing, whose theory of breaking through by breaking down and whose belief that schizophrenia is a sane response to an insane world created a near-romantic idealization of madness." In the 1960s, Laing, Lessing, and Clancy Sigal

> formed a circle of almost incestuous mutual influence, using one another as characters in their work and playing on the others' titles and characters' names. But neither Sigal nor Laing could satisfy Doris Lessing's search. Her involvement with Clancy Sigal marked perhaps the final stage of her passionate belief in the possibilities of political change; and though Laing became a guide to the stranger pathways of the mind, he offered no larger philosophy, no sense of purpose. Laing failed her just as Communism had. "I was once an idealistic and utopian Communist," she said, "and no, I am not proud of it." . . . Sufism is almost tailor-made for Doris Lessing. It eludes definition. Thus, Idries Shah, a leading contemporary Sufi teacher, has written, "Sufism is known by means of itself." . . . [T]he Sufis see themselves, as Mrs. Lessing explains, as "the substance of that current which can develop man into a higher stage of evolution." In more down-to-earth terms, that was also what Communism promised her.[4]

More than thirty years ago, Joyce Carol Oates went to see Lessing in London and recorded her impressions:

Briefing for a Descent into Hell is "inner space fiction" (Mrs. Lessing's category), and shows a remarkable sympathy with the "broken-down" psyche. It is the record of the breakdown of a professor of classics, his experience of a visionary, archetypal world of myth and drama, his treatment at the hands of conventional psychiatrists, and his subsequent—and ironic—recovery into the mean, narrow, self-denying world of the "sane." An afterword by the author makes the fascinating observation that the defining of the "extraordinarily perceptive" human being as abnormal—he *must* have "something wrong with him"—is the only response one can expect, at present, from conventional medical practitioners. I asked Mrs. Lessing if she were sympathetic with the work of Ronald Laing, whose ideas resemble her own. "Yes. We were both exploring the phenomenon of the unclassifiable experience, the psychological 'breaking-through' that the conventional world judges as mad."

"Amnesia"—the "diagnosis" Lessing uses to speculate about "insanity"—is, strictly speaking, not an "unclassifiable experience." It is not the name of an experience at all. It is the name that modern psychiatrically educated–indoctrinated people give to the *behavior* of a person who creates a social disturbance and claims not to know who he is. The denominated patient says, in effect, "Take care of me! I am 'lost,' I cannot or do not want to take care of myself." Inner experiences are, by definition, not accessible to outsiders, that is, persons other than the experiencing self. Society and psychiatry respond to such a person *as if* he were sick and unable to make decisions. As long as the subject conducts himself in such a passive fashion, psychiatrists treat him as if he has given them permission to do so; if he resists treatment, psychiatrists treat him against his will, as if he were legally incompetent and they were his guardians (both contingencies justified by the legal doctrine of *"parens patriae"*). Actually, precisely this scenario was enacted by patient and doctors in the first case of ECT (electroconvulsive treatment) given to a human being, in Rome, Italy, in 1938. After the first shock, that "patient" suddenly came to his senses and cried out, "Not a second. Deadly!" Whereupon the doctors shocked him some more.[5]

Lessing and Laing ignore these aspects of "insanity," and focus instead on what they imagine are a subject's troubling personal experiences. Quoting Lessing, Oates continues, "I think Laing must have been very courageous,

to question the basic assumptions of his profession from the inside. In America, the psychiatrist Thomas Szasz, in *The Manufacture of Madness,* has made similar claims. He has taken a very revolutionary position." In parentheses, Oates here adds, "Szasz, radical indeed, has demanded that the 'mentally disturbed' be given full civil rights, including the right to be arrested and tried for their crimes, not treated as 'sick'; he believes that 'medical intervention' is simply a method of control of individuals at odds with the system, and that it is altogether too easy for psychiatrists and other powerful individuals to diagnose as 'mentally ill' people whom they simply dislike."

If there is no valid method for distinguishing the sane from the insane—persons who have a right to liberty from psychiatry and persons who do not—then we have only two options: we can treat everyone as insane or everyone as sane. *Practically,* we have only one choice. We cannot treat everyone as insane because insanity, unlike sanity, is a *dialogic concept:* there must be sane people who declare others insane and take care of them. If everyone is insane, there is no one to diagnose others as insane and care/control them. Hence, we must treat everyone as sane, which is what I concluded in the 1950s. As Oates continues, the confusion inherent in the Laing-Lessing position comes into clearer focus:

> After the publication of that iconoclastic book, *The Golden Notebook* (1962), she received many letters from people who have been in mental asylums or who have undergone conventional psychiatric treatment but who, in *Mrs. Lessing's opinion, were not really insane—not "sick" at all.* I asked whether the terms "mystical" and "visionary" weren't misleading, and whether these experiences were not quite natural—normal. "I think so, yes," she said. "Except that one is cautioned against speaking of them. People very commonly experience things they are afraid to admit to, being frightened of the label of 'insane' or 'sick' there are no adequate categories for this kind of experience."[6]

Lessing implies that she has her own criteria of who is "really insane" and who is not, and that the persons psychiatrists diagnose as insane are "not really" insane, but she does not say what those criteria are. This theme recurs throughout the history of psychiatry.[7] As usual, Oates is not taken in by fleetingly fashionable nonsense, in this case the nonsense of the

Laing-Lessing cult: "With respect, I'll sit this one out. The spoon benders—and no apology is necessary to the likes of Uri Geller—let us off the hook. If 'I' am not to blame for the failures of character of the individual and the culture and the species in this time and this place, and the family is not to blame, and neither is history, then nobody needs to feel guilty about the bad weather. Superior beings, dropped from a star to fish in our gene pool, will take the rap."

Oates, with her customary canniness, sees that the central issue, concealed by psychiatric and antipsychiatric jargon alike, is *responsibility and the flight from it*. This is the common element in Lessing's and Laing's lives and works.

II

In the early 1960s, Sigal became a patient-friend of Laing and one of the founders of the Philadelphia Association and Kingsley Hall. In his interview with Mullan, Laing tells him, "Clancy Sigal got a grant for writing and he came along to see me professionally although he didn't want to regard himself as a patient. . . . [He] wanted to consult someone about his life and he thought I might be able to do that. So I agreed to that and he saw me about once a week for two years."[8] This summary does not match Sigal's account of what happened, an account whose publication in Britain Laing succeeded in preventing.

After returning to the United States, Sigal turned his adventure with Laing into a book, *Zone of the Interior* (1976). In the United Kingdom, *Zone of the Interior* "was effectively suppressed. . . . I [Sigal] meant it for the British reader who never got to read it except as 'samizdat.' . . . It came down to publisher's fear of libel." Only in 2005 did *Zone of the Interior* appear in a British edition. In the preface to that edition, Sigal writes, "In September 1965, during the Jewish High Holidays, I had a 'schizophrenic breakdown' . . . or flash of enlightenment . . . or transformative moment of rebirth. It's all in your point of view. My 'breakdown' did not happen privately but acted out in front of twenty or thirty people on a Friday shabbat night at Kingsley Hall. . . . The notion behind Kingsley Hall was that psychosis is not an illness but a state of trance to be valued as a healing agent."[9]

Laing's fraudulent cure of schizophrenia was enacted on the stage at Kingsley Hall, much as Charcot's fraudulent cure of hysteria was performed on the stage at the Salpêtrière, to similarly sensational effects.[10] After the publication of *Zone of the Interior* in Britain, Sigal tells the reporter interviewing him for *The Guardian:*

> We began exchanging roles, he the patient and I the therapist, and took LSD together in his office and in my Bayswater apartment. . . . Laing and I had sealed a devil's bargain. Although we set out to "cure" schizophrenia, we became schizophrenic in our attitudes to ourselves and to the outside world. Our personal relationships in the Philadelphia Association became increasingly fraught. . . . That night, after I left Kingsley Hall, several of the doctors, who persuaded themselves that I was suicidal, piled into two cars, sped to my apartment, broke in, and jammed me with needles full of Largactil [Thorazine], a fast-acting sedative used by conventional doctors in mental wards. Led by Laing, they dragged me back to Kingsley Hall where I really did become suicidal. I was enraged: the beating and drugging was such a violation of our code. Now I knew exactly how mental patients felt when the nurses set about them before the doctor stuck in the needle. . . . Before I could fight back—at least four big guys including Laing were pinning me down—the drug took effect. The last thing I remember saying was, "You bastards don't know what you're doing. . . . " They left me alone in an upstairs cubicle overlooking a balcony with a 30-foot drop. I had to figure a way to escape from this bunch of do-gooders who had lost their nerve as well as their minds. . . . In 1975, 10 years after I broke with Laing, I completed a comic novel, *Zone Of The Interior,* based on my experiences with schizophrenia. Published to widespread notice in the US, it was stopped cold in Britain by Laing's vague threat of a libel action.[11]

In *Zone of the Interior,* Laing's assault of Sigal with Largactil is more detailed and explicit. The Kingsley Hall staff is given pseudonyms. Laing is "Willie Last":

> When I started to yell, Munshin clapped his hand over my mouth. I bit it, fighting back and struggling with every last ounce of strength. Then something sharp stabbed me. I looked down. Willie Last was withdrawing

> a hypodermic needle from my leg. Oh no. He gave the hypo back to Bronwen holding his medical bag. "For a junkie he's pretty strong," grunted Munshin, hammerlocking me so Boris could pull down my trousers. "Better sock it to him again." Last quickly refilled the syringe from his bag and slipped the needle into my behind. "Please," I said. "Please don't. Don't. Don't. You can't know what you're doing."[12]

Sigal was right. It took a long time for some of Laing's disciples to realize that breaking a solemn promise—to a family member, friend, or patient—is a grave moral wrong, the severing of a sacred bond. Once severed, it can never be made whole. In the Sigal case, Laing also committed a prima facie medical offense, punishable in both criminal and civil law. "What happens when the doctor treats a patient without first having obtained the patient's consent? . . . In a nutshell, the doctor may be liable to criminal and/or civil proceedings: *criminal law* for the crime of battery . . . *civil law* for trespass to the person. . . . A doctor may be liable if, for example, he injects the patient with a drug without his consent."[13]

Some of Laing's disciples still do not understand, or deny, that Laing's behavior was morally wrong and legally criminal. In his review of the UK edition of *Zone of the Interior,* M. Guy Thompson, an American therapist "trained" by Laing, writes, "I also heard Laing recount this story [the Largactil assault on Sigal] at a public lecture [without identifying the victim]. Laing clearly felt sanguine about the incident and employed the story to highlight the difficulty in determining in every case: *what is the right thing to do?*"[14] Perforce this must be the case for any person who, faced with certain basic moral choices, is unwilling *unequivocally* to commit himself to refraining from particular practices—in the present case, from the practice of psychiatric coercion. Thompson's defense identifies and incriminates Laing as the master *equivocator* he was. It also puts paid to Burston's idealization of Laing as a psychiatrist opposed to psychiatric coercion.

III

As Cooper correctly emphasized, antipsychiatric practice was more important than antipsychiatric theory. Nevertheless, writers about antipsychiatry

have focused almost entirely on theory—especially Laing's allegedly beautiful revolutionary ideas—and avoided recording and coming to term with antipsychiatric practices, that is, Laing's demonstrably ugly practices. This makes Sigal's account of his relationship with Laing and Kingsley Hall—confirmed by others and subsequent events—a uniquely important source of *facts*.

After *Zone of the Interior* was published in the United Kingdom, Sigal wrote a long essay, entitled "A Trip to the Far Side of Madness," in the December 3, 2005, issue of *The Guardian*. As a matter of record, it is necessary that I quote from it at length.

> Scene: a dark shaded consulting room on the ground floor of 21 Wimpole Street, London W1. Time: early 1960s. This is my first session with the up-and-coming "celebrity shrink," Dr. Ronald D. Laing. I've run through half a dozen therapists who either call me names ("You're unanalyzable, dear man") or recommend electroshock therapy (at Maudsley hospital) or advise me to quit writing if it's so painful. Laing is a breath of fresh air. He is about my age (mid-30s), irreparably handsome with the doomed beauty of a haunted artist, and from a similar slum background. He speaks my language, or so it seems. Later, it turns out he is fashionably downgrading his Presbyterian middle-class origins in Glasgow. Smoking a thin cigar, he leans forward intently in his cracked-leather chair and examines me through half-lidded eyes. "What are ye fookin' around wi' all that neurotic shit for, Clancy?" he says in a Scottish accent I am to learn he can put on or off at will. "Tummy aches and faintin' spells is crybaby stuff. Ye've got the makings of a good schizophrenic. Lucky ye've come to the right place." Indeed, I had. And at only six quid a session. Except that I had no idea what a schizophrenic was.

Sigal is a skilled Hollywood scriptwriter: the scene comes alive before our eyes. Laing is seducing Sigal, and Sigal loves it:

> Laing insisted on calling me a "McCarthy refugee," an exile from the House Un-American anti-communist hunters. This was only half true since I'd also run away from my personal demons in the States. . . . After a long dry spell as an émigré "London Yankee," I was on a writing jag—novels, journalism, pamphlets, BBC talks. But it didn't stop the anxiety attacks. In

> his consulting room Laing and I immediately connected. . . . Laing liked using military and boxing metaphors; occasionally we even sparred around his room, jabbing, hooking, feinting. . . . At the time of our first meeting Laing was on his way to becoming the Bob Dylan of "existential" psychoanalysis with his best-selling book, *The Divided Self,* a bible for disturbed teenagers. For all its Sartrean chatter—ontological insecurity, being-for-itself, etc.—Laing's message was starkly simple: doctors must stop treating mental patients as objects to be done things to, and have the courage to meet patients as equals in an "I-thou encounter." But all that was only his public self. There was another, secret side, he hinted. (I love secrets!) He dared me to pass through his most private and cherished door: the door of perception known as the schizophrenic revolution. I'd no idea what he was talking about. But if it was a revolution I was all for it. Laing and I were both "politicals" of the leftish type (CND, New Left, all that).

This is great reportage: "Laing's ascendant star was perfectly timed. . . . The feminist playwright Jane Arden went around chanting, 'We are all mad. If you are a woman then you are mad.' Laing's early writing spoke, poetically, from his troubled gut to growing audiences of the disenchanted and mentally unbalanced, including me." Sigal fell for the self-contradictory idea that madness is a curse caused by rotten parents and is more authentic than sanity. Laing was playing Charles Manson, minus the murders:

> In this sense, love itself was the ticking time-bomb of all personal relationships. One struggled to free oneself from the chains of love in order to find a selfhood that might exist only on the other side of madness. Indeed, Laing's unfinished last book was titled *The Lies Of Love.* . . . In a quiet rage he told some pretty gory stories that left me in no doubt of his guilt that as a young doctor he had let himself participate in the medical profession's legalized "mind butchery" of their patients. As our relationship deepened it became clear that, for desperate men like us who lived in an amoral Dostoevskian world almost beyond suicide, anything was permissible if it (a) broke a few teeth in the fight for the liberation of the mentally "ill" and (b) brought us closer to the extinction of Ego (we thought in capital letters). Laing, whom I trusted with my soul, and I crossed the line of professional etiquette when we began exchanging roles, he the patient and I the therapist, and took LSD together in his office and in my Bayswater apartment.

Sigal was, perhaps still is, hopelessly confused about what he and Laing were actually doing, especially the lies they told each other and themselves to prove how "authentic" they were. For example, Sigal speaks about how he and Laing "exchanged roles" but seems unaware that this was a lie since their role exchange did not extend to Laing's paying Sigal for the "therapy" he (Laing) received from Sigal (qua therapist).

At this point, Sigal helps Laing and his acolytes to establish their anti-asylum, Kingsley Hall:

> By putting forward our respectable public face and sidetracking our private agenda—going personally crazy—we found and voluntarily staffed Kingsley Hall in east London, which is now celebrating its 30th anniversary. At the time, Kingsley Hall became an international mecca for psycho-tourists, earnest American helpers, celebrities like Tim Leary and Allen Ginsberg. . . . Any given night you could run into a Beatle on acid or the former mental nurse Mary Barnes (memorialized in a play by David Edgar) daubing shit on the walls of her room. Then, of course, there were these cursed meetings of the inner circle. I hadn't participated in anything like our Philadelphia Association roundelays of insult-trading since hanging out on Chicago street corners as a teenager. Except that we were grown-ups. Wherever did these "speak bitterness" sessions come from, Mao's China? They were acrid and soul-punishing and, I guess, meant to toughen us for the Long Ascent to the Everest of mental breakdown, our private goal of spiritual rebirth. . . . At the same time—I speak only for myself—the sheer brutality of our interchanges conveyed an unmistakable message: you are already living on the other side of sanity.

The stage was set, not for an antipsychiatric revolution (whatever that might have meant), but for the self-destructive chaos that overtook the "movement" and the atmosphere of *sauve qui peut* that ended this ugly chapter of secular "soul doctoring." Sigal writes:

> From the start Laing and I had made a solemn compact that we would protect each other's back—like Kirk Douglas and Burt Lancaster in *Gunfight At The OK Corral*—if either of us broke down. "Breaking down" was, of course, an essential precondition for "breaking through" that would finally

> cure us of the human condition. I was the first to go, at Kingsley Hall. Proper do it was, too. In front of witnesses. . . . [Sigal is drugged against his will and forcibly returned to Kingsley Hall.] I was enraged: the beating and drugging was such a violation of our code. . . . I had to figure a way to escape from this bunch of do-gooders who had lost their nerve as well as their minds. Fortunately, I had learned some tricks of the madness trade as a "barefoot doctor" in Villa 21, David Cooper's innovative schizophrenic ward at Shenley hospital. Rule Number One, which I had ignored till now: don't make your doctors more anxious than they already are. Choosing life over death, I put on an act pretending that I had rejoined Laing's obedient flock—which relaxed the doctors' hysteria—and when they were all safely asleep slipped away from the hall back to my flat. For months afterwards I slept with a baseball bat in my bed."[15]

Why did Laing and his followers betray their alleged commitment to the noncoercive treatment of their patients? My guess is that they did so for the same reasons that make psychiatrists commit the patient they fear might kill himself: to protect themselves.[16] Kingsley Hall was, for all practical purposes, an alternative insane asylum. It would have looked very bad indeed for the psychiatrists at Kingsley Hall if the press reported that one of its founders went home and killed himself. If Laing and his colleagues had been truly concerned for Sigal's life and believed that nothing short of psychiatric incarceration could "save his life," they would have had to call the police and had him sectioned/committed. They did not do so because that would have exposed their readiness to betray their own principles even more than what they did. This interpretation is consistent with Laing's use of British libel laws to stop Sigal from publishing his book in the United Kingdom. And it enabled Laing, twenty years later, to still lie about Kingsley Hall. The assault on Sigal occurred in 1965. In 1985, in the introduction to his autobiography, Laing continues to describe Kingsley Hall as a place "where several of us lived with a number of very disturbed 'psychotic' people who would otherwise have been in mental hospitals or psychiatric units and treated accordingly. Among us there was no staff, no patients, no locked doors, no psychiatric treatment to stop or change states of mind."[17] The antipsychiatrists were just as estranged from the truth as the psychiatrists.

IV

Long before Laing entered the psychiatric scene, many psychiatrists—for example, Eugen Bleuler, Carl Jung, Harry Stack Sullivan, and Frieda Fromm-Reichmann—believed that the voice of the schizophrenic should be heard and deciphered, not silenced with physical "treatments." If Laing really believed this, why did he have a medical bag and a ready supply of injectable Largactil? It is plausible that had Sigal's book been published in Britain in 1976, Laing would have been exposed and perhaps punished as a criminal, Kingsley Hall would have been shut down, and the legend of the "savior of the schizophrenic" would have been cut short.[18]

In 2005, sixteen years after Laing's death and twenty-nine years after the publication of *Zone of the Interior* in the United States, interest in antipsychiatry had all but disappeared, and the term—more popular than ever—became a grab-bag category for any person or group that was in any way critical of psychiatry's disease or drug du jour. Although the publication of *Zone of the Interior* in Britain came too late to influence Laing's career, one of its beneficial effects was a firsthand confirmation of the assault on Sigal by one of the participants in the crime, Joseph Berke. Berke's review of the British edition of Sigal's book is an important addition to the history of postwar psychiatry:

> Sigal demonstrates the painful scars of many very talented people who tried to get close, and stay close to Laing, only to be rebuffed. . . . I don't know of anyone who was not eventually rejected, although a few colleagues stayed attached for long periods of time, by anticipating Laing's needs and desires and twisting and turning with him. Thus, when he was into revolution, you talked left politics (easy for Sigal), when he was into acid, you were into acid (also easy), when he was into Eastern mysticism, you chanted OHMMM (much harder). Sigal was clearly overwhelmed by Laing's brilliance, but may have not realized that his mentor was also a consummate *"mind fucker"* and trickster. [In the review, Sigal's name is consistently misspelled as "Segal." I changed it back to "Sigal."][19]

It is not clear why a "talented person" would have wanted to associate with, much less let himself be led around by the nose by, a patently confused and ill-behaved Laing. I met Laing on several occasions, and he struck me,

from beginning to end, as a poseur, a phony. Berke continues: "De-idealizations are very painful. Sigal's comes at the end of the novel, when he finally achieved a state of madness. He thought Ronnie would love him. Instead Laing got frightened and convinced members of his inner circle to *waylay Sigal at his flat, inject him with Largactil, and bring him back to Kingsley Hall 'for his own good.'* . . . Sigal's description is somewhat contrived but basically accurate. *I should know, as I was coopted for the ride. Very exciting it was too, at the time. But it did get my own doubts going.*"[20]

Berke deserves praise for setting the record straight. Interestingly, Sigal—Laing's victim, who pleaded with Laing and his colleagues "You can't know what you're doing"—has changed his mind. Judging by his contribution to Bob Mullan's *R. D. Laing: Creative Destroyer* (1997)—a volume of sketches assembled in Laing's memory—Sigal has forgiven his "therapist" for the betrayal he describes in *Zone of the Interior:* "A rebel and outsider, he [Laing] was part of a group, a network, a subculture which, by historical irony, *has taken its place among accepted medical reforms.*"[21] So much for the idea that mental illness is *not* a medical problem. Sigal continues: "His Philadelphia Association, of which I was a founding member, had a split-level project: to care for schizophrenics in a new, less authoritarian way, and to allow the carers for full freedom to engage in their own 'schizophrenic voyage.'" I consider carers unconstrained by rules even more dangerous and "authoritarian" than carers whose authority is overt and whose powers, at least in principle, are constrained by rules. Sigal and Laing were kindred spirits:

> One-upmanship—who was madder than whom—became a rather dangerous sport between us. But it felt marvelous to free ourselves from the shackles of our different professions. . . . This, he told me, was his main healing credential. "'If I am as f**** up as you are, and I can get you to see you're not f**** up at all but I'm f**** up for believing you are, then I can stop being f**** up. . . . I'm a killer too," he told me more than once. "Can you help me from being a killer?" I tried. I gave him real pleasure when I accepted his invitation to cease being a patient and became a . . . what? There was no name for it. Half-jokingly, I called myself a "writer in residence" among schizophrenics and their fevered doctors. . . . From then on, we winged it. . . . Together we made Kingsley Hall. We hoped this

> East End hostel might become a model for future non-restraining, non-drugging therapies for seriously afflicted schizophrenics.[22]

Sigal wrote these lines after he himself had been restrained and drugged by Laing, and long after 1956—barely a year after Kingsley Hall came into being—by which time "Ronnie was getting tired of Kingsley Hall. . . . [H]e had had enough." Adrian Laing explains: "Ronnie had serious defects in his dealings with 'patients' [and not only with patients]. Ronnie could wind someone up, make him feel as if he had seen the light, inspire him with revolutionary ideals—but then Ronnie was off on some other venture, leaving the individual with nowhere to go, stranded."[23]

Interestingly, Sigal tells Mullan, "It was their [Laing and Cooper's] mutual project to divest themselves of this [medical] learning and of the habits acquired during clinical practice *in order to free themselves* as part of an enterprise of liberating their patients."[24] This is nonsense. Sound medical learning—such as Laing had a chance to acquire at the University of Glasgow—is a precious thing. "Divesting oneself of medical learning" makes the subject medically unlearned. It does not liberate individuals deprived of liberty by other medically ignorant persons called "psychiatrists." Actually, Laing possessed scant medical learning to reject. In his final year in medical school he failed every subject and had to repeat the year. He was never seriously interested in medicine and remained a dilettante doctor throughout his life. Martin Howarth-Williams cites Laing as having described medical school as "largely a waste of time," adding, "I never felt completely comfortable as a doctor." Douglas Kirsner relates that, in 1985, "Laing told me of David Cooper's death at age 58 from a heart attack. . . . I should have known better than to express surprise when Laing then lit up a cigarette. He told me that those experts on breathing and meditation, Buddhist gurus such as Chogyam Trungpa, all smoked. Laing also denied the established relation between smoking and heart disease."[25]

Laing preached nonviolence but practiced violence—at Kingsley Hall, in his private therapeutic practice, and in his personal life. All the founders of antipsychiatry were happy to serve as agents of the therapeutic state: they saw themselves as the "good revolutionary antipsychiatrists" opposing the "bad establishment psychiatrists." This is why the same basic features—coercion

and excuse-making—characterize psychiatry and antipsychiatry alike. Adrian Laing writes that by 1966, "Despite this growing guru element in Ronnie's own thinking, to the outside world he was still riding two horses. His establishment side was not yet completely abandoned. . . . It seemed as though Ronnie was becoming aware that he had a choice to make—and increasingly unwilling to make it. He had to declare himself either anti-Establishment, part of the counter-culture, or otherwise. But his heart was in both camps."[25] Not really. Laing had no heart. As his fame grew, he replaced it with self-interest, self-indulgence, and an impersonal brutality masquerading as Gandhian universal love.

His rhetoric notwithstanding, Laing was at heart a conventional asylum psychiatrist. In the preface to the second edition of Adrian's biography, Professor Anthony S. David states: "[Laing] regretted entering into the outpatient-based psychoanalytic world so early in his career and not sticking with an environment that, though he passionately criticized it, *was one in which he felt strangely at home, namely the mental hospital or asylum*."[26] Sigal eventually experienced the truth of this sagacious observation. Mental hospital psychiatrists view disagreement as disease, and when the disagreement is about what they conceive as life-and-death matters, they protect themselves by incarcerating the patient and calling it "suicide prevention." That is precisely what happened when Sigal wanted to leave Laing. "Ronnie viewed dissent as betrayal" is the way Adrian puts it.[27]

Laing's most carefully crafted and sober pronouncements are consistent with the outlook of the traditional coercive-excusing, asylum-forensic psychiatrist. For example, he wrote, "When I certify someone insane, I am not equivocating when I write that he is of unsound mind, may be dangerous to himself and others, and requires care and attention in a mental hospital."[28] Laing was also not equivocating when he testified in court that a person he did not know was mentally ill, not responsible for his crimes, and ought not to be punished.

V

Psychiatrists engage in many phony practices but none phonier than the insanity defense. Any serious criticism of psychiatry must begin with a

critique of this paradigmatic psychiatric swindle. Neither Laing nor any of the other antipsychiatrists ever addressed this subject, crucial to the theory and practice of psychiatry. Laing's actions speak loudly and clearly: he provided "expert psychiatric testimony" in the famous case of John Thomson Stonehouse, M.P. (1925–88).

Stonehouse, a British politician and Labour minister, is remembered—if he is remembered—for his attempt at faking his own death and for his unsuccessful insanity defense in his trial for embezzlement. Stonehouse had joined the Labour Party when he was sixteen, trained as an economist, was elected a member of Parliament (M.P.) in 1957, and served as postmaster general. He went into business, lost money, and tried to bail himself out by engaging in fraudulent business practices. In 1974, with the authorities about to arrest him, he staged his own suicide. On November 20, 1974—after having spent months rehearsing his new identity, that of Joseph Markham, the dead husband of a constituent—Stonehouse left a pile of clothes on a Miami beach and disappeared. Presumed dead, he was en route to Australia, hoping to set up a new life with his mistress. He was discovered by chance, deported to the UK, and charged with twenty-one counts of fraud, theft, forgery, conspiracy to defraud, and causing a false police investigation.

Stonehouse conducted his own defense, pleaded not guilty by reason of insanity, and was convicted and sentenced to seven years in prison. He suffered three heart attacks, was released in 1979, married his mistress in 1981, wrote several books—including one about his trial—and died in 1988 from a heart attack.[29] To support his insanity defense, Stonehouse secured the services of five psychiatrists, R. D. Laing among them, to testify in court, under oath, that he was insane when he committed his criminal acts. "As *The Guardian* reported on 20 July 1976, Ronnie duly did his bit. . . . Dr. Laing said that Mr. Stonehouse's story was unusual in that his two personalities were joined by an umbilical cord."[30] In his book *My Trial,* Stonehouse gave the following account of Laing's participation in it:

> Dr. Ronald Laing, author of *The Divided Self* . . . gave evidence on my mental condition. He confirmed that my description of my experience indicated intense irrational emotions of persecution and feelings of guilt, although believing I was innocent; and showed a partial psychotic breakdown and

> with partial disassociation [*sic*] of personality. He confirmed that in his report he had called it psychotic and the splitting of the personality into multiple pieces. He went on: "The conflict is dealt with by this splitting instead of dealing with it openly. . . . " *He said that his experience with malingerers was considerable—particularly when he was a captain in the Army. In my situation, he said, psychiatric diagnosis must include assessment as to whether I was malingering; and his diagnosis did take that into account.* It was "partial reactive psychosis. For some time he became irrational and confused under emotional and other pressures."[31]

The long and short of it is that Laing volunteered to testify under oath that mental illness was a distinct medical condition, separate and distinguishable from the role of mental patient (assumed or ascribed); that Stonehouse was afflicted with such an illness; and that his illness ought to excuse him from the legal consequences of his criminal conduct. Thus, Laing either subscribed to traditional legal-psychiatric views that he claimed to reject or was an amoral quack willing to say anything for attention, fame, or money, or all three.

Stonehouse's claim and Laing's vouchsafing its veracity were obviously phony. Laing did not know Stonehouse prior to his trial, and hence could have had no knowledge of his "mental condition" during the commission of his crimes. Laing's "diagnosis" was classic psychiatric gobbledygook, precisely the kind of charlatanry he pretended to oppose. Laing and Stonehouse were both liars, plain and simple. Adrian Laing, a lawyer (barrister and solicitor), sagely comments, "Not surprisingly, Ronnie's evidence made little impression on the jury who found the idea of a man defending himself while pleading insanity difficult to swallow. Ronnie himself regretted giving evidence on behalf of Stonehouse. . . . [H]e did not have any sympathy with Stonehouse's account."[32]

Here we go again: "Ronnie" does *X,* he supposedly regrets having done *X,* and we are asked to believe—by Adrian or Laing or one of his acolytes—that the "true" R. D. Laing would not have done it. If Laing did not believe Stonehouse's fairy tale, why did he testify in his defense? If he disbelieved Stonehouse's story, why didn't he reject his request? Did he do it for money and publicity? Or was he confused about what is and what is not a disease or a crime, what is brain and what is mind?

In his autobiography, Laing naively ponders, "How does the brain produce the mind? Or is it the other way round?" In an entry in his diary recorded after the Stonehouse trial, Laing writes, "Stonehouse: Either a sick man behaving like a criminal or a criminal behaving like a sick man. If a criminal behaving like a sick man he is sick; and conversely why not say he is both, a sick criminal, a criminal lunatic."[33] Like most psychiatrists, Laing ignored the Virchowian gold standard of disease and felt free to classify deviance as disease—if it suited his interest.

Laing's testimony in the Stonehouse trial was not the only time he played the role of forensic psychiatrist. He testified in court that a person who broke the law is not fully responsible for his actions on at least one other occasion, on behalf of a patient-friend. Mina Semyon—a woman born in the Soviet Union who later became a successful yoga instructor, psychotherapist, and author—was a patient of Laing's. He immediately asked her to call him "Ronnie" and engaged in the boundary violations that seemed to be intrinsic to his "charismatic" therapeutic style.

"Shoplifting," Semyon explains, "was the only thing that gave me a sense of independence in those days." She steals a pair of knickers from Selfridge's department store and is caught and charged with the offense. In her next session, she tells Laing what happened and asks if he could help. Semyon then relates the following dialogue: "'Couldn't you have gone for something bigger, at least a diamond? I am going to plead that you are suffering from dissociation.' I smiled thinking that he was conspiring with me. . . . 'But if I am honest I can't say that I don't remember what I was doing.' . . . [RDL:] 'Dissociation which is disconnecting from knowing what you are doing can occur on many levels.' . . . He did come to court. I can't remember what he said as I was standing there in a thick cloud of shame and panic. I was let off with a fine."[34]

Apropos of the legal privileges inherent in the role of psychiatrist, Laing lies to himself in his autobiography: "I was frightened by the power invested in me as a psychiatrist."[35] Having qualified as a psychoanalyst, Laing was free to eschew coercing patients and eschew excusing their illegal misconduct: he could have practiced psychotherapy or psychoanalysis—that is, listen and talk to voluntary, fee-paying clients. No state authority *compelled* him to testify in John Stonehouse's insanity trial or on behalf of Mina Semyon, who, in fact, was too honest to claim that she was not responsible for her shoplifting. No

one *forced* Laing to assault Clancy Sigal with Largactil. These were actions that Laing chose to engage in. He would have suffered no ill effects had he abstained from them. However, he was a grandiose, meddling psychiatrist. In photographs he often posed as a man carrying all the world's weight on his shoulders. From his obituary in the *New York Times* we learn:

> He shied away from defending himself against charges that early in his career he had idealized mental illness and romanticized despair. He said he later came to realize that society must do something with people who are too disruptive. "If a violinist in an orchestra is out of tune and does not hear it, and does not believe it, and will not retire, and insists on taking his seat and playing at all rehearsals and concerts and ruining the music, what can be done? . . . [W]hat does one do, when one does not know what to do?" he asked.[36]

Note that in this hypothetical situation no one asks for psychiatric help. Why, then, should a psychiatrist involve himself in it? The resolution of the dilemma is the responsibility of the person legally authorized to control the composition of the orchestra. Laing would not have posed this pseudoproblem unless he believed that it was a problem for *him qua psychiatrist.*

VI

For more than three decades I showed that Laing's criticism of psychiatry was not at all what it seemed. Importantly, he never wavered in his support of the legal-social prerogatives of psychiatry as a medical specialty and of the psychiatrist's special privileges and powers in the emblematic practices of civil commitment and the insanity defense. I think mainly for that reason psychiatrists continue to praise his efforts as positive contributions to psychiatry. In addition, Laing resembled mainstream psychiatrists and psychoanalysts by making up his "clinical" accounts and "therapeutic" successes. In plain English, he lied. In a paper published in the British journal *History of Psychiatry* in 2007, David Abrahamson showed that Laing's hospital work with so-called schizophrenics in the 1950s, which excited much attention about him, was a complete fabrication.

Between 1953 and 1955, Laing worked as a psychiatrist at the Gartnavel Royal Hospital, an institution that, its elegant name notwithstanding, was a dismal dump, an old-fashioned snake pit. Patients were not allowed to be in bed during the day, and there were not enough chairs to go around on the wards, "so there were plenty of fights over chairs."[37] Laing legitimized this receptacle for unwanted persons as a "hospital" by working there as a "doctor," by calling the inmates "patients," and by "studying" their "improvement" when allowed to spend time on a better ward, patronizingly called the "rumpus room." Laing used this opportunity to "discover" that when humans are treated inhumanely, their behavior deteriorates, and when they are then treated humanely, their behavior "improves," and by legitimizing the behavior provoked by the mistreatment as a "disease," "treatable" by improved living conditions. Finally, *Lancet* legitimized this pseudomedical observation by publishing the paper Laing wrote in collaboration with John L. Cameron and Andrew McGhie, titled "Patient and Nurse: Effect of Environmental Change in the Care of Chronic Schizophrenics."[38] On this small and fragile sandbar Laing built his house of cards.

The original group assigned to the rumpus room consisted of eleven patients selected by the experimenters out of a group of sixty-five "long-stay schizophrenics." Abrahamson succeeded in tracing the case notes of six of these patients. He writes: "In his accounts subsequent to the joint 1955 paper, Laing stated that all the rumpus room patients had been discharged within ten months after he left the project and readmitted within a further year, and this statement was widely copied."

None of this was true: "The results were unexpected: none of them had in fact been discharged as reported and therefore, of course, none had been readmitted. Further discrepancies emerged from unpublished accounts of the refractory ward and rumpus room in the [Laing] archive [at Glasgow University]. . . . Laing's repeated assertions that all the rumpus-room patients had been discharged within eighteen months of the process starting and all readmitted within a further year is contradicted in the case notes."[39]

I find it puzzling that Abrahamson regarded his inability to verify Laing's claims "unexpected." For anyone who knew Laing and was familiar with his lifestyle, it comes as no surprise that Laing was a liar and shameless

self-promoter. Interestingly, Abrahamson found an extended, unpublished version of the 1955 paper by Cameron, Laing, and McGhie in the Glasgow University archives in which they report, "With the commencement of Largactil [chlorpromazine, Thorazine] comments soon began to the effect that the patients on this drug were improving remarkably." More perceptively, Abrahamson notes that Laing failed to profit from his own observations: "The determination with which patients sought out activities to structure their day was not fully appreciated, and the impact of the vastly improved physical environment [in the rumpus room] only touched on. Lack of concern with such aspects appears to have contributed to the milieu in Kingsley Hall . . . developing some affinities with the refractory ward rather than the rumpus room. *Deteriorated physical environments, pervasive inactivity, inadequate protection for more vulnerable residents and the concentration of attention on a minority are among the resemblances.*"[40]

For a few years, Laing was a successful psychiatric con man. Yet all along there was something pathetic about him. In 1976, science writer Maggie Scarf reported on a visit by Laing to Yale University:

> I went to hear him speak before a large audience. . . . Laing put on a performance . . . I would never have predicted. Seated on a large, throne-like chair on the stage, facing a roomful of people who seemed to be well-disposed toward him, he was inexplicably uncomfortable—hesitant and almost confused. He began a sentence and then paused in the middle, looking baffled, as if uncertain where such a thought might possibly lead him. . . . A good deal of time was spent in tedious and seemingly endless discussions of one meditative procedure—concentrating intensely on the tip of one's nose. . . . Laing himself seemed essentially disinterested in what he was saying. . . . I could see the puzzlement on the faces of the people around me. . . . After about half an hour or so, Laing simply ran out of energy and stopped. He stared out at the audience, then remarked limply, "Now what is one supposed, really, to make of all this meditation stuff? I don't know. I haven't come up with any answers yet. In fact I've been listening for some answers all the time I have been giving this lecture. But I haven't heard any yet." Not surprisingly, this observation was greeted with a few incredulous hoots of laughter. . . . A scattering of people had gotten up from their seats and were leaving the auditorium.[41]

As a public speaker, Laing was a bust. This did not stop him from cashing in on the image he created and cultivated—a brilliant, romantic rebel, a Byron poetizing about true sanity. It was all chutzpah, or cheek as the British say.

In the fall of 1985, Laing was at a conference in Plymouth, England. Writer Colin Wilson, another participant, recalled, "He [Laing] was the most appalling speaker I have come across. I found it almost incomprehensible that he had the cheek to come along to what was supposed to be a day-long 'symposium'—with myself, the poet David Gascoyne, and himself—and then ramble on in such a totally disconnected manner, with long pauses, and a complete lack of coherence."[42]

In December of the same year, Laing was one of the speakers at the Milton Erickson "Evolution of Psychotherapy" conference in Phoenix, Arizona. He had nominated me to discuss his paper. Each speaker had contracted to have a copy of his presentation in the hands of the discussant six weeks in advance of the meeting. Laing had no paper even as he rose to speak. His lecture was a mixture of gibberish and silence.[43]

The organizers of the conference had clearly stipulated that the speakers deliver finished, publishable versions of their presentation in advance of the meeting. Laing blithely ignored it and, once again, made excuses for violating his contract. Ron Roberts and Theodor Itten exhume that event and describe it this way: "Szasz compared listening to a talk by Laing as the nearest thing he had ever experienced to what it must feel like to be subjected to involuntary incarceration in a mental institution. . . . Szasz also went on to describe Laing's moral conduct as shameful and reprehensible and argued that Laing had 'sold out.' No doubt skeletons could be pulled from Szasz's cupboard but, as with Laing, this would hardly be fitting to a consideration of their respective worth either as persons or scholars."[44]

Happily, there are no skeletons similar to Laing's in my cupboard. If there were, critics would have laid them out a long time ago. Moreover, public behavior—such as Laing's boozing and brawling, his near failure to qualify first as a physician and then as a psychoanalyst, his serial marriages, and the neglect of his "first family"—is not the same as skeletons in a closet. They are public information about a public person, a fit subject for moral judgment. In my view, Laing was an enemy of personal responsibility,

individual liberty, and the free society. He was a bad person and a fraud as a professional.

Laing was the Robespierre of antipsychiatry, playing the role of the "Incorruptible" speaking in the language of Pure Love. In *The Dialectics of Liberation,* Laing offered this affectionate account of *normal child development:* "The *normal* way parents get their children to love them is to terrorize them, to say to them in effect: 'Because I am not dropping you, because I am not killing you, this shows that I love you, and therefore you should come for the assuagement of your terror to the person who is generating the terror you are seeking to have assuaged.' The above mother is rather hyper-normal."[45]

In 1989, Laing was sixty-one years old. He should have been in the prime of his life, at the top of his form. But his destructive and self-destructive lifestyle caught up with him. Adrian writes, "The father of a newborn baby, with no reliable income, no home, a serious drinking problem, and a debilitating feeling of depression bordering on despair . . . he was now faced with the real and immediate prospect of being completely insolvent." Intellectually and economically bankrupt, his only possession worth any money was his persona, public and private, which turned out to be worth little to him, but worth more to Adrian, and especially to Mullan.[46]

VII

According to Adrian, much of his father's time during 1988–89 was "taken up with Bob Mullan's book, which was abandoned after Ronnie's death":

> In July 1989 we spoke for the last time. He tried to persuade me to cooperate with Bob Mullan, something I was reluctant to do despite our friendship. I had always made it clear to Ronnie that the day would come when I would write my own book. Besides, I was not impressed by the fact that Ronnie had signed a contract confirming his full cooperation in the "authorized biography of R. D. Laing," for which he had received a paltry 2,000 pounds, in addition to a percentage of a percentage of the royalties. No. I would not cooperate: as far as I was concerned, Ronnie was being taken for a sucker.[47]

Perhaps. But unlike Adrian, his father was no longer in a position to make money, and evidently knew it. To his credit, Adrian—perhaps the only one

of Laing's ten children—was not about to let his father take advantage of him from the grave.

The facade of R. D. Laing—the Psychiatric Messiah whose unconditional Love heals Madness—had collapsed. The public was about to see the picture of the real Dorian Grey/R. D. Laing, the self-identified mental patient riddled with guilt, opting for conventional psychiatric care.[48] In 1985, Professor Anthony Clare—host of the popular BBC Radio 4 program *In the Psychiatrist's Chair*—interviewed Laing:

> The radio programme was recorded in the early afternoon, but Laing was already mildly intoxicated when he turned up at the studio. . . . Laing then spoke of his fears of getting into a "real Scottish involutional melancholia" as his father and grandfather had. . . . The programme attracted a huge number of letters. Many listeners wrote in to say how surprised they were that one of the most depressed people to appear on the programme was himself a psychiatrist and many listeners were surprised to hear Laing, the "fierce critic of the use of drugs in psychiatry," consider using drugs for himself to treat his depression. Clare had asked him what he would want from a psychiatrist if he became "profoundly psychomotoretarded, profoundly depressed or suicidal," and Laing had replied "I would want whoever was taking my case over to . . . transport my body to some nursing home and if you had any drugs that *you thought* would get me into a brighter state of mind to use those."[49]

Clare invited Laing to write his "psychiatric will," and the will Laing wrote requested that he be treated in accordance with the "standard of care" of modern biological psychiatry.[50] *Res ipsa loquitur.*

Laing was a nasty snob: "He couldn't stand the average person—the average person was so fucking stupid according to Ronnie. They're the people who made the world miserable." Reflecting on what was eating his old Glasgow friend, John Duffy concluded: "So I don't know what his problems were. Illnesses? The only memory I have of his bowel cancer was when he sat in that chair and said, 'I think I have cancer.' I said, 'Where?' and he said, 'In the bowel.' And I said, 'What are you going to do about it?' And he said, 'Fuck all.' Marguerite said that he got progressively worse. She

had to change the sheets every night, the bed was soaking with blood—my heart went out to her."[51]

Did Laing bleed every night? If he bled so heavily at night, did he not also bleed during the day, and, if so, how did he deal with it? I could find no evidence that Laing ever consulted a physician either for his alleged bowel cancer or for what we presume was his diseased heart. Puzzled, I asked Adrian Laing whether the "bowel cancer" was a medical diagnosis or a self-diagnosis. Again, he kindly responded, "The reference in the Johnny Duffy piece I've never taken much notice of—my father would joke that a doctor would diagnose him with everything from a to z; but the bleeding was real enough for Marguerita who had to change the sheets. There was therefore no formal diagnosis at any stage confirming cancer that I'm aware of, and therefore yes it was a self diagnosis."[52]

In any case, it sounds as if Laing did not help Marguerite with changing the sheets. Perhaps he was saving his strength for his last tennis match during which he suffered a fatal heart attack. Not a bad way to commit suicide. Asked by his tennis partner, Bob Firestone (a scion of the Firestone tire family), "Do you want a doctor?" Laing replied, "Doctor, what fucking doctor?"[53] An apt epitaph for a great charlatan.

4

THE TRICKSTER AND THE TRICKED

> *For the trickster, change is the game, confusion, the aim.* Having spent some years studying and working with R. D. Laing . . . I think the term "trickster" provides an apt description of this Scotsman.
>
> —JOSEPH H. BERKE, "Trick or Treat: The Divided Self of R. D. Laing"

Joseph Berke, an expatriate American psychiatrist, was one of the founders of the so-called antipsychiatry movement in London, in 1967. He served as the guide for Mary Barnes, the woman who "went down" at Kingsley Hall, completed her "voyage through madness," and "came back up"—"cured" or "saved." After the dissolution of Kingsley Hall, Berke left Laing and went his own, more honest, way. He is now the director of the Arbours Association and the Arbours Crisis Centre in London and has a private practice as an individual and family therapist.

Barnes was familiar with Laing's ideas and looked upon him—even before she entered Kingsley Hall—as her savior. Recalling her previous hospitalization, Barnes writes, "I didn't know then, I do now, that what I was trying to do was to get back inside my Mother, to be reborn, to come up again, straight, and clear of all the mess." Thus, Barnes is to antipsychiatry what Anna O. is to psychoanalysis: each is the movement's most famous "case," evidence of its leader's genius as medical healer and psychiatric theoretician. (Mary B. was not Laing's patient, and Anna O. was not Freud's patient.) In each case, the denominated patient is not ill and devises her own "treatment." "Mary became a showpiece for Ronnie's central theory of the potential healing function of extremely disturbed forms of behavior," writes

Adrian Laing. "Almost incidentally, Kingsley Hall rapidly gained the reputation as part of an underground movement with allegiance to the New Left."[1] And with unmistakable sympathies with the Old Left.

Barnes and Berke presented their account of antipsychiatry's quack "cure" in *Mary Barnes: Two Accounts of a Journey Through Madness* (1971). As I noted in my critique of antipsychiatry in *Schizophrenia* (1976), I regard Mary Barnes's "breakdown" and "recovery" as a drama, produced and directed by Laing, with Barnes and Berke as leading lady and leading man.[2] Although Berke does not, in retrospect, categorize the Barnes "trip" as one of Laing's tricks, I think it is the right term for it.

Who was Mary Barnes, and why was she at Kingsley Hall in 1965? Barnes was born in Portsmouth, England, into a middle-class family in 1923. She begins the autobiographical sketch by stating, "My mother had no milk and I was never put to the breast." When Mary Barnes is two and a half, a brother, Peter, is born. "I felt pushed out. I wanted my Mother to do all the things she did to him. I wouldn't talk I was so angry, I wanted to suck all day, and find another mother and run away." This oral-Freudian formula formed the basis for the show Barnes and Berke performed at Kingsley Hall. "Mother forced me to take care of Peter. . . . Really I wanted to kill him. It was hell having to be a little brother's mother." At sixteen, Peter is diagnosed as schizophrenic and incarcerated. Barnes explains, "When Peter was in a state of breakdown and madness he turned away and was repelled by me. Now I know how he feels my past hate, all the time I wanted to murder him while pretending to be 'nice.' Peter inside knows all about my nastiness. . . . No one knew he was angry. . . . The emotional life of the family was killing him, breaking his heart. Peter, struck senseless with anger, just got more and more isolated. . . . Peter was instinctively seeking freedom. I too came to go that way. The route my parents had barricaded and barred."[3]

It seems probable that Barnes's recollection/construction is influenced by the view that schizophrenia is "caused" by schizophrenogenic parents, an idea Laing borrowed from a group of American schizophrenia researchers popular in the 1950s and 1960s. Mary Barnes elaborates the theme of wanting to be fed like a baby by dwelling on her love affair with her feces, or "shits," as she puts it. "Mother always took my shits and water straightaway

into the lav. She got me so clean, so soon. I wanted all my shits with me, in the bed, all over me, wet and warm. It was what I had made, and I had wanted to keep it, nice and safe so I shouldn't be left lost and empty."[4]

When Mary Barnes is eight years old, her sister Ruth is born. "About this time I played with my shits. In bed I used to put my fingers into my bottom and dig out pieces of hard shit. These I would squeeze in my fingers. . . . I felt nice. It delighted me and I put it away softly, safely under the mattress." When Mary Barnes is thirteen, another sister is born. "One night while asleep I suddenly felt in a violent panic. Getting out of bed I knelt on the floor, begging and begging God not to let my Mother die."[5]

Barnes grows up to be a fearful, inhibited young woman, obsessed with masturbation, religion, and sin. A confused adolescent and poor student, she embarks on nurse's training. "I now realize that my destructive, suicidal despair was bound up with my denial of my body. As I grew up, I loathed my breasts, avoided boys, denied to myself that I wanted a boyfriend, forgot what the friendship of boys was like. I had wanted to be a boy."[6]

Before checking herself into Kingsley Hall, Barnes had been a psychiatric nurse and then a schizophrenic patient. She writes, "Not to be possessed and controlled can be very frightening. The hospital with its drugs and physical treatments and compulsory admission is controlling and possessing. I use the word hospital in the usual accepted way. To me the word denotes a place of healing, of therapy. Kingsley Hall is, in this sense, a true hospital."[7]

Thoughtful persons have always known that more people fear and flee from freedom than cherish it and are willing to shoulder the responsibilities that go with it. Liberty is not for the fainthearted. Many persons who fall afoul of mental health laws do not understand that if we do not want to lose our liberty, we must obey laws without necessarily approving or respecting them. When they find themselves prisoners of the psychiatric system, they want to gain freedom for themselves but not for those who are "really mentally ill." As Mary Barnes's story dramatically illustrates, psychiatric ex-slaves are not interested in "squeezing the slave out of themselves, drop by drop," as Chekhov put it. On the contrary, they look for "better" masters and "better psychiatric services." This is why many organizers and members of former mental patients' groups are hostile to the idea of abolishing psychiatric excuses and coercions.

Barnes shows us that the Laingian asylum is an even greater fraud than the psychiatric asylum: the main difference between them is that in the lunatic asylum the guiding metaphors are medical, while in the Laingian asylum they are mountaineering; in the former, relations of domination-submission are justified by the imagery of sick minds restored to health, whereas in the latter they are justified by the imagery of voyages from inauthentic ordinariness to authentic extraordinariness. Mary Barnes's alleged "recovery" was not the result of her being "guided through a journey through madness." It was the result of playacting between her and Berke, transforming her from "paranoid schizophrenic" into "gifted painter."

Harry Trevor, a South African artist, visits Kingsley Hall. Barnes shows him her paintings (literally, finger paintings). Harry tells her: "'Mary, you have what Beethoven has in music, it's a perfect pitch or blend in *color*. Even among artists it's a very rare gift.' Harry really made me realize that I had been given a gift of God. This moved me, inside." It should be noted that Barnes grew up as, and remained all her life, a devout and mystic Catholic. Later, Berke tells her, "Mary you are an extraordinary person. What you have to do is to learn to lead an extraordinary life."[8]

The details of Mary Barnes's playacting/"voyage" are extraordinarily contrived and gross. The former nurse pretends to be a nursing baby. Berke and Laing bottle-feed her. "When Ronnie fed me I was quite still and completely together. . . . [I]t seemed I was a little animal, gone to sleep for the winter." Barnes lies in her urine and feces, smears her excrement on the wall of her room, makes all of Kingsley Hall reek. Everyone humors her: "Joe came in. It seemed he was going to examine me. . . . Joe fed me. . . . Joe was big and strong, he got me upstairs into the bath." The residents of Kingsley Hall participate in Mary Barnes's quasi-religious rebirth. As she gradually "grows up" again, she conceptualizes her love of Berke as a chastely erotic "Catholic" love of Jesus/Joe: "Joe, to me, was the means to my true attainment of love, of myself. I wanted Joe. So much, for so long, all the time."[9]

In the lunatic asylum, Barnes's attention-getting tantrums would have been punished by chemical violence. In Laing's asylum, they were punished by physical violence: "Joe sometimes told me, 'Don't be a pest.' . . . Joe turns round with his hand. Flaps it across my face, and carries on upstairs with Leon [Redler]. He had been out all day with Leon. Now when it's my

turn, he's gone upstairs with Leon. My face hurts. *Joe is a pacifist.* I start to go after. On the stairs my nose starts to bleed. The blood pours down my white jumper, on to the floor. . . . Look Joan, *blood. Joe did it.* Joan laughs. I am quite proud."[10] The Beauvoirian feminists of the New Left swooned over Laing. The old macho formula still worked: "He beats me, therefore he loves me."

Barnes tests the truth about the openness of the Laingian asylum and, like Sigal, discovers that it is easier to get in than to get out: "[Addressing Berke:] Suddenly beside myself, I ran out the door, screaming. 'I'll go to a mental hospital.' Joe dragged me in. Slashed me across the face, crying in anguish: 'Oh, why do you make me *do* this?' My nose poured blood, as it always did, in great flood. The relief! . . . I never loved Joe so much. . . . Joe brought me back. The big bear, with a flop of his paw, had saved me." Berke does not explain—and he did not need to explain—why he didn't comply with his "patient's" request. His heroic dedication to the work at Kingsley Hall and to Barnes in particular and his activities, interests, and writings since then suggest that he is a decent, responsible person and "therapist." At the same time, Berke appears to be a bit social workerish, in the sense in which Wystan Auden mocked "the conceit . . . of the social worker, 'We are all here on earth to help others; what on earth the others are here for, I don't know.'"[11] (Although Auden is often credited for this remark, its author is John Foster Hall [1867–1945], English music-hall and radio comedian, who called himself the Reverend Vivian Foster, the Vicar of Mirth.)[12]

The quackery inherent in antipsychiatry derives from the same source as does the quackery inherent in psychiatry—the false belief that a misdirected life can be redirected by a person other than the individual in charge of that life. To be sure, our lives are influenced by countless persons, living and dead, as well as by countless ideas and "forces," economic, educational, geographic, political, religious. *Some of these influences we categorize as psychiatric or psychotherapeutic.* We tend to forget that, in the final analysis, it is always the person, the individual actor, who reacts to influences and *acts or does not act to change his life.* Yet the obligation to transform oneself from child into adolescent, from adolescent into adult, and from one kind of person into another kind, and the failure to meet this obligation, all this finds no place in the theories of psychiatry or antipsychiatry. The explanatory

imageries and remedial strategies of psychiatrists and antipsychiatrists alike are causal and remedial, that is, self-centered. This is radically mistaken. They ought to be noncausal, centered on the agency, liberty, and responsibility of the patient/client.

The errors of the psychiatric view are obvious: they lie in the stubborn belief that "insanity" is a brain disease and that medical research will make every crazy person "sane." The errors of the antipsychiatric view are slightly less obvious: they lie in the mistaken belief that aimless, incompetent, destructive, and self-destructive lifestyles are *due to antecedent causes* such as bad parents or childhood "traumas"—and that "existential encounters," such as the play enacted by Berke and Barnes, will guide "lost souls/voyagers" through their "journey through madness," to be "reborn" as respectable and respectful persons. Such are the promises of the propagandists for psychiatric research, on the one hand, and for antipsychiatric "hostels" and "alternative services," on the other.

For a few years, Laing's show in London was successful theater, just as Charcot's and Mesmer's in Paris had been in their times. Faith in quackery springs eternal.

I

In addition to the Barnes-Berke story, there is a wealth of materials—biographies of Laing and interviews with him and the writings of the other founders of the antipsychiatry movement in London—that allows us to form an opinion of Laing as a person and of antipsychiatry as a theory and practice of "mental healing." In the preface to *Mad to Be Normal: Conversations with R. D. Laing* (1995), British documentary filmmaker and writer Bob Mullan—a great admirer of Laing—states, "In early 1988, I approached Laing and his literary agent with a request to take on the role of official biographer. . . . I was pleasantly surprised to receive their blessing. . . . I was making good progress when he unexpectedly died in August, 1989."[13] I am not sure you can call the death of a physician committed to rejecting medical care who is bleeding from what he claims to be bowel cancer "unexpected." Mullan says that "Ronnie . . . was always forthcoming in information." Did Mullan know that Laing had cancer and did not consult physicians for it?

Evidently, Mullan felt that *Mad to Be Normal* was not enough of an homage to his hero. He followed it, two years later, with *R. D. Laing: Creative Destroyer* (1997), a large collection of reminiscences by admirers, acolytes, acquaintances, friends, and former patients. Much of the material in this chapter draws on essays published in that collection.

In the introduction to *R. D. Laing: Creative Destroyer,* Mullan writes, "Alienated, *we are,* he wrote, 'bemused and crazed creatures, strangers to our true selves, to one another, and to the spiritual and material world. . . . Which is how Laing began his radical critique of capitalism . . . and especially deceit wherever it was to be found."[14] In my view, Laing's life was deceit incarnate. Remember his, via Redler, denial of my characterization of him as a leftist, that is, anticapitalist. The sentence, "Alienated, we are . . . " is an apocalyptic rather than an accurate characterization of the six billion persons to whom Laing applies it. It is deceit by exaggeration and dogmatic assertion.

Mullan's choice of words reveals that he lacks, and that Laing lacked, an understanding of the fundamentals of Anglo-American (classical) liberal concepts of individual liberty and rights. Referring to Laing's views, Mullan writes, "An individual's subjective view of the world was not to be derided, ignored, or obliterated. . . . So began Laing's understanding of madness and *the defense of the madman's rights.*"[15] Madmen, qua madmen, have no special rights and ought not to have any. Rights belong to persons qua persons, not to persons qua members of a class—men or women, white or black, sane or mad. Insofar as Laing was fighting for the rights of mental patients qua mental patients, he was on the side of the psychiatric establishment whose members have *always been fighting that battle:* that is why they created psychiatry as an elaborate, statist *protection racket*—consisting, at various times, of insane asylums, diverse stigmata, and defamations called "diagnoses," tortures called "treatments," mental patients' rights groups and laws, and even in-house critics of psychiatry.[16] The largest and best known such group is the National Alliance for [*sic*] the Mentally Ill; the most prominent such "critics" are Paul R. McHugh, former chairman of the Department of Psychiatry at Johns Hopkins Medical School, and E. Fuller Torrey, a celebrated schizophrenia researcher, director of the Stanley Medical Research Institute, and founder of the Treatment Advocacy Center, a political pressure group for the expanded use of compulsion in psychiatric practice. The alleged antagonism

between antipsychiatrists and conventional psychiatrists is itself a deceitful publicity stunt.

John Duffy remembers Laing with mixed emotions. "He'd get hell of a pissed, he'd become extremely aggressive. I remember he threw a glass of whisky over a wee insignificant barmaid in a local pub in Glasgow, for no reason at all. . . . But you don't expect normal conduct from Ronnie anyway. . . . Ronnie would throw whisky over people, or get aggressive."[17] When on the psychiatric stage, Laing posed as Compassionate Egalitarian, relating to the most "regressed schizophrenic" as an equal. That earned him a lot of brownie points, and that is why he did it. When off the psychiatric stage—as we see in this vignette from Duffy and in many similar reports—no one was his equal; he was superior to all, figuratively spitting on others and literally spitting in their food.

Duffy was keenly aware of Laing's penchant for blaming others for decisions that he came to regret: "Ronnie in the end blamed me for him marrying Anne [his first wife]. I said, 'For Christ's sake I might have slightly influenced you toward marrying Anne, but I didn't produce five fucking kids! You are the one who produced the kids."[18] In 1986, after his stay in the United States came to an end, Laing, footloose, asked Duffy if he could stay with him in Glasgow:

> Duffy found him a different man, changed for the worse, more bitter. . . . He seemed rudderless and became quite obnoxious with his drinking. Duffy's tolerance was strained to the limit and he told him at one point to clear off. "I don't want to see you back again." Laing just sat there for ten minutes, not saying a word, then said, "Johnny, how can you say that to me?" "Quite fucking easily." Then Duffy got up and left and went down to the local pub. By the time he came back Laing had gone, and Duffy found later that Laing had taken one of Duffy's suits with him.[19]

To the end, Marguerite Laing believed that Laing was a "great man." She tells Mullan:

> I had the unique privilege to find myself the last woman in Ronnie Laing's life. . . . Ronnie wondered whether the placenta might not have been Charles' [their son] playmate and companion, or a twin of sorts, and perhaps after

> his birth and the placenta's demise Charles mourned his loss. . . . Ronnie conducted experiments on himself, with mind-altering substances, in the hope of being able to find a compassionate alternative to the generally prescribed chemically induced straitjackets. . . . Sometimes I accompanied him on these journeys which had a dramatic effect upon me. . . . One evening I had a revelation—that for Ronnie and I to be able to meet up with each other in successive lives or rebirths we needed to conceive a child. Without a child we would not have the necessary link to find each other throughout the chain of eternity.[20]

Neil Middleton, an editor at the London office of Penguin, is another contributor to Mullan's memorial volume. Telling Mullan that "arranging meetings for Ronnie was a perilous business," Middleton reports his experience of a well-known female psychoanalyst asking him to arrange a meeting for her with Laing. He takes her to see Laing and leaves. "[I] came back to find my visiting psychiatrist, fuming on the pavement outside the fence. 'Do you know what that man asked me?,' she cried. 'He asked me why I had come, had I come for therapy?' I have no idea why he did it, but the memory still has the power to make me laugh." Middleton is uncomprehending of Laing's nastiness: "I, like most of the others, was devoted to him, but it was exhausting as he did his utmost to drink himself to death."[21]

Laing biographer John Clay relates another story illustrating Laing's sadistic snobbism. In 1969, American journalist Albert Goldman flies to London to interview Laing. From his hotel, he calls Laing: "'Never had I heard a man tack and veer and reverse his field so many times in the course of a simple conversation turning on where and when to meet that night.' Goldman arranged to meet him at the Savoy Hotel." When Goldman arrives, Laing does not bother to rise from his seat at the bar:

> Laing emerged as a "pretty earthy and aggressive character," not the enlightened philosopher he expected. Laing had insisted on inviting his friend Francis Huxley [son of Sir Julian Huxley, nephew of Aldous Huxley], anthropologist and dabbler in the use of LSD and other psychedelic drugs, along as well, having first ascertained that Goldman, or rather his magazine, was paying the bill. Laing's manner now began to go over the

> top. When the obsequious *maitre d'* solicited our order, Laing commanded him to serve a magnum of champaign with the fish. . . . Laing [noted Goldman] had reached the table on the rising tide of inebriation and belligerence [having drunk heavily at the bar before Goldman's arrival], now regaled them with some really coarse stories about what went on in kitchens before serving the food. To illustrate, Laing reared back and spat into a plate of Scottish salmon that had been set before him with great ceremony. Goldman could hardly believe what he was seeing. . . . [He] was astounded to see Laing behaving like everything he fulminated against in his own writings. He was tight as a drum, filled with pointless rage, contemptuous of anyone who did not walk on intellectual stilts."[22]

I venture to guess that Laing's rages and violent self-contradictions were not pointless. Disinhibited by liquor and self-pity, Laing became aware that his mind was a cauldron of equivocations and self-contradictions. He sought release from his pain in inebriation, venting his rage over a life he knew he had mismanaged. He was a fraud and too proud to come clean. He soldiered on to an early grave. Meanwhile, he exploited the press, and the press exploited him. He was good copy to the end and beyond. The media hounds tolerated dealing with his repugnant persona much as medical voyeurs tolerate dealing with mutilated cadavers.

II

Mistaking antipsychiatric fame for psychiatric achievement, distinguished visitors came to pay homage to Laing, and were rudely humiliated by him. In 1978, American psychologist Carl Rogers (1902–87) and a group of his acolytes traveled to London for a debate with Laing and his followers. The occasion provided Laing an opportunity—of which he took full advantage—to humiliate his humorless colleague.

Rogers, like Laing, was a psychotherapist who created his own "school" of mental healing, first called "non-directive therapy," later renamed "client-centered therapy" and "person-centered therapy." In every other respect, Rogers and Laing were very different kinds of persons. Rogers was an accommodating, submissive, unsophisticated organization man. Showered with

academic appointments and honors, he felt privileged to work and provide cover for the CIA's clandestine "mind-control" operations in the 1950s.[23] In short, Rogers was a "useful idiot" (Lenin's term)—an unprincipled "humanist": he made a fetish of the term "person," authenticated the concept of psychopathology, and supported the practice of coercive psychiatry and its alliance with the modern therapeutic state. Although Laing's treatment of Rogers and his team was unforgivably rude, their response to the provocations was so timid and masochistic that one is tempted to say they were asking to be abused and deserved what they got.

Laing and Rogers planned for a public debate at the Hilton Hotel in London. The comedy began after Rogers and his team arrived to meet Laing and his team at Laing's house the evening before the event. Maureen O'Hara, an English-born Rogerian, recounts the story:

> Natalie [Rogers's daughter, also a psychologist] had an uncomfortable encounter with Laing earlier in the day, when she had arrived earlier than planned. His chilly reception puzzled Natalie and by the time we all arrived . . . we were beginning to suspect that our group's understanding about the meeting was rather different from that of Laing and his people. Our team believed . . . that Laing had initiated the contact because he and his team wanted a chance to work with Carl Rogers. As it turned out later, Laing's team thought we were there because Carl wanted to work with Laing.[24]

This brief paragraph tells us volumes about both Laing and Rogers, specifically about both avoiding clear and binding contracts. The room in which the two groups met was too small, "the feel and smell was strongly masculine. Pipe smoke was heavy. . . . I refused the marijuana being passed from hand to hand. . . . Instead I accepted the wine circulating like a communion cup." Laing had cleverly put the Rogerians on the defensive, expecting them to begin the—what? "As we Californians talked, one after another in *our blandness,* I could see eyebrows beginning to lift on the tweedy side of the circle. . . . After all of us had spoken there followed a long, loud silence. . . . I scanned the room and tightened up like a spring. I dared not breathe."[25]

Wasting no time exchanging polite inanities, the Laingians launched headlong into mocking the Californians' "niceness": "Francis Huxley,

nephew of Aldous . . . spoke first. . . . It was the voice of superiority, unshakable self-confidence and absolute indifference to the impact it had on the listeners—beyond, that is, its intention to dominate. 'My God,' he began. His tone feigned naive innocence but dripped derision. 'I can only imagine what kind of reaction you would have obtained from our gang, Ronnie, if you had asked any of us to perform so politely.' Laing smiled." Silence. Unable to tolerate the tension, Rogers speaks: "He gracefully articulated our *creed about human nature and the nature of relationships.* Just as I began to relax, Laing interrupted again with another salvo, this time at Carl directly. 'If you and I are to have any kind of meaningful dialogue,' he declared, 'you are going to have to cut out the California "nice-guy" act and get to something approaching an authentic encounter.' Laing's group seemed to be enjoying our discomfort."[26]

Score one for Laing. The term "authentic" and the name "Carl Rogers" belong to two different discourses. Rogers was inauthenticity personified. That was the secret of his "success." O'Hara's account of the encounter is exceptionally well written and radiates honesty. She tells the reader how, as the evening progresses, her realization grows that her guru, Rogers, is a gutless phony.

The Rogerians, stubbornly clueless about Laing and his acolytes, spend a painful afternoon getting acquainted with their British hosts. Laing then invites the Americans for dinner at a nearby Chinese restaurant. This was the Rogerians' chance to leave and have a comfortable dinner among themselves. Instead, they accept the invitation and are led, like sheep to slaughter, to endure another even more humiliating encounter than the one that had just ended. "At the restaurant one long table was positioned near the wall, along the length of the room. . . . Carl sat with his back to the wall, Californians by his side. . . . Laing took himself off to a separate unprepared table at the other end of the room. . . . Already pretty drunk, he began upping his ante, intensifying the barbs of his comments as if in word-to-word combat." Still, the Rogerians sit, paralyzed by anxiety and a denial of their growing realization of Laing's desire to embarrass them. Two young men enter the restaurant, looking for a table. Laing banters with them:

> Carl was looking extremely uncomfortable, no longer sure how to react. . . .
> Laing yelled to the newcomers, "You see that bald-headed man over there?"

> And then, with an unmistakably scornful reference to Carl's most popular book, "Well, he's no' a man, he's a person.' His alcohol-loosened tongue rolled out the "r" in "person." Silence fell. Everybody looked stunned. Carl's face turned bright red. The rest of us had a variety of responses from squirmy embarrassment to white-knuckled fury. I was deeply ashamed. . . . As the shame turned to fury, I began to tremble and made some feeble attempts to smooth things out (principally my own dishevelment). It didn't work. Laing had us going and he knew it.[27]

For anyone who knew both Laing and Rogers—as I did—the scene is deeply satisfying, unmasking both the humorlessness and the phoniness of Rogers's "humanism."

To be sure, Laing's behavior was lamentable. The Rogerians' behavior was shameful in a different way. They ought to have risen from the table, thanked their host for an entertaining evening, and departed. However, that would not have been Rogers's style. He and his entourage remain seated, continuing to submit to their tormentor. Laing now engaged in one of his favorite gambits:

> He came over to the table, and sat before me, making slurred conversation. He was insulting and teasing and he was enjoying himself. [O'Hara sits paralyzed.] He poured scotch into my glass—a sign of friendship and good will, I thought [you have to be a professional psychologist and therapist to be that naive]—and asked if I liked the liquor. To humor him I said I did . . . whereupon he leaned over and spat in my glass. "Well, how do you like it now?" he leered. Now beside myself with shame and rage, I picked up the glass and hurled its contents at his face. I believe I missed.[28]

Still, the Rogerians stay. At last the party breaks up, and both groups begin to walk back toward Laing's home. "Laing announced that we were not welcome in his house." Rogers now "declares" that "he would not go through the event the next day. He's had enough of Laing, and his politeness had given way to anger and indignation." Alas, this was just one more Rogerian lie. Threatened by the cancellation of the Laing-Rogers event, Laing invites the Rogerians back into his house, is polite, and reminds them that many people had bought tickets for the performance and that the show must

go on. Rogers backs down. "Somehow that convinced Carl and the rest of us to once more commit to the next day's event and do whatever it took that night to salvage the programme. . . . The next day's meeting at the Hilton went off without incident and without any great moment."[29] The audience missed the real show.

O'Hara says ten of Laing's acolytes witnessed the ritual humiliation of Rogers and company. Although Berke—famous as Mary Barnes's "guide" in her "voyage" from insanity to super-sanity—was not among them and did not comment on the event, his short essay "Trick or Treat: The Divided Self of R. D. Laing," on one of the Web sites devoted to Laingiana, addresses and attempts to explain Laing's penchant for sadistic, humiliating humor. Berke writes:

> *For the trickster, change is the game, confusion, the aim.* Having spent some years studying and working with R. D. Laing in the mid 1960s, and many more years reflecting on the events that had occurred, I think the term "trickster" provides an apt description of this Scotsman in his many manifestations and transformations. . . . A trickster . . . half animal and half god, can change form and function within the blink of an eye, and quickly inhabit the position of savior or devil, as in medieval fetes when the trickster appeared as "the ape of God." In human form the trickster demonstrates a mercurial temperament with sudden shifts in mood and mannerisms. One moment he can be warm and affectionate, lavishing emotional treats on all and sundry, while the next, he can be cold and hostile, devoid of contact, detached and distant. His bestial side loves to shock and inflict pain, but he can also turn gracious and heal with a soothing sound or unspoken glance.[30]

This is a superb sketch. However, Berke overlooks the envy, malice, and destructiveness that often motivated Laing's behavior, illustrated by the following episode narrated by American writer Carol Marks, an ex-patient of Laing. She is at Francis Huxley's house: "Ronnie had clearly a lot to drink and while we opened the wine we had brought he went to the piano and put his full glass on top of it and started to play and sing. Then Francis appeared and said irritably that last time Ronnie had done that the wine had spilled and the keys had been gummed up with liquor and he did not want that to

happen again. Ronnie just went on playing, and exasperated, Francis and Mel disappeared back into the kitchen." Laing then asks Carol to go to bed with him. She refuses, and feels liberated: "I was free. I never saw Ronnie again but I continued to hear stories of his drunkenness and his increasing attacks on people, both physical and mental."[31]

III

The longest and oddest contribution to Mullan's Laing memorial volume is that contributed by his loyal friend Theodor Itten, a lay therapist in St. Gallen, Switzerland. The thirty-three-page paean begins as follows: "Dear Ronnie of blessed memory, may your soul rest in the reflection of the karmic mirror of the powers that be said to speak: I am that I am that I will be. Blessed be you in spirit at this moment of at-one-ment." Itten dreams: "You then changed the subject by saying you were going to write Vol. 2 and 3 of your Autobiography and blow it once and for all. Could this be IT? To be One-Self? . . . Maternity, Fraternity, Eternity in Sisterhood and Brotherhood. Being in Co-presence. A letting go of spiritual materialism."[32] Itten's encomium to his "blessed Ronnie" is a bizarre love letter that must be read to be believed.

Still, we can glean valuable information even from so biased an observer as Itten, in particular about Laing's desire to meet Manfred Bleuler (1903–94) and Roland Kuhn (1912–2005), both prestigious Swiss public asylum directors and professors of psychiatry at the University of Zurich. Manfred Bleuler was the son of psychiatrist Eugen Bleuler, inventor of schizophrenia as disease. Roland Kuhn was the "discoverer" of the antidepressant drug imipramine.

In 1982, Laing was in Switzerland visiting Itten. It is in this connection that we learn that—despite the lifestyle choices he had made to become "famous"—Laing was brooding over his not being *also* a recognized academic-coercive psychiatrist: "Once we picked you up, and drove you to your hotel, . . . you told us your latest news and thoughts. 'I ought to be Professor of Psychiatry in Cambridge by now. It is a shame really, not even in Glasgow.' Was this concern to do with the fact that during that week you would meet a few leading Professors of Psychiatry in Switzerland, including Manfred

Bleuler and Roland Kuhn, whom you haven't met before . . . ?"[33] Itten and Laing visit Bleuler:

> The conversation took place in Bleuler's consulting room, where Frau Bleuler served us tea and biscuits and joined in the gathering. Many issues were covered . . . the notion of mental disease. At one moment we talked about your common research ground: schizophrenia. Bleuler: "Schizophrenia is a term for someone who has been psychotic." Laing: "Then what is psychosis?" . . . Bleuler: "The value of the term schizophrenia is also important in forensic psychiatry. . . . But in fact *calling it schizophrenia is a form of social protection*. Laing: "People like Thomas Szasz call it a metaphor." Bleuler: "*In a way yes, it is a metaphor.*" . . . Laing: "But if you believe that schizophrenia is a metaphor, then you might not have done to people in your care what was done to them in other places." Bleuler: "But you agree it is a total social fact that some people are normal and others are not. Therefore *we have tried, in the Burghölzli to be more like a family and protect people from social injustice*." We were both very impressed by this meeting with the 78-year-old Bleuler. [This conversation was not tape-recorded. It was written down by Theodor Itten as nearly verbatim as possible, a short time later].[34]

This is impressive evidence indeed that *schizophrenia and other psychiatric diagnoses are strategic rather than descriptive terms;* that is, they tell others not what ails the denominated patient but rather how to act toward ("treat") him. Note that at no point during the conversation does Laing assert that *he* considers schizophrenia to be a metaphor, that is, a *nondisease*.

Before presenting Laing's visit to Kuhn, it is necessary to briefly introduce him. Kuhn is generally credited as "the discoverer in 1956 of the antidepressant effect of imipramine." The truth is less grand. In the 1950s, while on the staff of the psychiatric hospital (Cantonal asylum) at Münsterlingen, situated on the southern border of Lake Constance,

> Dr. Kuhn asked the firm Geigy, manufacturer of drugs at Basle, if they had some new antipsychotic drugs to try out on patients at the hospital with the diagnosis of schizophrenia. The reply was in the affirmative, and the hospital received a supply of G22355, later named imipramine; the chemical formula of imipramine was similar to that of chlorpromazine, which had become

> recognized worldwide as very effective in the treatment of psychotic symptoms. Dr. Kuhn was a very careful observer of the effect of medications, and it did not take long for him to notice that the psychotic symptoms did not improve, and in several patients even got worse, but in those patients who were depressed as well, the depressive symptoms improved, and in some disappeared altogether. Therefore, he switched the prescriptions of G22355 from patients with schizophrenia to those with depression.[35]

Itten's account of their visit to Kuhn begins with a comment deeply revealing of his and Laing's profound ignorance of the history of psychiatry in Switzerland: "We also visited Roland Kuhn. You wanted to bring some booze with you, to surprise him, who favors tea for conversations. But all the shops had closed, during lunch hour, so we settled on tea." Itten and Laing seemed unaware of the deep-seated connections between Swiss psychiatry and the European anti-alcohol movement. August Forel (1848–1931), the father of Swiss psychiatry, was a towering figure in Swiss science—a recognized entomologist as well as a famous neurologist and psychiatrist. He was one of the founders of the anti-alcohol crusade in Europe. Eugen Bleuler was also a prominent temperance advocate. I do not know what Kuhn's attitude toward alcohol was, but Laing's choice of booze was an ill-considered gift, to say the least. Itten continues: "You asked Kuhn to teach you a bit of his understanding of depression, since you yourself felt a bit depressed—maybe due to lack of vitamin B6 or iron [*sic*]? Kuhn told you how grieving or allowing sadness to come forth in therapy with depression is very vital for healing. The drugs he discovered and developed, like Tophranil, were mere inner nurses to alleviate the suffering, but could never heal. . . . For me it was the first time to hear you talk of your depressive moods."[36]

During this visit to Zurich Laing also gave a talk at the Burghölzli, which apparently was not a great success. Laing's fame as a boozing charlatan preceded him: "The first questions you were asked: 'Dr. Laing, are you drunk?' 'No,' you replied, 'I stayed in the Royal Hotel, an alcohol-free place, and had my last sip of wine by nine o'clock last night.' The next question was: 'Dr. Laing, are you on drugs?' 'No,' but it would be interesting to hear how you would make a diagnosis.' It was sad, were it not ridiculous."[37] It was indeed sad, but it was not ridiculous. With arrogant exhibitionism,

Laing spent the previous decade displaying his bad habits as if they were emblems of his superiority over psychiatrists, and the poisonous seeds he sowed brought forth their toxic harvest. There was no going back.

IV

In 1988, Laing starred in a documentary film about himself. The title of the film, *Did You Used to Be R. D. Laing?*—made by Canadian filmmakers Kirk Tougas and Tom Shandel in Vancouver—plays off Laing's chameleonic self-transformations, his life a series of masks concealing the absence of a *person with a solid self, an individual about whom we would say he has integrity.* The video, released shortly before Laing's death in 1989, is described (by his admirers) as follows: "Drawing on stories from Laing's own life and from his patients' experiences, and following him through a series of lectures and workshops, the film presents a portrait of the radical psychiatrist as an engaging, witty and irreverent character."[38] As we saw, this story is not supported by the evidence of Laing's behavior.

In a few decades, R. D. Laing went through more personalities than most persons diagnosed with multiple personality disorder dream of. He was psychiatrist and antipsychiatrist, antifamily zealot and model parent, organizer of "households" for the "mentally distressed," schizophrenia-curing miracle worker, poet, lecturer, alcoholic, druggie, expert on LSD "voyages," Marxist activist, apolitical philosopher, Buddhist meditator, birthing expert, depressed mental patient, writer, sufferer from writer's block, tireless self-promoter, and more. In the end, he became a commodity: *stories about who he supposedly/"really" was became salable products.* In my view, he was a medical-psychiatric con man, a typically modern charlatan "soul doctor," and a master self-dramatizer.

The 1988 Laing documentary was adapted for the stage by Mike Maran—Scottish actor, director, and playwright—who also played Laing. The play—also titled *Did You Used to Be R. D. Laing?*—received the 2000 Edinburgh Festival Fringe Award. Maran performed the play in London in small theaters, most recently in February 2008. "After Freud and Jung," writes Maran, "comes the radical Scottish psychiatrist, R. D. Laing—pop-shrink, rebel, yogi, philosopher king, and healer, maybe. He rose to fame

spectacularly in the 60's . . . denounced normality for being mad, opened safe-houses where schizophrenics could voyage safely through their madness, retreated to India to meditate, and disappeared with the 70's."[39] After Maran presented the play off-Broadway in New York, in April 2007, Jonathan Kalb reviewed it in the *New York Times:*

> "Did You Used to Be R. D. Laing?" is a solo show whose subject—the controversial Scottish psychiatrist Ronald David Laing—has largely faded from public view, starring an actor who doesn't impersonate him. . . . Mike Maran, the Scottish actor who wrote, directed and stars in this 90-minute show, explores Laing's life and work from the perspective of an unnamed genial admirer who says he has just come from Laing's funeral in 1989. A balding, portly actor sporting a bright red jacket and a wispy beard, Mr. Maran pours himself generous glasses of whiskey while telling stories about "Ronnie." . . . Who this character is to Laing is never quite clear. . . . The disadvantage of such an empathetic and fair-minded approach is that it leaves the audience clueless about why Laing was an object of passionate disagreement. The tales of alcoholic antics and broken marriages notwithstanding, the play's very pleasantness keeps its prickly subject in an ill-fitting soft focus. . . . A sweet nostalgic tribute, "Did You Used to Be R. D. Laing?" will nevertheless leave many people who are unfamiliar with Laing feeling that they still don't really know him.[40] [A brief takeout from Maran's play is on YouTube, at http://www.youtube.com/watch?v=m6cjLLjtkRk.]

In 1997, Hugh Freeman—emeritus editor of the *British Journal of Psychiatry* and one of the most distinguished psychiatrists in the United Kingdom—reviewed the Canadian documentary together with two Laing biographies (by John Clay and Daniel Burston) in the *Times Higher Education*. In his essay, aptly entitled "A Man Who Used to Be Ronnie Laing," Freeman writes:

> The rest of Laing's career took a downhill course. His interest turned to prenatal and birth experience. . . . Drink and drugs took their toll, so that public appearances were often highly embarrassing. The title of a 1987 television film, Did you used to be Ronnie Laing?, summed up the situation. . . . "I suppose I am one of the symptoms of the times," R. D. Laing

> wrote in 1972, though, in truth, by then he was already a little passe. It was in the 1960s that Laing was flavor of the decade, and never had a public figure been more aptly matched to the hour. . . . At university, he discovered existentialism and alcohol, both of which were to play a major part in his life. . . . Ironically, though Laing might at one stage blame madness on an "insane world" and describe schizophrenia as "not a disease entity but an artifact of capitalist social organization," he had no serious interest in politics. For a few years, he was associated with fashionable leftwing causes, largely through the influence of David Cooper, but this gradually came to an end after the Dialectics of Liberation conference in 1967. Although one of its stars, Laing found himself out of sympathy with much of the insurrectionary rhetoric there and later turned his critical gaze away from the macroscale of society—about which he had never been a very profound thinker. . . . In *The Politics of Experience* he denounced the family as pathogenic and reactionary, yet he was then establishing a new family himself with the woman who was to be his second wife. He eventually fathered ten children.[41]

Most of the contributors to Mullan's celebratory volume relate stories about Laing that are highly unflattering, dwelling on his drunkenness and misbehavior connected with eating. No one says, though many imply, that this was at least partly an "act," a performance he put on to make himself memorable as a mad genius. Alec Jenner, an emeritus professor of psychiatry at the University of Sheffield, writes, "Like others who knew him I have stories of his ridiculously exhibitionist behavior. They tended to be around eating. My department members wanted to meet the great man so I asked him to join us at the Russell Hotel in London. He came in flamboyant dress and for lunch ordered *Boeuf Stroganov*. He made the most unbelievable mess on the table cloth etc., as he ate with his fingers and accused us of laughing secretly at him."[42]

Ross Speck, an American psychiatrist and loyal Laing acolyte, visited Kingsley Hall in 1970, as it was being shut down. He recalls his dinner there: "At one point Ronnie appeared in a dress with wig and make-up and was acting the queen. There was a lot of wine and spaghetti was thrown at me. I was an unwelcome stranger in a strange land. Much hostility filled the room. At midnight a cabbie arrived upstairs from the darkened room below, who

I had contracted earlier to take me to my hotel. As we departed down the stairs he inquired, 'Sir, is this a theater or a madhouse?'"[43]

Laing's narcissism appeared to be limitless: he seemed to be "on stage" all the time. Jan Resnick, an Australian psychotherapist, reminisces:

> I sensed, beneath the surface, an impatience, at worst an element of contempt, in Laing for anyone who wasn't up to his level of intellectual and personal engagement with the relevant issues of the moment. . . . Laing frequently sounds bitter and contemptuous of practically anyone he's had anything to do with. . . . In one group meeting when he was relentlessly making a point as only he could do, I said to him: "Why can't you just be ordinary?" "That's just the trouble," he replied. "I can't." . . . I cannot think of anyone who knew him who hadn't been offended by him at one time or another.[44]

In the end, Resnick's recollections also suggest that Laing's life was one big theatrical performance, one part tragedy, three parts farce:

> And once only, he [Laing] came over to my house, met my wife and family, and spent the evening just the three of us: him and me and Glen (Glenlivet, that is). This last encounter, one of the last times I saw him, was a distinctly Jekyll and Hyde sort of experience. He arrived well-groomed in jacket and tie, looking distinctive. Hours later, when the bottle of whisky was empty, he ran from my door wild and disheveled, hiding his head in his jacket claiming the CIA bugged his lapel and were after him. He dived into the open door of the taxi (which he'd had kept waiting outside for two-and-a-half hours) in a paranoid fit. It was difficult to know how seriously to take these theatrics.[45]

V

The issue of the nature of R. D. Laing's human nature resurfaced in May 2008, when his son Adam was found dead on the Balearic island of Formentera. "It was here, on this windswept rocky outcrop, that the decomposed body of . . . Adam, R. D. Laing's oldest son from his second marriage, was

discovered in a tent pitched on private land, the floor scattered with the detritus of a drunken night. Next to him lay a discarded vodka bottle and an almost-empty bottle of wine. Initial police reports suggested that Adam, 41, had taken drugs. . . . The post-mortem found that Adam, a tall, well-built and seemingly healthy man, died of a heart attack." The news of Adam's death was the occasion of a lengthy article in *The Guardian* devoted mainly to R. D. Laing. Entitled "'Dad Solved Other People's Problems—but Not His Own,'" the reporter writes:

> He was a pioneering psychiatrist who blamed parents for the psychological problems of their offspring. But as a father, R. D. Laing was depressed, alcoholic and often cruel. What would he have made of the latest tragedy to hit his own family—the death 12 days ago of his son, Adam? . . . Before speaking, Adrian Laing takes a small, precise sip of his cappuccino and carefully wipes away the specks of froth from his top lip. "When people ask me what it was like to be R. D. Laing's son," he says, "I tell them it was a crock of shit." He laughs, shaking his head. The question of what it was like to be the child of one of the 20th century's most influential psychotherapists has been playing on Adrian's mind of late. "It was ironic that my father became well-known as a family psychiatrist," he says, "when, in the meantime, he had nothing to do with his own family." . . . Conjecture about his death continued, rumors swirling around the beach side bars and restaurants of the island. There was talk of Adam's partying lifestyle, his free-spirited take on life and his occasional bouts of depression and heavy drinking. Over the last few years he had made a haphazard living skippering yachts for day-trippers or as an odd-job man in the quiet winter months. He was a regular at the Bar es Cap, where owner Mariano Mayans remembers him as "a good man who liked his drink but could handle it." . . . "He was a bit wild but a good guy," says Nicholas Scherr, who moors a yacht on the island. . . . [A] month ago, in an increasingly fragile state of mind, he erected a tent in a wooded area . . . It was here that his body was found, in an isolated field far away from home, accessible only by crisscrossing dusty tracks. It was a lonely way to end a life. "I think he was depressed before he died," says shipwright Jorge Agusti. . . . "He liked to drink but he could take it. I saw him a few days before his body was found, and we went on drinking into the night. He seemed all right at the end." But Adam was

not all right and, despite his outgoing demeanor, had not been for some time. "I think Adam caught the depressive mood from his father," says the psychotherapist Theodor Itten, a former student of R. D. Laing who later became a close family friend.

The rest of the story, speculations about Laing as a father, is not flattering. The reporter notes "the horrible irony that one of Ronald David Laing's lasting contributions to psychiatry in the 1960s and 70s was linking mental distress to a dysfunctional family upbringing. 'From the moment of birth [. . .],' Laing wrote in 1967, 'the baby is subjected to these forces of violence, called love. . . . These forces are mainly concerned with destroying most of its potentialities. This enterprise is on the whole successful.'" The trickster may be able to fool—play tricks—on others, especially if they are gullible. But no one can fool his own children:

He became a counter cultural guru in the Sixties and Seventies, attracting a large anti-establishment following who admired his anarchic and individualist philosophies. Laing believed that mental illness was a sane response to an insane world. . . . [A]s a father, clinically depressed and alcoholic, he bequeathed his 10 children and his two wives a more checkered legacy. . . . He, too, struggled with drink and drugs, experimenting with LSD in his later years after being influenced by the work of the psychedelic drug pioneer Timothy Leary. . . . According to his friends, colleagues, and relatives, Laing was frequently unable to extend the compassion he felt for his patients to his own family. His children were left to grapple with their demons. Sometimes, as with Adam, it came with tragic consequences. For all his professional benevolence, Laing was a flawed parent. . . . By the time of his death he had fathered six sons and four daughters with four women over a period of 36 years. "I think his reputation took some blows in terms of the way he died, leaving behind 10 children and looking like an irresponsible father," says Adrian, the youngest of five children Laing had with his first wife, Anne. "There was an enormous backlash then from families who thought he was blaming them for their children's mental illness." . . . His radical rejection of convention ensured he became the most famous cult psychiatrist in the country. Charismatic, darkly handsome . . . he soon embarked on several extra-marital affairs, spending weeks and months away

from the family home. . . . Laing had already started an affair with Jutta Werner, a German graphic designer who would become his second wife. Despite his burgeoning career, he paid only the legal minimum in child maintenance to his first family. "He adopted an 'out of sight, out of mind' mentality," says Adrian, who started taking odd jobs aged 13 to contribute to the family income. "In my mind, he confused liberalism with neglect. My mother was furious about it. She had an unfathomable amount of resentment. Her expression for him was 'the square root of nothing.'" Laing would disappear for months on end, forgetting birthdays before turning up in a blizzard of misdirected anger. In a 1994 biography he wrote of his father, Adrian recounts one of Laing's rare visits to their new home in Glasgow when, having argued with Jutta, he took out his anger by beating his daughter, Karen. He was an unpredictable, occasionally frenzied, father figure who acted with little regard for the consequences. . . . Laing's eldest child, Fiona, had a nervous breakdown and was taken to Gartnavel Mental Hospital, Glasgow. Anxious that she should not be subjected to the brutal electric shock treatment and impersonal medical examinations that Laing so detested, Adrian called on his father for advice. "I was really upset. I asked, 'What the fuck are you going to do about it?,'" Adrian pauses. A curious smile curls at the corner of his lips. "At the time we were living in a house called Ruskin Place, and his response was: 'Gartnavel or Ruskin Place, what's the fucking difference?' It was a double-bind, you see. Either he had nothing to do with it [Fiona's breakdown] and his theories were shit, or he had everything to do with it and he was shit." But how on earth could R. D. Laing, the celebrated psychiatrist whose entire reputation rested on his theories espousing the compassionate treatment of the mentally ill, reconcile his professional position with his personal behavior? . . . Adrian leans forward, resting his elbows on the stainless steel café table. 'In terms of how he rationalized it . . . erm . . . I'm not sure that . . . I don't think my father felt he was the cause [of the breakdown] so he wouldn't feel it was hypocritical." Later he tells a revealing story about Susan being interviewed in 1974 by a journalist writing a feature on the children of famous people. The piece ended with a memorable quote from her: "He can solve everybody else's problems but not our own." The Hungarian psychiatrist Thomas Szasz puts it a different way. Laing, he wrote in 2004, displayed "an avoidance of responsibility for his first family, indefensible since his line had been that the breakdown of children could be attributed to parents and families."

Itten, Laing's ever-loyal disciple, tries to rescue his guru's reputation: "'Ronnie was clear, kind, warm-hearted and sagacious,' says Theodor Itten, who knew him in this later period. 'He was very gentle with his family. Once he told me that in his first family he had hit his children because he didn't know any better. I was surprised because I always thought Ronnie had been the Ronnie I knew, very playful and comforting as a father.'" Adrian, who knew his father better than Itten, was less forgiving yet seemingly at peace with his own childhood and without vindictiveness toward his wayward father:

> But in his later years, as he became more dependent on alcohol and drugs, his judgment was blunted. When he was drunk Laing could exploit the fault-lines in someone's personality with a vicious cruelty. . . . "My father was deeply intuitive and could make you feel you were talking rubbish just by looking at you," says Adrian. "It was very unnerving. He could pick up every nuance of your gestures and body language. When he was drunk he would rant and rave and it felt quite dangerous. He could be emotionally vicious. If he thought I was talking rubbish, his favorite expressions would be 'psychotic' or 'offensive,' and I would say 'Why don't you just say you disagree with me, Dad?' It was just so tiring. He was such a heavy drinker and I watched his second marriage disintegrate. Jutta would plead with him and say, 'Where are you going to be in five years?'" . . . He began to hold "rebirthing" sessions and took spiritual pilgrimages to Sri Lanka and India. . . . What about the view of Laing's own family? Does Adrian believe the drunken disintegration of his father had a lasting effect on Laing's children? "I think the entire family is a paradigm of cause and effect," he says bluntly. "With Adam . . . there's a sense in which . . . some people, if their father's an alcoholic, will turn into alcoholics themselves." . . . In his biography of his father, Adrian drily notes that his relationship with him "has improved greatly since his death. I'm very relaxed about him now," he says.[46]

The horror of this story—more precisely the horror of Laing as a person and parent—is further magnified if we recall that Laing used the young Adam to show himself off as a caring, model parent. Laing begins his "anthology" *Conversations with Children*—actually some jottings and empty spaces puffed up as a contribution to psychology—with these words: "The conversations in this anthology were written down by me from memory over a

six-year period as part of a journal I keep. . . . I have made no additions, no embellishments. . . . I have hesitated . . . before coming to feel that it does not offend my sense of propriety in disclosing this much of a very private domain. This is done with the full accord of my wife—*and the children*."[47]

Adam was born in 1967 and was eleven years old when Laing obtained "permission" from him to publish his babblings. The tastelessness of Laing's text is matched by the unctuousness of his pose as a husband and father devoted to marriage and responsible parenthood. Here a few samples:

> March 1973. Adam—What are you reading? / Me—love poems / Adam—Haven't you any hate poems? / Me—I'm just trying to read these just now if you don't mind / Adam—*(with glee)* Why don't you write some *hate* poems?

> February 1974. Daddy—what was the first thing you saw when you came out of mummy's tummy? / Natasha—mummy pussa, that's the first thing I saw . . . / Daddy—and what was mummy's pussa like?

> October 1976. Natasha—Did you write this book? *[Do You Love Me?]* / Daddy—yes / Natasha—they've printed it very well (turning the pages). . . . [T]here's not much on the paper. Look, there's hardly anything on that page. Or that page. There's the littlest *I've ever seen*. I think this is the *silliest* book I've ever seen.[48]

Kinder und Narren sagen immer die Wahrheit (Children and fools always tell the truth). How else could Laing's life have ended but in the shambles—the human and financial ruin—in which it did? Shakespeare was right: "The evil that men do lives after them."[49] And all too often so also does their posthumous glorification and romanticization. In December 2008, *The Independent* reported about the release in 2009 of a new film about Laing and antipsychiatry:

> He [Laing] was the celebrity psychiatrist to swinging London who swapped the sterile wards of post-war mental hospitals for showbusiness

parties where he rubbed shoulders with troubled rock stars, actors and artists eager to share their problems with him. But by the time of his death on a Riviera tennis court in 1989 at the age of 61, R. D. Laing's reputation was at an all-time low, dismissed as the drunken high priest of failed Sixties hedonism, a fallen icon of the sex, drugs and rock'n'roll generation and wrecker-in-chief of traditional nuclear family values. A new film telling the life and times of the radical Scots-born therapist considered to be Britain's answer to US psychedelic guru Timothy Leary is to be brought to the screen next year. . . . His fellow Glaswegian Robert Carlyle, himself brought up in hippie communes, is in talks to play the role of the maverick doctor who turned medical convention on its head by searching for the roots of mental illness in the stresses within the family and other close relationships. But it is for his work with celebrities and his troubled private life for which he has been most recently remembered. Among his most famous patients was a young Sean Connery, then struggling to come to terms with his new-found superstardom after appearing as James Bond in Goldfinger. Connery's first wife Diane Cilento recalled how the actor was persuaded by Laing to take the powerful and at that time legal hallucinogenic LSD to deal with the stresses of his career and the anxieties left from his strict working-class upbringing in Edinburgh. Laing accompanied Connery on the psychedelic trip, taking a smaller dose of the drug. Ms. Cilento later described how the meeting came about. "[Laing] demanded a great deal of money, complete privacy, a limo to transport him to and from the meeting and a bottle of the best single malt scotch at each session," she said. . . . But he became a hero to the counter-culture despite his much-publicized personal shortcomings.[50]

I disagree with this conclusion. Laing became a hero of the counterculture and remains a hero to many misguided liberal pseudocritics of psychiatry largely because of his "much-publicized personal shortcomings," not despite them. His shortcomings made him "interesting" and "tragic."

5

ANTIPSYCHIATRY AND ANTI-ART

> Dada: abolition of logic . . . I destroy the drawers of the brain and of social organization: spread demoralization wherever I go. . . . There is no ultimate Truth.
>
> —TRISTAN TZARA (1896–1963), "Dada Manifesto" (1918) and "Lecture on Dada" (1922)

Tristan Tzara, a principal founder of the Dada or so-called anti-art movement, was born in Romania as Samuel Rosenstock. He lived in Paris most of his life and is considered a French avant-garde poet, essayist, performance artist, journalist, playwright, literary and art critic, composer, and film director. The following excepts from his "Dada Manifesto" and "Lecture on Dada" illustrate the political, philosophical, and stylistic affinities between the anti-art and antipsychiatry movements:

> There is a literature that does not reach the voracious mass. It is the work of creators, issued from a real necessity in the author, produced for himself. It expresses the knowledge of a supreme egoism. . . . Every page must explode, either by profound heavy seriousness, the whirlwind, poetic frenzy, the new, the eternal, the crushing joke, enthusiasm for principles, or by the way in which it is printed. . . . Dada is the signboard of abstraction. . . . I destroy the drawers of the brain and of social organization: spread demoralization wherever I go and cast my hand from heaven to hell, my eyes from hell to heaven, restore the fecund wheel of a universal circus to objective forces and the imagination of every individual. . . . Dada: abolition of logic, which is the dance of those impotent to create. . . . Basically, the true Dadas have always been separate from Dada.[1]

Both the anti-art and the antipsychiatry movements arose in times of war: the former during the First World War (1914–18), the latter during the Vietnam War (1959–75). Both names are sensationalistic and inaccurate. The anti-artists were not opposed to art; instead, their aim was to replace traditional art with Dada, a type of modern art. The antipsychiatrists were not opposed to psychiatric coercions and excuses; instead, their aim was to replace traditional psychiatry with an alternative form of it, which they called "antipsychiatry."

Centered chiefly in Switzerland, France, and Germany, the Dada movement involved visual arts, literature, poetry, art manifestos, theater, and graphic design, and included public gatherings, demonstrations, and the publication of art and literary journals. The Dadaists prided themselves on their rejection of traditional standards of aestheticism, cynicism, and salon-socialism. Shelley Esaak—a contemporary portrait artist, illustrator, and writer—offers this excellent summary of Dada:

> Dada was, officially, *not* a movement, its artists *not* artists and its art *not* art. . . . Of course, there is a bit more to the story of Dadaism than this simplistic explanation. Dada was a literary and artistic movement born in Europe at a time when the horror of World War I was being played out in what amounted to citizens' front yards. Due to the war, a number of artists, writers and intellectuals—notably of French and German nationality—found themselves congregating in the refuge that Zürich (in neutral Switzerland) offered. Far from merely feeling relief at their respective escapes, this bunch was pretty ticked off that modern European society would *allow* the war to have happened. They were so angry, in fact, that they undertook the time-honored artistic tradition of protesting. Banding together in a loosely-knit group, these writers and artists used any public forum they could find to (metaphorically) spit on nationalism, rationalism, materialism and any other -ism which they felt had contributed to a senseless war. In other words, the Dadaists were fed up. If society is going in this direction, they said, we'll have no part of it or its traditions. Including . . . no, wait! . . . *especially* artistic traditions. We, who are *non*-artists, will create non-art—since art (and everything else in the world) has no meaning, anyway. About the only thing these non-artists all had in common were their ideals. They even had a hard time agreeing on a name for their project.

> "Dada"—which some say means "hobby horse" in French and others feel is just baby talk—was the catch-phrase that made the *least* amount of sense, so "Dada" it was. Using an early form of Shock Art, the Dadaists thrust mild obscenities, scatological humor, visual puns and everyday objects (renamed as "art") into the public eye. Marcel Duchamp performed the most notable outrages by painting a mustache on a copy of the *Mona Lisa* (and scribbling an obscenity beneath) and proudly displaying his sculpture entitled *Fountain* (which was actually a urinal, sans plumbing, to which he added a fake signature).[2]

Leading British antipsychiatrists gloried in the same sort of antibourgeois, liberationist rhetoric as did Continental anti-artists: both movements were led by arrogant "geniuses" who felt entitled to living lives unconstrained by ordinary obligations and sought to impress the public by offending it.[3] R. D. Laing is remembered for his pronouncement, "If I could turn you on, if I could drive you out of your wretched mind, if I could tell you, I would let you know," for creating the antipsychiatry movement yet denying having anything to do with it, and for "refus[ing] to accept that there was any final position to which it was necessary to adhere."[4] This is typical Dada. So too is David Cooper's narcissistic rejection of individualism:

> We have passed the last days of "great" one-name works of art and have entered the time of communal creation. Henceforth there will be no more Beethovens, no more Rembrandts, no more Tolstoys. . . . In time to come the manifestations of the beautiful, transformed then into revolutionary *truth,* will be the productions of all of us. . . . We shall create the quotidian Dada, the anti-aesthetics of everyday life. What is beyond the beautiful will be invented by the revolutionary act. . . . [I]t will be created by the discovery of the unordered discipline or our true madness. . . . My next book will be different. It will not be by me.[5]

Of course, it was by him.[6] Like Laing and like the psychiatrists they both denounced, Cooper mistook his conceits and confusions for what he imagined an "enlightened" society would recognize as the right way to view and live life. The anti-artists were real artists. The antipsychiatrists were real phonies. They bequeathed us (Ronald D.) Laingian antipsychiatry in Britain

and America, (Jacques) Lacanian deconstruction-deception in France, and (Franco) Basaglian prevarication-illusion about the end of asylum psychiatry in Italy. Each of these enterprises supported and was supported by the modern socialist-therapeutic state.

I

The key link between psychiatry and antipsychiatry, on the one hand, and Dada and surrealism, on the other, is Jacques Lacan (1901–81). Here I touch only on his connections with surrealism. In the next chapter, I consider his work as a psychiatrist and antipsychiatrist.

Surrealism, an artistic and literary movement emerging out of Dadaism after the First World War, was centered in Paris, with writer and poet André Breton (1896–1966) as its founding figure, and Salvador Dalí, Max Ernst, Joan Miró, and Man Ray its most prominent members. The surrealists' goal was to change life by "freeing humanity from the constraints of mental or social censorship as well as economic oppression."[7]

Breton was captivated by Freud's work on dreams and considered much of his work as a literary-political adaptation of it. He visited Freud in Vienna in 1921, corresponded with him, and, in 1937, asked him to contribute to a planned anthology on dreams (*Trajectoire du rêve* [1938]). Unimpressed, Freud answered, "A collection of dreams without their associations, without understanding the circumstances in which someone dreamed, doesn't mean anything to me, and I have a hard time understanding what it might mean to others."

The surrealists romanticized madness, ignored therapy, and dreamed, like their LSD-using antipsychiatric successors, about an apocalyptic-utopian "liberation" of the human spirit and mankind. They invented "surrealist techniques" intended to liberate the unconscious: automatic writing and drawing, hypnotic sleep, hypnagogic visions, dream narratives, group creation, oral and written games, collage, rubbings, decals, experimental photography, and theater. The group had its own journal, *La Révolution Surréaliste*. "We must be thankful for Freud's discoveries," wrote Breton. "The imagination may be on the point of winning back its rights." In 1927, he along with Louis Aragon and Paul Éluard joined the Communist Party.

In 1933, Parisian publisher Albert Skira and art patron Edward James founded *Minotaure,* a surrealist-oriented luxurious magazine sporting original artworks on its cover by prestigious artists like Pablo Picasso. In the first issue, "Lacan and Dalí explained their conceptions of paranoia as an active psychic phenomenon, which Dalí compared with the passivity he associated with dreams and automatic writing." Dalí had early "stated his intention of sowing systematic confusion in reality."[8] Lacan made a career out of doing precisely that. Laing also tried his hand at it but was not focused enough to carry it to Lacanian heights.

Why were the surrealists interested in Freud? Because, like Freud, they believed that "the conscious mind represents only one small part." Breton demanded that the barriers that ignore the worlds of the primitive, the child, and the mad person be broken down.

While still a medical student, Lacan developed strong links with the surrealist movement. He was a friend of Breton, Dalí, and Picasso (1881–1973). In 1933 Dalí referred to Lacan's doctoral thesis in the first issue of the *Minotaure,* and Lacan himself made many contributions to this and other surrealist publications.[9] In addition to being on close terms with Dalí, Lacan associated with the group surrounding Breton. Lacan had one foot in neurology and psychiatry, another in the world of surrealist art: his doctoral thesis on paranoia received its most enthusiastic welcome in surrealist circles.

II

The Arbours Crisis Centre in London, founded in 1973 by Joseph Berke and his colleagues, "began with the idea that a personal crisis can be a pivotal moment, either for a mental and social breakdown or for a breakthrough into a new and vital dimension of living. Subsequently we tried to embody this idea with a *physical and interpersonal environment*—the Arbours Crisis Centre—where such positive transitions can take place."[10]

There are countless "pivotal moments" during nearly all of our lives, especially during our aptly named "formative years." Sociologists Dennis Brissett and Charles Edgley remind us of the foundational truth of the dramaturgical perspective: "Moments are full of created selves, rising and falling, building up and tearing down in a never-ending creation of new realities

which constitute the drama of life."[11] Positive as well as negative "transitions" take place in innumerable settings. The change from adolescence to adulthood is one such "pivotal moment" and "transition" after another. The home, school, music and tennis camp, college, work, marriage, parenthood, divorce, prison, even the mental hospital may, or may not, help a person enter into a "new and vital dimension of living." However, this perspective omits what is arguably the most important factor in determining the success or failure of such a transformation—namely, the subject's ability or willingness to profit from the experience. This ability or willingness is often absent in persons who become dependent on society.

The Web site of the ACC correctly identifies its offering as an alternative asylum, a type of mental health facility: "The Arbours Crisis Centre provides intensive personal psychotherapeutic care and accommodation for individuals and families in severe emotional distress." The following is a description of the services offered:

> During the time you are with us, we aim to help you to cope better with the feelings and the problems you are facing. . . . When you arrive your Resident Therapist (RT) will introduce you to the other guests and RTs and give you a schedule of team meetings and house meetings. Art and Movement Therapy takes place once a week at the Center and this will be included in your timetable. . . . If you do not have a GP or he/she is relatively far away, we will arrange for you to register as a temporary patient at the practice of Dr. G. Wardle, . . . whose practice is connected with the Centre. He and his colleagues will be glad to assist you with any medical problems as well as to arrange a medical certificate, if necessary. The Resident Therapists will be glad to assist you to make an appointment with Dr. Sewell's practice. If you have a GP and wish to stay on his/her register, we would like to make contact with him/her as soon as possible after you move in. In this way we can let the doctor know what help you will be receiving and to gain his/her assistance as may be necessary. . . . Please tell your Resident Therapist if you are taking any medicines, and whether you have any medicines with you. We need to know what they are and we need to keep these medicines for you in our drugs cabinet. Your medicines will be obtained during your stay from the local pharmacy. The Resident Therapist will also help you to change the medicines or obtain new medication if this is necessary/

> appropriate. . . . Any drugs for which you do not have a prescription are illegal. Please do not use them or bring them into the house as they are a danger to you and to other guests in the house. Should you be found using any illegal drugs, you may have to leave immediately. . . . If you require help or advice on financial matters such as obtaining statutory funding or state benefits which are due to you, she will be glad to assist you. . . . We are very careful about fire safety. The house has a fire officer who will attend once a month to ensure the equipment is in working order and conduct a fire drill. There will also be weekly tests of the fire alarm. We would appreciate your co-operation. . . . We do not allow people to physically hurt each other; if this happens the person concerned may be asked to leave.[12]

Note that guests who make trouble for their hosts are asked to leave. This is a welcome change from standard psychiatric practice in which troublemaking patients are diagnosed as "dangerous" and "treatment resistant" and deprived of liberty. It is also a dramatic departure from the way Clancy Sigal was treated at Kingsley Hall by Laing, Berke, and their colleagues.

Judging by the above account, the ACC is a commendable enterprise, offering housing and care for persons ("mental patients") deemed to need a particular kind of domiciliary service and willing to cooperate with its providers. Laura Forti—a team leader at the ACC and author of *L'Altra Pazzia* (Another/different madness), a book on alternative psychiatry—adds: "The Arbours Crisis Centre was founded in 1973 by a small group of psychotherapists who offered their services virtually for free. Twenty-eight years later it is functioning from its own much larger premises, with many more guests (patients [*sic*]) and psychotherapists. It is now registered by the Local Authorities, funded by many Social Services and Health Authorities, and recognized for its unique work."[13]

The Arbours Crisis Centre may be regarded as a success or a sellout, depending on our goals and values. If our aim is to create an environment more suitable than a mental hospital for some persons deemed to be mentally ill, then the ACC is a success. However, if our aim is to abolish psychiatric slavery, or at least contribute to undermining its legitimacy, then the ACC is a failure, subtly propping up the principles and practices of institutional psychiatry.

III

Berke displays admirable reasonableness and modesty regarding the work of the ACC and reserves his denunciations of Western societies to his writings about politics, economics, and philosophy. This aspect of his work—like Laing's turgid ravings against capitalism and inauthenticity—points to further similarities between antipsychiatry and anti-art. *Counter Culture,* an oversized volume edited by Berke and his collaborators, is lavishly illustrated with drawings in the Dada style. It is here that Berke sets forth *his* understanding of the program of antipsychiatry as part of "the creation of an alternative society"—a rant against an "America [that] is the end product of two thousand years of European Christian culture, now synonymous with what is called the West. For our very survival America must be destroyed. . . . Citizens of the United States . . . have achieved the lowest quality of human life."[14]

Berke looks forward eagerly to "the collapse of the bourgeois state," and the realization of his utopian "alternative society" in which "all work is shared and services provided free . . . utilizing existing welfare services as well as the guaranteed income seen to be forthcoming in the States. . . . The conventional school or university, being solely organized to control/manipulate the lives of its students and prevent scholarship, the young have sought to occupy the premises of these institutions." Berke implies that no real knowledge or skill—no mathematics, physics, chemistry, medicine, languages—is taught in schools and universities. Indeed, Berke's collaborator, Roberta Elzey, explains, "No political censorship would operate at the Anti-University: courses would include one on guerilla warfare and an action project on racialism."[15]

Other contributors to *Counter Culture* repeat the Marxist anti-American mantras especially fashionable in the 1960s and '70s. Stokely Carmichael writes, "If in fact white Western society were ever to sit down by itself and to analyze the crimes they have committed against the peoples of the world, they would have to commit suicide—that would be the best thing they could do for the world today." What did Laing, Cooper, and Berke see in Carmichael that made him an attractive fellow antipsychiatrist? Perhaps they liked Carmichael's use of the word "sick," as in, "The black man is not the sick man, it is the white man who is sick . . . Burn, Baby, Burn."[16]

IV

A profound confusion and misconception about both psychiatry and antipsychiatry characterize the contemporary social scene. Its source lies in a warning, rarely heeded, by John Selden, a seventeenth-century English jurist and scholar: "The reason of a thing is not to be inquired after, till you are sure the thing itself be so. We commonly are at, *what's the reason for it?* before we are sure of the thing." In his important book *The Baumgarten Corruption* (1995), Robert Dixon—a British artist, mathematician, and philosopher—frames the problem more clearly: "An important kind of question to ask is, How do we know that? of something that custom takes for granted, or of something that one is taking for granted. The question challenges us to find out whether we really know something. Often, if honest, we must conclude that we do not. Fabrication, illusion, slant, bias, perception, presentation, construction, style, prejudice, fantasy, idealism, pessimism, delusion, hysteria, seduction, coercion, laziness, myth, habit, subjectivity, spurious authority, excitement and ignorance all blind us."[17]

Dixon is a pioneer in computer-generated art, or "mathographic," a term he coined in 1982 to identify "a mathematically defined form or pattern drawn by mechanical means. . . . A computer drawn mathographic requires a program, and a program requires a formula. The author of the drawing is the formulator. . . . Obviously, anyone may make a copy of a mathographic if in possession of program and formula."[18] Mathographic art throws fresh light on our concepts of "original-real" and "copy-fake."

Dixon emphasizes that (lowercase) art is part of everyday human experience and behavior:

> Art is not essentially unique, original, rare, expensive, beautiful, moral, spiritual, painterly, expressive, difficult, challenging, creative or any other attribute. *It is not a quality at all, it is a category.* Visual art is a vital and basic type of diverse human activity, which we distinguish from other basic types, such as writing, agriculture and transport. . . . Modern Art is a misnomer because the "Modern" is not a temporal but a stylistic adjective. . . . Modern Art is the absurdity to which the idea of high art reduces: a tasteless taste, an art of non-art, a pleasureless pleasure, an inscrutable artefact, an official experience. We attribute value to an ever more meaningless set of totems. . . . The rich

> sensory life we all enjoy has nothing to do with Art, and vice versa. . . . [The debauchment of art into Art] began in an eighteenth-century devotion to "beauty" and ended in an alliance of rich investors and state artocrats affirming the most excruciating anti-art ever designed.[19]

Similarly, mental illness is not essentially painful, fatal, symptomatic, creative, meaningless, poetic, contagious, exculpating, inculpating, diagnosable, treatable. It is not a medical condition; it is a medical category. Neither art nor mental illness can be defined: *this fact makes classifying them all the more important*. Revealingly, psychiatrists celebrate Emil Kraepelin (1856–1926), often said to be the most important psychiatrist of all time, not for discovering mental illnesses or something important about such maladies but for *classifying* mental illnesses, distinguishing manic depression from dementia praecox. This is as if we were to celebrate a curator for distinguishing between landscapes and portraits.

Dixon's analysis of art-Art highlights the *legitimizing function* of curators, art critics, and art exhibitions and, mutatis mutandis, the *legtimizing function* of psychiatric nosologists, critics of one or another psychiatric diagnosis, and the official *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (APA).

Galleries and museums, especially if prestigious and publicly supported, are not simply spaces for viewing works of art; they are spaces for viewing objects that we are instructed by our "betters" to regard as artworks: "The public gallery infrastructure makes a highly restricted selection of inscrutable artefacts and gives them a sublime promotion via the architecture, ceremony and location. . . . My favorite definition of Art is that given by the philosopher George Dickie, who used Duchamp's urinal to illustrate his 'institutional definition' of Art, which I paraphrase thus: Art is whatever is exhibited in the appropriate galleries."[20]

We "know" that some canvases with paint drippings are Modern Masterpieces because they are exhibited in museums and rich people pay large sums to acquire them. We "know" that smoking marijuana or tobacco are Mental Diseases because they are listed in the APA's *Diagnostic and Statistical Manual* and because the government spends vast amounts on preventing and treating them. The fact that many official forms ask the applicant,

"Have you ever been a patient in a mental hospital?" is evidence that the status of who counts as a mental patient is defined primarily by the space in which the subject is stored. Aware of these similarities, Dixon writes:

> Szasz has a life-long involvement in a particular area of the social practice of imprisonment, namely the use of psychiatry to justify arrest and imprisonment. He points out that "mental illness" is a category mistake with violating consequences, a medical metaphor applied to forms of social intercourse, a pseudo-scientific subterfuge to hide our actual treatment of psychiatric patients as prisoners. . . . Szasz argues that to lock people up is to punish, and so to treat an act to which we apply a pseudo-medical label as if it were a crime. Szasz observes that our laws on mental illness not only imprison without trial people innocent of any crime, they also pardon some who are found guilty in court. . . . In doing so he poses the entirely general and fundamental question of what is an imprisonable offense. He raises the general question, what is justice? . . . [Szasz] unmasks a great absurdity, but has to watch the tide of opinion run the other way. Szasz's commitment to a real idea and its real consequences comes from the fact that he is not a Philosopher but a psychiatrist.[21]

It is true and important that I always took locking people up very seriously, while few if any psychiatrists even recognized or admitted the existence of psychiatric incarceration. As the Sigal episode demonstrates, Laing and his colleagues at Kingsley Hall did not take psychiatric coercion seriously enough. Antipsychiatrists still do not take psychiatric deprivation of liberty seriously.

The angry revolutionary political utopianism combined with naive patronizing-therapeutic sadism characteristic of the antipsychiatrists were antithetical to my persona and work. Regarding psychiatry, my aim was limited to the demystification of the concept of mental illness and the abolition of the legal-psychiatric system of coercions and excuses. To be sure, these aims may also be considered utopian. Before modern societies could embrace such a policy, they would have to undergo a transformation of the ways they perceive and manage the perennial human problems of economic and personal dependency and the everyday human problems that arise in the course of social life.

6

ANTIPSYCHIATRY ABROAD

To forget one's purpose is the commonest form of stupidity.
—FRIEDRICH NIETZSCHE (1844–1900), *Human, All Too Human: A Book for Free Spirits* (1878)

Before considering the antipsychiatric scene abroad, it is necessary to reconsider the question of who counts as an antipsychiatrist and why.[1] Problems of definition and demarcation are not new to psychiatry, psychoanalysis, and the mental health field. The contours of psychoanalysis—specifically, who counts as a psychoanalyst and why—have never been clearly demarcated. Originally, there was only one psychoanalyst, Sigmund Freud. As long as Freud lived, he "trained" certain persons in psychoanalysis and anointed/appointed them as psychoanalysts, and, in conformity with his need to dominate, he retained the privilege of dis-anointing/dis-appointing them, a privilege he frequently exercised. I say privilege, not right, because none of these actions concerned the legal apparatus of the state. At that early stage of the game, the analysts were like a group of children forming a club mainly for the purpose of including some and excluding others.

The game became more serious and more interesting in 1926, when Theodor Reik—a well-known lay analyst and close friend of Freud—was denounced by a dissatisfied patient, a complaint that led to his being charged with quackery, that is, practicing medicine without a license. Freud came to Reik's defense—the patient Reik was treating had been referred to him by Freud—and the charge was eventually withdrawn. The affair led to Freud's commentary on the case, *The Question of Lay Analysis,* in which he passionately asserted two contradictory propositions: namely, that psychoanalysis *is not a medical treatment* but a procedure more akin to education—for

example, teaching a foreign language—and that psychoanalysis *is a medical treatment,* in fact the only effective treatment for the *medical diseases called "neuroses."*[2] Initially, no formal training for psychoanalysis was required; what was required was Freud's approval. He was the only person authorized to call another a psychoanalyst.

Freud's seigneurial method of deciding who is—and who is *no longer*—a psychoanalyst worked in Vienna, where his reign was undisputed. This is how Anna Freud and Erik Erikson, both of whom had only high school educations, became qualified as psychoanalysts, and Adler and Jung, physicians and pioneer psychoanalysts, became disqualified. However, once Freud decided to franchise his "treatment" abroad, this method could no longer work. Non-Austrian psychoanalysts needed objective criteria for admission to psychoanalytic training and membership in their regional societies. This made lay analysis a contentious issue and led to the legendary "splits" in psychoanalytic organizations. In 1928, the newly established Swiss Medical Society for Psychoanalysis excluded nonphysicians from membership. In 1938, the American Psychoanalytic Association—founded in 1911 and now facing a flood of European lay analysts—reasserted its policy of denying membership to nonphysicians, a decision that led to the brink of a break with the International Psychoanalytic Association. An anonymous writer on the Web site of the Center for Modern Psychoanalytic Studies (http://www.cmps.edu) comments, "Since its beginning, the psychoanalytic movement has been plagued by conflicts and has given rise not only to numerous splinter movements, but also to adversarial sub-groups and internal divisions within its larger institutions. Some see this as an indication of the psychoanalytic movement's tendency towards dogmatic organizations that practice exclusion and 'excommunication.' But others see signs of what they call 'heteroglossia,' noting that with conflict, propositions that were once judged to be inconsistent with the general theory of psychoanalysis are later reincorporated into it."[3] The description is accurate, but what is described is nonsense. Inconsistencies are matters of grammar and logic. They cannot be "incorporated" into the theory of psychoanalysis without rendering that theory internally inconsistent, which it had been from the outset.[4]

Richard M. Weaver famously asserted that "ideas have consequences."[5] For many psychiatrists, psychoanalysts, and antipsychiatrists, the idea that

mental illness does not exist does not have the consequences it logically entails. When French and Italian psychiatrists-antipsychiatrists declare that mental illness is a myth, their assertion *entails no consequences:* they continue to make diagnoses of mental illnesses, to practice psychiatric coercions, and to seek to limit the treatment of the (nonexisting) diseases to licensed physicians.

As I showed in Chapter 1, the term "antipsychiatry" is not of Anglo-American origin: it was coined by a German psychiatrist in 1908 as an all-purpose label for stigmatizing and dismissing the views of persons who criticized any aspect of prevailing psychiatric theory or practice. When Cooper and Laing used the term in English, in 1967, they did so primarily *pour épater les bourgeois:* to aggrandize and call attention to themselves by shocking the common man. Not surprisingly, the term promptly reacquired its original meaning. Still, insofar as the term "antipsychiatry" ever had descriptive meaning, in London in 1967 it referred to identifying the so-called antipsychiatrist as a practitioner and theoretician with *an existential-philosophical perspective on personal problems* and objection to certain traditional psychiatric practices. Conversely, on the Continent, the term referred to identifying the so-called antipsychiatrist *as a professional loyal to a left-socialist political-economic, anticapitalist ideology whose psychiatric practice is compatible with any and every kind of "therapeutic" method.*

I

Two chapters in the multiauthor volume *Critical Psychiatry* (1980), edited by British psychologist David Ingleby—professor of intercultural psychology in the Faculty of Social and Behavioral Sciences, Utrecht University, the Netherlands—are devoted to antipsychiatry abroad. The book is in part an introduction to that subject for the English-speaking reader, and in part an unwitting illustration of the intellectual mischief generated by so labeling virtually all psychiatric criticism.

Although the contributors barely mention my name, the text on the back cover states: "Significantly advancing the tradition of R. D. Laing, Thomas Szasz, and many radical therapists, *Critical Psychiatry* examines several alternatives to orthodox psychiatric theory and practice that have emerged in the

United States and Western Europe. The anti-psychiatry movement of the 1960s seems to have disappeared from public view, but these seven essays demonstrate that its attack on the central theories and practices of orthodox psychiatry, and on the scientific professions, has proved to be enduring."[6]

Ingleby dismisses my views on the ground that I am not a Marxist, socialist, or communist, that, *horribile dictu,* I am an advocate of individual liberty and contractual relations between professionals and clients: "Each of these figures stood for a different approach, and all have therefore disowned the umbrella label of 'anti-psychiatry.' Laing's work led him into therapeutic concern with fundamental existential issues, while Cooper's 'anti-psychiatry' was replaced by 'non-psychiatry.' . . . Basaglia sent his staff out of the hospital into the community at large; while Szasz denounced all these varieties of 'creeping socialism,' and insisted that psychiatrists should return to a contractual relationship with the patient, *aimed simply at promoting individual liberty.*" Ingleby concludes by emphasizing that all of the critics of psychiatry represented in his collection "feel that *mental illnesses*—whatever their correct interpretation and their political significance may be—*do exist,* and furthermore call for specialized understanding and help."[7]

None of the contributors to *Critical Psychiatry* considers my suggestions for the abolition of the psychiatric slave system. None acknowledges that my views are incompatible with those of the "major critics" of psychiatry, each of whom promotes his particular brand of psychiatric reforms without disturbing the basic legal structure of contemporary psychiatry. Ingleby's remark about my opposition to a socialist psychiatry restates an argument put forward at length by Peter Sedgwick in *Psycho Politics* (1982). Expressing amazement that some liberals embrace my views, Sedgwick wrote, "But Szasz's politics are not an aberration, and in no sense contradict the position he has taken on psychiatric issues. Politically, psychologically and philosophically his beliefs form a consistent whole, a distinct ideological complex which is most succinctly labeled 'libertarian.'" After correctly pointing out the influence of Herbert Spencer's views on mine, Sedgwick exclaimed, "But then how can Thomas Szasz, in this day and age, really be an anti-collectivist? The media along which he transmits the individualist gospel are owned by giant conglomerates. The vehicles that transport him from one debonair speech or interview to the next are the property of massive institutional stockholdings,

or else are produced by neo-feudal, transnational companies. . . . The concept of free choice in the name of which Szasz wages his innumerable battles against state coercion is a peculiarly unreal one."[8]

Ten years earlier, after reading some of my publications, Sedgwick wrote in the *Socialist Worker:*

> Szasz's material is entertaining and sobering. He has uncovered a treatise of 1851, Cartwright's "Report on The Diseases and Peculiarities of the Negro Race," which identified two psychiatric diseases peculiar to black slaves. . . . Szasz is very good at denouncing and exposing the insanities of official sanity and its regulators. It follows however from his position, that heroin addiction should not be interfered with by outside authority since "we must regard freedom of self-medication as a fundamental right," as he says in his paper "The Ethics of Addiction." He also opposes medical intervention to frustrate suicide, unless the suicidal person volunteers to be persuaded (in other words is not feeling all that much suicidal).[9]

To his credit, Sedgwick wore his socialist bias on his sleeve and articulated his opposition to my views with a clarity and honesty conspicuously absent in the writings of many others. He deserves credit for faithfully representing an opinion widespread in academic and intellectual circles today—namely, *that a radical critique of common social beliefs and practices can perforce come only from the collectivist Left.*

Philosopher Christian Perring dismisses my work because it "is based on the highly questionable joint foundations of a positivistic conception of science and political libertarianism."[10] He does not explain why we ought to dismiss a positivistic conception of the physical sciences and a libertarian critique of psychiatry as, eo ipso, "suspect." It must seem so obvious to Perring that he feels no need to support his contention.

For Joel Kovel, author and former psychiatrist and psychoanalyst, the anticapitalist basis of legitimate psychiatric criticism is a given: "Where Laing lost the thread (lapsing into mysticism and triviality), that other influential anti-psychiatric critic of the 1960s, Thomas Szasz, *took it into the wrong direction. Szasz's criticism of psychiatric labeling and oppression* was grounded in a conception of individual liberty so devoid of connection to the *real social roots of injustice as to become positively reactionary.*"[11] The political prejudices

of leftist writers on "critical psychiatry" like Ingleby, Perring, and Kovel are perhaps even more exclusionary than were the racial-religious prejudices of the anti-Semites of yore. Correct psychiatric criticism is their sole privilege, a club from which classical liberals—valuing individual liberty, personal responsibility, and the right to property—are excluded. These caveats apply even more strongly to the European psychiatric scene where my advocacy of abolishing psychiatric coercions and excuses is equated with "abandoning the mentally ill."

The premise that all intellectually respectable social criticism must come from the Left, that antipsychiatry "belongs" to the Left, is of the utmost relevance for understanding antipsychiatry abroad. Continental antipsychiatrists embrace the idea of mental illness and do not question the legitimacy of psychiatric incarceration. They differ from conventional somatic psychiatrists only in their identification of the pathogenic agent responsible for mental diseases: the somaticists attribute them to pathogenic microorganisms or chemical or genetic abnormalities, the antisychiatrists to pathogenic economic-social systems, in particular capitalism.

II

Because the term "antipsychiatry" is virtually devoid of meaning, it is difficult to know who should be called an "antipsychiatrist." The task becomes especially difficult in the case of French psychiatry because the French legal system, history, mores, universities, and psychiatry all differ radically from their Anglo-American counterparts. I therefore fall back, as I have elsewhere in this study, on the Sartrean definition: an antipsychiatrist is a person whom other persons classify as an antipsychiatrist.

The entry for "Anti-psychiatry" in Wikipedia states: "Anti-psychiatry refers to a post-1960s configuration of groups and theoretical constructs hostile to most of the fundamental assumptions and practices of psychiatry. Its igniting influences were Michel Foucault, R. D. Laing and Thomas Szasz."[12] Neither Michel Foucault (1926–84) nor I played any role whatever in creating this term, nor did we ever identify ourselves as antipsychiatrists. Nevertheless, when writing about French antipsychiatry, it is necessary to include Foucault.

Although Foucault is known as a philosopher, his first interest was psychology. Born as Paul-Michel Foucault, he was named after his father, Paul Foucault, an eminent surgeon and professor of anatomy at the medical school of the University of Poitiers. Paul Foucault had hoped that his son would also become a surgeon. However, Foucault's adolescence was tumultuous and painful, presumably related to his having to come to terms with his homosexuality. Depressed, said to have made several suicide attempts, "he was taken [presumably against his will] to see a psychiatrist. During this time, Foucault became fascinated with psychology. He earned a degree in psychology . . . in addition to a degree in philosophy, in 1952. He was involved in the clinical arm of psychology. . . . Foucault apparently came to hate his surgeon father, dropping his father's Christian name, Paul, from his own name."[13] From 1950 to 1953, he was a member of the French Communist Party.

There is no need here to review Foucault's ideas about mental illness and psychiatry. Suffice it to say that he was critical of both. In *Foucault Live (Interviews, 1966–1984),* he spoke appreciatively of *The Manufacture of Madness* and my analysis of the relationship between witchcraft and psychiatry: "What's strong and important in Szasz's work is to have shown that the historical continuity doesn't go from witches to madness, but from the institution of witches to the one of psychiatrists. . . . Szasz, I hope, has definitively displaced the old question—were the witches the mad ones?—and reformulated it in these terms."[14]

However, Foucault never rejected the concept of mental illness. In her cogent commentary on Foucault's work, Clare O'Farrell—an Australian academic and the author of two books on Foucault—writes, "He [Foucault] believes there is a real material basis for madness (such as behavior or the chemistry of the nervous system). As he notes in *Maladie mental et psychologie:* 'Every society is conscious of certain aspects in the behavior and speech of some people which separates them from other people.'"[15] This is a trivially true observation, only remotely relevant to the modern *medical* concept of mental illness. Since antiquity people noted that travelers from distant places spoke a different language. Before Herodotus, the Greeks believed that "barbarian languages" were meaningless noise, much the same way that many psychiatrists believe that the utterances of "psychotics" are meaningless noise.

Nor did Foucault support the abolition of psychiatric slavery. He was a critic, not an advocate, and was proud of it: "I should like to make it plain once and for all that this book *[The Birth of the Clinic]* has not been written in favor of one kind of medicine as against another kind of medicine, or against medicine and in favor of an absence of medicine. It is a structural study that sets out to disentangle the conditions of its history from the density of discourse, as do others of my work." Foucault is considered an antipsychiatrist solely because Laing and Cooper "fastened on to (and distorted) some of Foucault's theses to provide support for its [the antipsychiatry movement's] cause. . . . In 1984, Foucault also remarked that he had shared 'no community' with Laing, Cooper and Basaglia when he wrote *Histoire de la folie*."[16]

Foucault was opposed to Capitalism, Democracy, Liberalism, Libertarianism, and the West. As early as 1953, he declared that "man can and must experience himself negatively, through hate and aggression."[17] Since he was anti everything, he may be said to have been an antipsychiatrist.

Foucault's literary style often resembled that of the French philosophical hot-air artists criticized by Sokal and Bricmont. For example, in *Madness and Civilization* he writes, "By the madness which interrupts it, a work of art opens a void, a moment of silence, a question without answer, provokes a breach without reconciliation where the world is forced to question itself." Similar obscurities abound in his other works and have led to armies of academic exegetes explaining the "deep meaning" of Foucault's "deep ideas": "In their enthusiasm, the new school of 'foucauldians' erected what they saw as Foucault's lack of theory into a full-blown theory. Writers in this group vied with each other to be more imposingly obscure than the next, and direct transliterations from the French were a feature of their obscure style."[18]

Foucault's denunciations of political oppression were spoiled, for me at least, by his steadfast refusal to extend a helping hand to any individual or group. David M. Halperin, the author of *Saint Foucault: Towards a Gay Hagiography,* notes that when "left-wing gay intellectuals tried to credit his writings with contributing to the gay liberation movement," he rebuffed them: "My work has had nothing to do with gay liberation."[19] This was true.

Halperin notes that "it was precisely the anti-emancipatory rhetoric of *The History of Sexuality, Volume I,* that led so many of Foucault's liberal critics to denounce him."[20] This should not have surprised anyone familiar

with Foucault's cultivated ungenerosity toward the oppressed. Earlier he had denounced psychiatric slavery but abstained from supporting its abolition. He wrote about the phoniness of the insanity defense but abstained from the smallest suggestion that we ought to consider abolishing it.

In the end, Foucault's immoderate pan-oppositionalism led to his embracing the Muslim Orient, the great "enemy of his enemy," the Occident. Foucault first wrote about the Iranian Revolution in 1978, but his views on this subject, especially in the English-speaking world, were not well known before 2005, when Janet Afary and Kevin Anderson's *Foucault and the Iranian Revolution* was published. Foucault interviewed Khomeini in Paris, visited Iran twice, and reported about the revolution for the most popular newspapers in Italy and France. Foucault was virtually alone among Western observers, according to Afary and Anderson, "in embracing the specifically Islamist wing of the revolution. Indeed, Foucault pokes fun at the secular leftists who thought they could use the Islamists as a weapon for their own purposes; the Islamists alone, he believed, reflected the 'perfectly unified collective will' of the people."[21]

Foucault's enthusiasm for the Iranian Revolution exposed his implacable hostility to capitalism, individualism, and freedom. "In an interview with an Iranian journalist conducted on his first visit, in September 1978, Foucault made plain his disillusionment with all the secular ideologies of the West and his yearning to see 'another political imagination' emerge from the Iranian Revolution. 'Industrial capitalism,' he said, had emerged as 'the harshest, most savage, most selfish, most dishonest, oppressive society one could possibly imagine.'"[22]

Sadly, this was the real Foucault: living a privileged life in secular, left-intellectual-worshiping France, jet-setting from adulation at one university after another, he calls his society "the most dishonest, oppressive society one could possibly imagine" and compares it unfavorably with a Muslim society in which homosexuality is a capital offense. Shunning responsibility, the burden of liberty weighed too heavily on him.

III

Numerous authorities on psychiatry and antipsychiatry list Jacques Lacan as an antipsychiatrist, indeed the ranking French antipsychiatrist. Mervat

Nasser, senior lecturer and consultant psychiatrist at the University of Leicester, writes, "A review is made of the anti-psychiatric movement through its major protagonists, Lacan, Laing, Cooper and Szasz."[23]

Lacan was born into a devoutly Catholic middle-class family. His younger brother became a monk. Lacan trained as a physician and became a pupil of Gaëtan Gatian de Clérambault (1872–1934), one of the "great" French psychiatrists of his day. Clérambault's entire career was spent as a "police (forensic) psychiatrist," an employee of a "special infirmary for the insane attached to the Police Préfecture." Elisabeth Roudinesco—psychoanalyst, professor of history at the University of Paris, and the author of Lacan's definitive biography—characterizes Clérambault as belonging "to that category of alienists who took it upon themselves to confine the insane." This was the man whom Lacan considered his "only master in psychiatry."[24]

Roudinesco believes that Lacan's "break with religious faith" was an important event, "accompanied by an opening of the world of modernity. Jacques Lacan frequented Adrienne Monnier's bookstore, was interested in Dadaism, in theories coming out of Vienna, and the ideas of Charles Maurras. He met the man on several occasions and admired in him a master of the language. Without adhering to any principles of anti-Semitism, he occasionally participated in meetings of the Action Française and found in monarchism the wherewithal to nourish his abandonment of God."[25]

Charles Maurras (1868–1952), author, poet, and critic, was a leader and principal thinker of the Action Française, a political movement that was monarchist, antiparliamentarian, anti-Semitic, and counterrevolutionary. It was founded in 1898 during the Dreyfus Affair and in reaction to it. Understanding the meanings of Left and Right as political terms requires familiarity with French history, especially the roles of the French Revolution, Catholicism, nationalism, and the Dreyfus Affair, all of which had a profound impact on twentieth-century French politics. The Right became identified with Catholicism, nationalism, and anti-Semitism, and the Left with secularism, modernity, and antipsychiatry.

Lacan was trained as an institutional psychiatrist, remained one throughout his life, and was proud of it. His doctoral thesis was based on his analysis of a woman who tried, but failed, to assassinate a famous actress. On April 18, 1931, Marguerite Pantaine-Anzieu—a thirty-eight-year-old postal clerk

and mother—attempted a very public assassination of the famous actress Huguette Duflos. Pantaine-Anzieu was tried and convicted but instead of being sent to prison was declared insane and incarcerated at Hôpital Sainte-Anne, the notorious insane asylum in Paris. Initially examined by a forensic psychiatrist, "Marguerite was diagnosed as suffering from systematized persecutory delirium based on interpretation and with megalomaniac tendencies and an erotomanic substrate." After her arrival at Sainte-Anne, she showed no signs of mental illness: "She became a reasonable and compliant patient. The attempted homicide had 'apparently resolved the preoccupations of her delirium.'"[26]

In *Sad, Mad, and Bad,* Lisa Appignanesi suggests that "[Lacan's doctoral] thesis bears a parallel to Freud's *Studies on Hysteria:* it is a founding text in the history of French psychoanalysis." The next sentence, however, betrays signs of Appignanesi's incomplete understanding of the basic lies of psychiatry-psychoanalysis—illness and treatment: "But forty years on, hysteria has given way to psychosis."[27] Hysteria and psychosis are the names of invented diseases, not diseases diagnosed by objective methods. Nothing "gave way" to something else. The principal difference between Breuer's "hysteric" Anna O. (who was not Freud's patient) and Lacan's "psychotic" Aimée was that the former did not commit a crime and lived in her own (that is, her parents') home, whereas the latter was convicted of attempted murder and lived in a prison called a "mental hospital."

Who was Aimée? She was born in 1893 to prosperous French peasants. Bright and well educated, she had a good job in the postal system, but harbored the ambition of becoming a celebrated writer. In 1917 she married a fellow worker. After her first pregnancy ended in the stillbirth of a female infant, her preexisting grandiose and self-referential behavior grew worse, and worse still a few years later, after the birth of a healthy boy. Her family had her confined in a private asylum. Her complaints suggested that she felt trapped in her roles as wife, mother, and postal clerk. "Asylum staff reported her saying, 'There are those who have built stables in order to trap me as a milk cow.'"[28] Time passed. She kept writing, and her dissatisfaction with her life mounted. Her efforts to get published failed.

As I see it, Aimée's crime resolved several of her problems: it liberated her permanently from her family obligations and provided her with a

measure of fame. Before long, Aimée was discharged from Saint-Anne. Her son, Didier Anzieu (1923–99), raised by his father and a maternal aunt, became a physician, an analysand of Lacan's, and an internationally recognized psychoanalyst.[29]

Like many American psychoanalysts, many French psychoanalysts, Lacan included, believed deeply—and still believe deeply—in the "unconscious causation" of criminal acts. Accordingly, they were enthusiastic supporters of the insanity defense. None of these analysts objected to depriving innocent persons of liberty under psychiatric auspices—to resolve personal-power conflicts in the family. Nor did they see anything wrong with excusing criminals of legal responsibility for their acts—to resolve value conflicts in the legal system.[30] Appignanesi remarks on "a growing feeling among psychiatrists and a contingent of the new French psychoanalysts that not only can their insights bring an understanding of criminal behavior, but that changes need to be made in the legal system to accommodate the *existence of the unconscious.*"[31]

After World War II, Lacan used Hôpital Sainte-Anne as the center of his "seminars." The idea that psychiatric incarceration may harm rather than help the incarcerated individual seems never to have crossed his mind. Lacan was on friendly terms with leading artists, writers, and filmmakers, among them Picasso, to whom he made himself famously useful. In an essay in the *Atlantic Monthly* in 1998, entitled "Picasso: Creator and Destroyer," Arianna Stassinopoulos Huffington described Lacan's "treatment" of Dora Maar, the mistress Picasso rejected in favor of Françoise Gilot (later the wife of Jonas Salk):

> While Picasso and Françoise were carrying on their relationship . . . Dora was, quite simply, falling apart. One night Picasso went to her apartment and found that she was out. When she finally returned, with her hair disheveled and her clothes torn, she explained that she had been attacked by a man who had stolen her Maltese lapdog. Ten days later she was brought home by a policeman who had found her in the same disheveled and dazed state near the Pont Neuf. . . .
>
> One morning, in breach of Picasso's rule that she was not to come to the rue des Grands-Augustins [Picasso's home] unless specifically invited, Dora arrived unbidden and unannounced. She found Picasso talking with

> Éluard. There were no preambles. "You both should get down on your knees before me, you ungodly pair," she cried. "I have the revelation of the inner voice. I see things as they really are, past, present and future. If you go on living as you have been, you'll bring down a terrible catastrophe on your heads." And to underline her words she grabbed both men by the arms and tried to bring them down on their knees. Sabartés was immediately dispatched to call Jacques Lacan, the psychiatrist whom Picasso consulted for every kind of medical problem, including the common cold. He came to the studio, and when he left, he took Dora with him. He kept her in his clinic for three weeks, treating her with electric shock and starting her in analysis, which would continue long after she left the clinic.[32]

The reference above is to Paul Éluard (Eugène Émile Paul Grindel, 1895–1952), poet, founder of the surrealist movement, and friend of Picasso. Jaume Sabartès (1890?–1968), a fellow Spaniard and old friend of Picasso, worked in Guatemala as a journalist for twenty-five years before returning to live in Spain. "In 1935, Picasso asked him to become his factotum, and Sabartès began his long service as Pablo's right-hand man. His duties included arranging all the details of Picasso's exhibitions. Mrs. Sabartès supervised the Picasso household."[33]

In a review essay on the life of Dora Maar in the *Times Literary Supplement* (2002), Marilyn McCully makes Lacan appear even more sinister:

> [Dora] Maar suffered a mental collapse in the spring of 1945. . . . A terrified Picasso, who abhorred illness, especially in women, reportedly contacted Jacques Lacan, who had her admitted to a psychiatric clinic. Doujoune Ortiz [the Spanish author of a biography of Maar] goes into details about Lacan's machinations in looking after Maar and the horrific shock treatments that were prescribed as part of her therapy. She also makes the perceptive observation that Picasso's paintings of Maar as the weeping woman eerily anticipate the terrors she must have suffered in the moments before the shock treatments were administered."[34]

Continental antipsychiatrists did not condemn civil commitment and the insanity defense; on the contrary, they made use of these practices just as psychiatrists did. Anne Lovell laments, "Unfortunately, the

French antipsychiatry movement remained theoretical and ideological. . . . The French and Italian situations are now moving toward a collaboration between the old public sector and new, private initiatives; toward a multiplicity of techniques and therapies including family, behavioral, bioenergetics, transactional analysis—in short, the gamut; toward the creation of newer categories of people to treat (delinquents, the handicapped, etc.)."[35]

Plus ça change . . . Psychiatry and antipsychiatry are two antithetical words for the same enterprise—psychiatry and socialist-welfare governments building the therapeutic state and enforcing its rules.

IV

In the United States, the leading expert on Lacan is Sherry Turkle, the Abby Rockefeller Mauze Professor of the Social Studies of Science and Technology at the Massachusetts Institute of Technology and author of *Psychoanalytic Politics: Jacques Lacan and Freud's French Revolution* (1978). She considers him a leading figure in French antipsychiatry.

Turkle emphasizes that "three features make French anti-psychiatry very different from its Anglo-Saxon counterpart: its links with psychoanalysis, its links with Marxism and its grass roots base. . . . Thus, we stress French anti-psychiatry's relationship to French psychoanalysis, to other currents in French radical politics and to the student revolt of May–June 1968 whose aftermath seems to have conditioned a milieu receptive to anti-psychiatric ideas, particularly on the French Left."[36]

Like her hero, Turkle likes abstract adjectives such as "radical" and "Marxist" and eschews addressing the economic-legal practicalities of the psychotherapeutic situation, such as who pays whom for what, or who coerces whom and why. Thus, she does not even allude to the fact that Lacan was a licensed physician and a specialist in psychiatry, with all the perquisites and power that role entailed in France. Instead, Turkle dwells on the events of May–June 1968, when

> psychoanalysts were very much in demand not just from politicized students in the social sciences and humanities, but from medical students who looked to them for help in creating a new "human relations" curriculum

> for French medical schools. . . . Many psychoanalysts responded to these demands, in particular the Lacanian analysts. . . . There is also the fact that Lacan's son-in-law, Jacques Alain Miller, a central figure at the Freudian School, was a Maoist for many years. . . . Lacan attacked the Americans, broke analytic "rules," challenged hierarchy. . . . In addition, Lacanian analysts had pioneered several experiments in anti-psychiatry (such as that of the Clinique de la Borde at Cour-Cheverny) whose use of "institutional psychoanalysis" was felt by many to be relevant to the May movement.[37]

It is clear from these few lines that the French used, and Turkle uses, the term "antipsychiatry" to identify traditional *institutional-psychiatric practices,* provided they are carried out by approved members of the Left. Oddly, Turkle mentions Pierre-Félix Guattari (1930–92)—French psychiatrist, institutional psychotherapist, philosopher, and widely considered Lacan's most famous pupil and the most prominent French antipsychiatrist—only in passing.[38] Guattari worked at the psychiatric clinic La Borde, the main center of so-called institutional psychotherapy. His writings—as impenetrable and meaningless as Lacan's—are published by the prestigious MIT Press. The Web site of the press describes Guattari's posthumously published book, *Chaosophy* (1995), as follows: "[This book] is a groundbreaking introduction to Guattari's theories on 'schizo-analysis': a process meant to replace Freudian interpretation with a more pragmatic, experimental, and collective approach rooted in reality. Unlike Freud, Guattari believes that schizophrenia is an extreme mental state induced by the capitalist system itself, which keeps enforcing neurosis as a way of maintaining normality. Guattari's post-Marxist vision of capitalism provides a new definition not only of mental illness, but also of the micropolitical means of its subversion."[39]

This is a another sample of the "fashionable nonsense" exposed by Sokal and Bricmont. They said nearly everything that needs to be said about the semantic swindles of the French "Theorists." After quoting a typical passage from Lacan, they wrote:

> "If you'll permit me to use one of those formulas which come to me as I write my notes, human life could be defined as a calculus in which zero was irrational. . . . " In this quote Lacan confuses irrational numbers with

> imaginary numbers, while claiming to be "precise." They have nothing to do with one another. . . . As for showing off a superficial erudition and manipulating meaningless sentences, the texts quoted above surely speak for themselves. . . . Lacan's writings became, over time, increasingly cryptic—a characteristic common to many sacred texts—by combining plays on words with fractured syntax; and they served as a basis for reverent exegesis undertaken by his disciples. One may then wonder whether we are not, after all, dealing with a new religion.[40]

In Freud's case we are dealing with a new religion. In Lacan's case we are dealing with crass opportunism and brazen deception. Lacan, whose personality resembled Laing's, did not care about rules or principles or consistency between words and deeds. His role in the debate about lay analysis illustrates his utter intellectual dishonesty. As I noted earlier, in 1926 the Viennese lay analyst Theodor Reik was charged with practicing medicine without a license. The farce of the Reik quackery "trial" was restaged in Paris in the early 1950s, when Margaret Williams-Clark—a well-known lay analyst who pretended to practice "pedagogical counseling"—was charged with practicing medicine without a license. Prominent French analysts presented their opposed arguments. In March 1952, the case was "dismissed." Roudinesco, herself a lay analyst, explains:

> The judgment was commensurate with the extravagance of the situation. For in fact, the partisans of lay analysis could hardly defend a point of view that would amount to officializing a practice that had until then been entirely informal: the fact that nonphysicians were conducting therapy without any real medical cover. Were they to admit it publicly, the accused would have been found guilty. Vis-à-vis the law it was thus imperative to demonstrate something and its opposite: the "theoretical" validity of the lay project and the existence of a "cover" they knew to be fictitious.[41]

It was not just the medical cover for lay analysis that was fictitious. Neurosis qua medical disease was fictitious, and so too was the conversation called "psychoanalysis" qua medical treatment. When I declared that mental illness is a myth—that "it" does not and cannot exist—I asserted a truth that

countless people "knew" to be true but refused to acknowledge. This is still the case.

In 1952 the Parisian quackery case seemed to be over. But it was not. "In July 1953, the 11th Chamber of the Court of Appeals reversed the tribunal's judgment and retained against Williams-Clark the crime of illegal exercise of medicine, punishable by a fine of one hundred francs which was suspended. . . . [The court] declared the punishment purely one of principle, in view of the impeccable ethics of the lady and because of her experience in psychoanalysis, which eliminated all suspicion of fraud."[42] In other words, because the defendant was well experienced in practicing medicine without a license, she was no longer guilty of the practice. "Oh, what a tangled web we weave, when first we practice to deceive."

I cite this story here not only because it is relevant to my argument but also because it contains another example of the ease with which Lacan asserted both that X is Y and not Y. To decide whether practicing psychoanalysis is or is not a form of medical practice, the court had to rely on a previously established rule. In doing so, it followed "the rules of the Commission of Instruction drawn up by Lacan in 1949. In point of fact, it repeated word for word the terms of that text in which the following may be read: 'It is agreed, moreover, that psychoanalysis is essentially a medical technique for which the neuroses are merely the field of its exercise, but which extends its grasp perpetually further, along with the field of psychosomatics.'"[43] Roudinesco is well aware of Lacan's blatant dishonesty about this matter and accepts it as if it were the only reasonable response to the dilemma of lay analysis and, more fundamentally, to the problem of demarcating the boundaries of disease, official medicine, and the therapeutic state.

One of Lacan's famous pupils was French psychoanalyst-antipsychiatrist Maud Mannoni (1923–98). (She was born Magdalena van der Spoel, in Belgium, and was married to French psychoanalyst Octave Mannoni [1899–1989].) A Dutch antipsychiatry Web site lists her as an important member of the antipsychiatry movement and identifies antipsychiatry as a

> school of psychiatric thought [that] disputes this idea that mental illness should be a medical matter. According to the antipsychiatrists the cause of insanity is to be found in unsound social relationships, not in the brain.

> Mental illnesses do not exist, they are merely reactions against a sick society. *The Myth of Mental Illness* (1961) by psychiatry professor Szasz becomes a best-seller. . . . Antipsychiatrists experiment with therapeutic communities, as an alternative to the classic mental clinic. Laing and Cooper's Kingsley Hall in London is a kind of hotel where patients, social workers and visitors walk freely in and out and everyone is free to do what they want. In Gorizia, Italy, Basaglia reorganizes a mental institution into a therapeutic community where patients and staff live together as equals. Maud Mannoni puts her psychoanalytically inspired ideas into practice in the antipsychiatric children's home in Bonneuil-sur-Marne, France. Antipsychiatry says that psychosis is a positive thing, a natural healing process. . . . Some of the ideas have now gained their place in psychiatric practice. Present-day psychiatry is no longer a purely medical matter. Responsibilities and decisions are in the hands of a team of not only psychiatrists, but also social workers, ergotherapists and psychologists, and the mental institution is no longer the closed community it used to be.[44]

This extract illustrates and supports my contention that antipsychiatry is a part of psychiatry. The operation of Laing and Cooper's Kingsley Hall, Basaglia's psychiatric plantation, and Mannoni's antipsychiatric children's home is totally inconsistent with the ideas and ethics set forth in *The Myth of Mental Illness* and in everything else I have written. Yet each of these antipsychiatric "schools" used my name and work to lend legitimacy to the label "antipsychiatry" and to its particular style of collectivistic-coercive psychiatry.

V

Italian antipsychiatry is closely associated with the name Franco Basaglia (1924–80). Scion of a patrician Venetian family, Basaglia graduated from the University of Padua medical school, trained as a psychiatrist, became the director of a state mental hospital in Gorizia, and later served as head of mental health services for the Lazio region of Rome. Basaglia's wife, Franca Ongaro, also came from an upper-class Venetian family, was well educated, and was a Communist member of the Italian Senate. An English admirer of the Basaglias refers to "Franca Ongaro Basaglia, wife of the late, great

Franco Basaglia" as the "first senator specifically devoted to mental health world-wide."[45] The Italian Communist Party was an ardent supporter of Basaglia's loudly anticapitalist psychiatric "reforms."

The chapter on "critical psychiatry" in Italy in Ingleby's collection is written by Basaglia himself. The text is said to be "based on an address given to the conference on Alternative Psychiatry held in Trieste during 1977." "Alternative psychiatry" is the correct term not only for what Basaglia offered but also for all of the so-called psychiatric reforms that characterize the history of psychiatry.[46]

Basaglia, too, loved the idea of mental illness and used the term to make himself look good: "'Mental illness' as we know it was seen not as what the mental hospital cures, but as what it creates. . . . The approach that underlies this work is in no way an attempt to evade the central point of illness. . . . The illness is seen essentially as a distorted representation of specific contradictions of the subject in his social relations."[47] Basaglia did not say how he "treated" the illness he attributed to "a distorted representation of specific contradictions of the subject in his social relations."

Instead of advocating "piece-meal social engineering" (Karl Popper), such as abolishing involuntary admissions to mental hospitals, Basaglia spouted nonsensical psychiatric-revolutionary rhetoric, such as attributing the distinction between men and women to the "unequal distribution of power": "We had to go beyond the world of the mental hospital to confront the madness of 'normal' life: the dichotomies of health/sickness, normality/deviance, man/woman, old/young, which were starting to show their common origin in class divisions and the unequal distribution of power."[48]

In the same paragraph, Basaglia pontificated about the duty of the psychiatric system to provide "patients" with "job opportunities, accommodations, economic support, and a host of formal and informal arrangements for reintegrating them into the community. . . . Many of these changes were parallel to those wrought by the 'therapeutic community' movement in England and elsewhere; but the underlying aim was more radical."[49] The aim was absurdly utopian, not radical (which means "going to the roots").

Basaglia bragged that he abolished "constraints" such as "the administration of ECT and insulin-coma therapy," adding that "when restraint was necessary, it always took a personal and not a mechanical form. . . . Drugs

were still administered, but solely in order to facilitate relationships."[50] Like his institutional colleagues whom Basaglia pretended to oppose, he believed that psychotropic drugs forcibly administered to incarcerated mental patients "facilitate" relating to them as persons, instead of inexorably stigmatizing them as nonpersons when undrugged. He too found relating to the involuntarily hospitalized "psychotic" patient as if he were the equal of the psychiatrist who keeps him locked up—each having the same rights and obligations—just as impossible as have others. Going to the root of that problem and confronting it with the seriousness it deserves were not on his agenda.

Basaglia was a petty psychiatric *Duce*. He defined his gift to the Italian people in political terms, calling it *Psichiatria Democratica* (Democratic Psychiatry). The irony seems to have been lost on nearly everyone. Basaglia was proud of his medical-psychiatric-institutional identity: he spent his entire professional life in the service of the Italian state, as a public mental hospital director and psychiatric bureaucrat. He was a physician in name only, untroubled by the fact that no other medical specialty is or can be qualified as "democratic." Terms such as "democratic anesthesiology" or "democratic dermatology" or "democratic hematology" are nonsensical. The term "democratic psychiatry" is also nonsensical. Psychiatric relations are consensual-contractual or coercive-carceral.

The most interesting and most important thing about Italian antipsychiatry is that, like the psychiatry it sought to replace, it was created *by force,* by means of the so-called Law 180 of May 1978, often called "Basaglia's law." Anthropologist Anne M. Lovell explains: "While both Laing and Basaglia were heavily influenced by phenomenology and Sartre's Marxism, their practical work soon diverged radically. Laing's exit from the national health system and his organization's dependence on self-supporting and privately-financed alternatives is juxtaposed to the *Italian insistence on the need to work within the old institutions and to change the public psychiatry system,* rather than to create élitist alternatives."[51]

Basaglia overlooked the psychiatrists' eagerness to assume the rights and duties of incarcerating innocent persons, ostensibly in their own best interests, an eagerness he shared. He was a naive utopian ideologue, seeking an ideal Communist society, leading automatically to a humane "public

psychiatry." Private psychiatry would, presumably, be banned, as "capitalist exploitation."

VI

Seven years after Basaglia's death, Nancy Scheper-Hughes and Anne Lovell published *Psychiatry Inside Out: Selected Writings of Franco Basaglia* (1987), a naively hagiographic book. They enlisted once-prominent Harvard child psychiatrist Robert Coles to write the foreword. Coles had a successful career posing as a high-minded psychiatrist—active in the civil rights movement, writing books about "gifted" black children, and sponsoring "progressive" causes—all the while remaining silent about the psychiatric atrocities in front of his nose. His text reeks of fake compassion for the victims of psychiatric coercion:

> As I read this book I kept thinking of one of the "psychotic" patients I met when a resident in psychiatry at the Massachusetts General Hospital in Boston. . . . The more I talked with her, the more I was convinced that she was "delusional," that she was having "hallucinations," both auditory and visual. I . . . prepared to fill out a "pink paper"—that name we young psychiatrists-in-training used for the commitment form then in common use throughout the Commonwealth of Massachusetts. . . . [After a few words are exchanged between doctor and patient,] she spoke again and offered a calm, shrewd interpretation: "I am sure you'll feel better when the ambulance comes to take me away. I am glad I can help you this way." . . . I now realized that . . . I was as sick in my own way as this patient. . . . Readers of this book will soon enough begin to understand what was happening to that woman and to me—*both of us victims*.[52]

This is a brazen lie. Coles was in the process of using the law to deprive this woman of her liberty. No one was using the law to deprive Coles of his liberty. He chose to be a psychiatrist in training at Harvard and, to secure the benefits that went with that affiliation, was sacrificing the liberty of his victims-patients. Written one hundred years after Chekhov's *Ward No. 6*, Coles's words are an unacceptable cop-out. No one forced Coles to become a psychiatrist. Coles is a hypocrite: he places scare quotes around terms such

as "psychotic" and "delusional," implying that he rejects the dehumanizing psychiatric perspective on persons deemed to be mentally ill. But it is all posturing.

Franca Ongaro Basaglia, Basaglia's widow, also comes across as a hypocrite. In her preface to the book, she praises her husband's opposition to traditional asylum psychiatry: "In 1961 . . . [he] left the University of Padua, where he had worked for fourteen years, to direct a small provincial psychiatric hospital with 650 patients. . . . Basaglia had never seen an asylum. . . . He was upset by that encounter: it was certainly the first emotional reaction from which stemmed his refusal of the reality of the asylum and its logic."[53]

An old adage says you don't have to be a chicken to smell a rotten egg. As a teenager in Budapest, I had not seen the inside of an asylum but knew that what was going on there was not pretty. Learning about such things secondhand is what books and newspapers are for. Yet Franca Basaglia tells us that, after fourteen years of experience as a psychiatrist in Padua, her husband was still a psychiatric virgin, uninformed about conditions in insane asylums. She then lauds him for his efforts at law reform, specifically for drafting the 1978 "Law 180," which provided for "a gradual phasing out of the asylum . . . the establishment in general hospitals of 'diagnosis and treatment units' for compulsory treatment and crisis intervention; these placed the mentally ill person on the same level as any other sick person."[54] But incarcerated mental patients are *not* like other sick persons.

The Basaglia revolution was short-lived. Only nine years after the enactment of the law named after her husband, Franca Basaglia complained: "Now we are also witnessing a gradual increase in compulsory treatment that, in the first year of the reform, had fallen by 60% nationwide. This means that, in the absence of alternative responses, and with the motivation for the struggle weakening, the old repressive techniques are proposed again intact."[55]

In the 1980s, Kathleen Jones and Alison Poletti, two well-known writers on mental health policy, visited Italy to assess the results of Basaglia's highly touted achievements. This, in part, is what they reported:

> Italy's Law 180, passed in 1978, abolished mental hospitals and replaced them with community services. The Italian literature suggests that the law has been far less successful in improving services for mental patients than

> reports by foreign visitors have indicated. The authors visited Italy on two occasions in 1984 and 1985 to assess for themselves the impact of the law. In many parts of the country hospitals were still open but badly understaffed and physically deteriorated; in Trieste, where the reform movement started, there was a good system of services, but a hospital whose closing had been publicly celebrated still housed several hundred patients. The authors describe the social and political climate in which Law 180 was passed . . . and attempt to explain why members of Psichiatria Democratica consider hospitals that remain open to be closed.[56]

Seventeen years after Basaglia's death, an Italian psychiatrist writing in the *Journal of European Psychoanalysis* summarized Basaglia's position in Italy as follows:

> For two decades, the cream of an entire generation of psychiatrists was charmed by Franco Basaglia (1924–1980), a Marxist trained in phenomenological philosophy and psychiatry who was hostile to psychoanalysis, which he considered a mere "technique" for the bourgeois clientele. However, his generous apostolate to free psychotic patients from squalid asylums—real jails for the fringes of society—had a great impact on Italian public opinion in the 1970s. His anti-institutional crusade had some affinity with the Anglo-American anti-psychiatric challenge (Laing, Esterson, Cooper, Szasz), but concentrated rather on the "dismantlement" of psychiatric hospitals, and their replacement with what in Anglophonic countries is called community care.

This was written some two hundred years after the "liberation" of mental patients by the Tukes at the York Retreat, by Philippe Pinel in Paris, and by Dorothea Dix in the United States. Like Pinel and Dix, Basaglia used his influence on the legal system to transfer psychiatric slaves from plantations he considered dehumanizing to plantations he considered humanizing, with himself in charge. Basaglia's Law 180 was a hoax, one more in a very long list of psychiatric hoaxes.

Psychiatry is fated to be the scene of similar, seemingly novel, hoaxes as long as professionals and the public alike continue to believe that mental illnesses are medical problems. The following statement by sociologists and

psychiatrist Robert Castel and Anne Lovell and psychiatrist Françoise Castel illustrates the utter incomprehension, by experts on mental illness, of my simple thesis that mental illness is a metaphor: "The free clinic alternative to psychiatry was born out of the [antipsychiatry] movement itself. Thomas Szasz's criticisms of the concept of mental illness . . . "[57] The term "free clinic" is a liberal euphemism for a clinic controlled by the state and funded by the taxpayer. If there is no mental illness, no clinic for "it"—public or private—is needed. Which is not to say that there are not many people in modern societies who "depend on the kindness of strangers" and, more often than not, become dependent on the unkindness of the psychiatric system.

EPILOGUE

The Accursed Legacy of Antipsychiatry

> The loudest voice urging that psychiatrists should not have the right to compulsory detention of their patients belongs to Thomas Szasz. . . . The key to Szasz's facile espousal of psychiatric anarchy lies in his admission that he sees patients only in an office practice: that is, people who come to him with their psychiatric problems.
>
> —MALCOLM LADER, *Psychiatry on Trial* (1977)

Malcolm Lader—OBE, D.Sc., Ph.D., M.D., FRC Psych., professor of clinical psychopharmacology, Institute of Psychiatry, University of London—castigates me for having limited my psychiatric practice to voluntary patients. No medical practitioner other than a psychiatrist would be criticized by a colleague for limiting his practice to voluntary patients. Indeed, no professional providing a *personal service*—such as athletic coach, attorney, beautician, physical therapist, podiatrist—is legally authorized to coerce his client. Lader's indignation shows that he recognizes that the legitimacy of psychiatry rests on the acceptance of psychiatric coercions as *medical interventions.* His statement—equating a fellow practitioner's limiting his practice to consensual-contractual relations to "psychiatric anarchy"—casts psychiatry in the same category as law enforcement, intrinsically dependent on coercion, rather than in the category of medical treatment, intrinsically incompatible with coercion.

None of the persons whose names are usually associated with the antipsychiatry movement—except me—has rejected the concept of mental illness or the forensic practices of coercing patients and making psychiatric excuses for them. Instead of rejecting the therapeutic state, the antipsychiatrists

joined forces with it. Genuine progress in psychiatry and reform in mental health care must begin with a firm repudiation of the idea that mental healing is a type of health or medical care.

The Web site of the Philadelphia Association—the organization that formed the nucleus of the antipsychiatry movement—states: "[The PA] was founded in 1965 by R. D. Laing and others to challenge accepted ways of understanding and treating mental and emotional suffering. This continues to be our aim." In the United Kingdom, the PA is a Registered National Charity; in the United States, it has secured for itself exemptions from "United States income tax under Section 501(c)(3) of the Internal Revenue Code." The purposes of the Philadelphia Association set forth in its "Articles of Association" include: "To relieve mental illness of all description, in particular schizophrenia. . . . To promote and organize training in the treatment of schizophrenia and other forms of mental illness."[1]

In 1973, Joseph Berke founded the Arbours Crisis Centre and eliminated many of the euphemisms and the fake egalitarianism of Kingsley Hall from its platform. He called the persons cared for at the ACC "guests," and the persons who cared for them "Resident Therapists." The center is an undisguised alternative mental hospital.[2]

French and Italian antipsychiatrists never pretended to leave the psychiatric fold. Nor did they pretend to care about the scientific-somatic definition of disease or the nosological status of mental illness. Exemplified by Lacan and Basaglia, they aspired to replace the existing psychiatric power structure and embraced psychiatry's defining rituals—civil commitment and the insanity defense-excuse.

Human beings have lived in groups we call societies for thousands of years. They have always had to cope with dangers posed by natural events or other human beings, and have everywhere constructed defenses against them, some real, others symbolic, such as weapons and warriors, gods and kings, and complex rituals we call religion. Only a few hundred years ago did people in the West begin to fear a threat they called madness and seek protection against it by means of "mad-doctoring"/"psychiatry."

Exactly what is this threat, and why is it conceptualized as an illness? Suffice it to say here that the threat arose from the demise of the feudal order and with it the rise of commerce, communication, secularism, urbanization,

and the growth of the state. *Lonely individuals*—persons without land or occupation, without home, family, or means of subsistence—became *visible*. Called beggars, vagrants, or vagabonds, their presence *disturbed* the majority of the people living more fortunate lives. The result was the segregation of this inchoate group of individuals with only one feature in common: poverty-homelessness. What was the justification for depriving them of liberty? Homelessness. Called "vagabondage," the condition/conduct was criminalized, and the offenders were confined in poorhouses and jails. Soon, self-appointed benefactors arose who felt that this de facto imprisonment without trial was inappropriate for modernizing societies: with authority and power being transferred from doctors of theology to doctors of medicine, the reformers "recognized" that these masses of unwanted individuals were best cared for by physicians, specifically "mad-doctors." This social rethinking led to the great institutionalization movement of the nineteenth century, that is, the construction of large public insane asylums and the confinement in them of all kinds of persons who disturbed the social order. Because the incarceration rested on medical-legal justification, physicians sought to identify the diseases that caused people to become insane, and jurists sought to refine the legal principles and practical procedures to rationalize and "improve" commitment procedures.

The exertions of the experts were crowned by success after success. Medical scientists discovered that infection with certain microbial agents, such as the treponema pallidum, and intoxications with chemicals, such as alcohol, cause madness, and concluded that all behaviors identified as insane have somatic causes. Similarly, jurists revised and rerevised ad nauseam the statutes regulating psychiatric incarcerations, declaring each new revision to be compassionate, humane, and above all therapeutic, *protecting both the patient and the public*. This mind-set, more dominant today than ever, precludes giving serious thought to the possibility that (mis)behaviors are not medical diseases, and that conflicts between the self-defined interests of individuals and groups—the family, religious community, professional or social organization, society, nation—are inherent in human nature and social organization. As long as people are satisfied with their social arrangements and institutions, they have no incentives to reflect about them, much less change them.

Most people today, especially most Americans, are satisfied that mental illnesses exist and people who suffer from them are best cared for by psychiatrists and other mental health professionals. Not until people lose confidence in this belief will they have the incentive to look for real alternatives, not just variations of prevailing practices. Pondering this conundrum, I suggested some time ago that we regard mental hospitals and other institutional systems of "mental health care" as "orphanages for adults."[3]

Formerly, a child who had no parents or relatives willing to care for him was sent to an orphanage. He was treated in this way not because he suffered from a condition called "orphanhood" but because he could not care for himself and no one was able or willing to care for him. Today's adult orphanage—the domicile we euphemistically call a "mental hospital" or "mental health center"—serves an analogous function. Moreover, the mental patient is housed in a mental hospital not only because he cannot or does not care for himself ("properly") but because mental health experts and government agents tell people that the "victim" suffers from a condition called "mental illness" that requires "medical treatment." Virtually everyone believes this explanation-rationalization-justification.

The term *"Antipsychiatrie"* was coined in Germany at the end of the nineteenth century in opposition to criticism of "false commitment," that is, the confinement of sane persons in mental hospitals. Its purpose went far beyond professional self-protection. Psychiatrists used it as a weapon, consolidating the legitimacy of psychiatric coercion by labeling their critics insane. The term *"Antipsychiatrie"* served as an effective barrier against the arguments of persons opposed to the increasing use by the state of a novel medicalized form of legal compulsion.

Laing and Cooper's reinvention of the term "antipsychiatry" in 1967 introduced it into current popular and professional parlance. Regardless of their motives for this move, the easy availability of this term as a dismissive label prevented serious psychiatric criticism from receiving a fair hearing in both academia and the media. That is the accursed legacy of the so-called antipsychiatry movement.

AFTERWORD

Freedom from Violence and Lies

> My holy of holies is . . . freedom from violence and lies in whatever form they express themselves.
>
> —ANTON PAVLOVICH CHEKHOV (1860–1904), letter to his editor, A. N. Pleshcheev, October 4, 1888

Some three hundred years ago, mad-doctors began to deprive innocent individuals of liberty. Unsurprisingly, ever since, the practice of involuntary mental hospitalization has been a source of contention as well as sporadic and ineffective criticism.

The incarceration of an innocent person for an indefinite period—often for life—is a fact, impossible to deny or obscure. The imposition of a "diagnosis of mental illness" on a person against his will and of measures ostensibly protecting him from his alleged illness is a more subtle phenomenon.

Individual liberty—supported by limited government, the rule of law, and the right to property—is the foundational value of the United States. Yet never before in history has the practice of psychiatric coercion been as widespread and popular as it is in the United States today. In the nineteenth century, before psychiatry became a "science," it was still possible to acknowledge the truism that psychiatric "treatment" is a synonym for deprivation of liberty—imprisonment under nominally medical auspices. In 1889, the famous German neurologist Karl Wernicke (1848–1905) stated, "The medical treatment of mental patients begins with the infringement of their personal freedom, which necessitates the presence of the physician who, in the most urgent cases, by means of his expert medical testimony, places the sick persons—against their will and by means of coercive interventions

[Zwangsmitteln]—in a closed institution or incarcerates them in their own homes."[1] With mental illness redefined as brain disease and psychiatric incarceration recognized as medical care, acknowledging Wernicke's observation is now professional heresy.

Undeterred by this and related "lying facts," I have for more than half a century insisted that mental illness is a metaphor, that incarceration in a mental hospital is deprivation of liberty disguised as diagnosis and treatment, and that the psychiatric system as we know it cannot be reformed and ought to be abolished. Understanding this perspective and recommendation requires that we reconsider our basic ideas about freedom and our limited options for its effective protection against "benevolence."

In 1970, in the preface to my book *The Age of Madness: The History of Involuntary Mental Hospitalization Presented in Selected Texts,* I compared the relationship between the institutional psychiatrist and his involuntary patient with that between master and slave, and added:

> Like slavery, institutional psychiatry is a complex social-economic phenomenon of long standing and great practical importance. For millennia, slavery flourished. While it did, the greatest minds sincerely believed that slavery was a boon not only for the master but also for the slave. Only recently did the people of the Western world feel ready to abolish this institution and replace it with labor relations based on contract. In comparison, hospital psychiatry is a young institution; indeed, it seems probable that it is still in the ascendancy, and that it will grow and flourish before mankind will feel morally moved and socially prepared to replace it, too, with patterns of social welfare based on mutual consent.[2]

The extension of coercive psychiatric practices from the mental hospital into every nook and cranny of the community is tragic evidence of the accuracy of this prediction.[3] Viewing involuntary psychiatry as an institution similar to involuntary labor, the aim of my critique was the abolition of psychiatric slavery, not its "reform" and replacement by a "better" system.

Psychiatrists regard the incarceration of mad persons as the *medical solution* to a medical problem, the "treatment of mental illness." Antipsychiatrists have not opposed this practice. I have long maintained that civil commitment (called "sectioning" in the United Kingdom) is not a *medical problem;*

it is a *legal and moral solution* for some types of "problems in living." This solution may or may not be perceived as a problem, either by the incarcerated individual or by others who sympathize with his predicament. My point is that the only remedy for slavery of any kind is *freedom:* in our case, the freedom of the denominated mental patient from his psychiatrist—and, at the same time, the freedom of the psychiatrist from his legally enforced duty to protect the mental patient by coercing him.

The moral imperative of freedom energized English and American abolitionists in the past and energizes psychiatric abolitionists today.[4] In his novella *Ward No. 6,* Anton Chekhov masterfully articulated this moral imperative, presenting a matchless and timeless exposé of the inhumanity intrinsic to the institutional psychiatric system.

I

Chekhov recognized that insane asylums are receptacles of society's unwanted and that what the inmates of psychiatric confinement need is freedom, not another set of carers. He also recognized the dangerous folly of labels and rejected being pigeonholed: "I am afraid of those who . . . are determined to see me either as a liberal or a conservative. I am neither a liberal nor a conservative, neither a gradualist nor a monk nor an indifferentist. . . . I consider brand-names and labels a prejudice."[5]

Chekhov was the grandson of a serf. He had a deep understanding of the "laws of slavery" that deprive both master and slave of the fruits of liberty, though of course in very different ways. He knew that to be free he must "squeeze out the slave, drop by drop," from his being.[6] This is not a project that interested most people then or interests them now. Chekhov himself was singularly free of the common human failing of self-deceit: nothing human was alien to him. In *Ward No. 6,* he exposed the real face of the mental hospital system: despotism and torture on one side, desire for revolt and revenge on the other.

There is no substitute for reading and rereading this masterpiece. Persons familiar with the story will find its movie version almost equally powerful. *Paviljon VI* (*Salonul numãrul 6,* in Romanian) is a black-and-white film made in Yugoslavia, directed by the famous Romanian filmmaker Lucian

Pintilie (born 1933), recorded in Serbo-Coatian, and released in 1978 with English subtitles.

The action is situated in a provincial insane asylum in Russia at the end of nineteenth century. The two principal characters are the physician, Andrey Yefimitch Raghin (in some translations spelled Ragin or Rabin), and an educated young inmate, Ivan Dmitrich Gomar. When Andrey Yefimitch arrives to assume his duties, his employers—the village eminences—inform him that he is expected to leave the day-to-day operation of the ward to his underlings, and spend his time hunting, playing cards, and escorting single ladies to dances.

However, Raghin is a solitary person, introverted, indolent, yet intellectually curious and given to brooding about the meaninglessness of life. With masterful set pieces, Chekhov describes Raghin's fatal mistake. Bored, he visits the inmates. He listens and talks to the madmen, especially Ivan Dmitrich, and begins to see the patients as persons, like himself. In turn, his superiors begin to see him as a mad person. Imprisoned in Ward No. 6, Raghin demands to be set free, is beaten half-dead by the attendant, and dies of a stroke. That summarizes the action. The importance of the piece lies in the delicacy and verisimilitude of Chekhov's narrative. Reflecting on his job, Andrey Yefimitch meditates:

> According to the yearly return, twelve thousand people had been deceived; the whole hospital rested as it had done twenty years ago on thieving, filth, scandals, gossip, on gross quackery, and, as before, it was an immoral institution extremely injurious to the health of the inhabitants. He knew that Nikita [the attendant] knocked the patients about behind the barred windows of Ward No. 6. . . . On the other hand, he knew very well that a magical change had taken place in medicine during the last twenty-five years. . . . [W]hen he was reading at night the science of medicine touched him and excited his wonder, and even enthusiasm. What unexpected brilliance, what a revolution! Thanks to the antiseptic system operations were performed such as the great Pirogov had considered impossible. . . . Psychiatry with its modern classification of mental diseases, methods of diagnosis, and treatment, was a perfect Elborus [Mount El'brus, a peak in the Western Caucasus] in comparison with what had been in the past. They no longer poured cold water on the heads of lunatics nor put strait-waistcoats

upon them; they treated them with humanity, and even, so it was stated in the papers, got up balls and entertainments for them. Andrey Yefimitch knew that with modern tastes and views such an abomination as Ward No. 6 was possible only a hundred and fifty miles from a railway in a little town where the mayor and all the town council were half-illiterate tradesmen who looked upon the doctor as an oracle who must be believed without any criticism even if he had poured molten lead into their mouths; in any other place the public and the newspapers would long ago have torn this little Bastille to pieces.

"But, after all, what of it?" Andrey Yefimitch would ask himself, opening his eyes. . . . "*They get up balls and entertainments for the mad, but still they don't let them go free;* so it's all nonsense and vanity, and there is no difference in reality between the best Vienna clinic and my hospital. . . . *I serve in a pernicious institution* and receive a salary from people whom I am deceiving. I am not honest, but then, I of myself am nothing, I am only part of an inevitable social evil: all local officials are pernicious and receive their salary for doing nothing. . . . And so for my dishonesty it is not I who am to blame, but the times. . . . If I had been born two hundred years later I should have been different." (emphasis added)

This meditation on "psychiatric abuse" has an eerily contemporary ring. In psychiatry, the adage *plus ça change, plus c'est la même chose* is a truism whose truth the profession prohibits acknowledging.

II

In the classic liberal (libertarian) view, a person is free if he is uncoerced, let alone. In 1891, in an often-cited decision, the United States Supreme Court ruled that "no right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to possession and control of his own person, free from all restraint or interference of others. . . . The right to one's person may be said to be a right of complete immunity: to be let alone." In 1928, Justice Louis D. Brandeis repeated that famous phrase: "The makers of our Constitution sought to protect Americans in their beliefs, their thoughts, their emotions, and their sensations. They conferred, as against the Government, the right to be let alone—the most

comprehensive of rights, and the right most valued by civilized men."[7] In the twenty-first century, this view is considered antiquated, ill-suited to the needs of modern man in mass society.

Opposed to that old-fashioned conservative conception of liberty, in the modern liberal-statist view, a person is free only if he possesses a certain minimum of resources. Sir William Beveridge (1879–1963), one of the founders of the British welfare state, put it thus: "Liberty means more than freedom from the arbitrary power of Governments. It means freedom from economic servitude to Want and Squalor and other social evils. . . . A starving man is not free, because till he is fed, he cannot have a thought for anything but how to meet his urgent physical needs; he is reduced from a man to an animal."[8]

Formerly, such charitable assistance was provided, if it was provided, voluntarily, as a moral-religious obligation, by the family or the church or the community. Today—in communist economies in which the state owns and produces everything as well as in capitalist economies in which the state owns and produces nothing and is funded by taxes—it is provided by governments empowered by the "popular will" to coerce the nonstarving to feed the starving. Treating "health care," especially "mental health care," as a commodity that the people who need it cannot supply for themselves marks the point where institutional psychiatry and its so-called abuses begin.

The typical bodily ill patient is constrained by a somatic disease from which he would like to recover or be "freed" (using the term in the medical sense of being freed from disease). *His would-be liberator has no need for power to set him free;* he needs effective treatment for the illness and a market in which to sell it to the patient, who will pay for it out of his pocket, or through his insurance, or with the aid of charity. In contrast, the typical mentally ill patient is not constrained by his mental disease (which is a metaphor or self-fabricated solution for his problems in living); he is constrained by his psychiatric captors, from whose "coercive care" he wants to escape, but cannot; he rejects the diagnosis, care, protection, and treatment imposed on him by force. The psychiatric master *needs the power of the state to deprive his patient of liberty.*

Human beings live in society. Inevitably, individuals have aspirations and needs that conflict with the aspirations and needs of others. Tradition,

law, religion, and psychiatry are mechanisms that societies have developed to regulate and resolve these conflicts. It is at this early stage in the development of the dilemma of civil commitment that we must clarify our ideas about liberty by clearly distinguishing freedom from two different kinds of burdens—from being coerced by other persons (typically acting as agents of the state) and from conditions we now call "mental illnesses" (but which the denominated patients do not recognize as such or do not wish to be coercively freed from). As Gilbert K. Chesterton wisely warned, "Do not free a camel of the burden of his hump, you may be freeing him from being a camel."[9] *Unless a person defines his problem in living as a burden from which he wishes to be freed, his (involuntary) psychiatric "treatment" is tantamount to his dehumanization.*

The claim that psychiatric hospitalization is a humanizing alternative to criminal imprisonment is bogus. Imprisoning convicted criminals need not be dehumanizing. The dehumanization lies in psychiatry's/society's responding to the subject's voluntary behavior as if it were a mental illness and punishing-degrading him by forcibly subjecting him to *"psychiatric treatment."*

The core concepts of medical practice are: complaint-symptom, diagnosis-disease, and consent-treatment. The hyphenated terms are not identical and must not be confused. Psychiatrists use the mendacious claim that "mental illnesses are like other illnesses" to support the lie that psychiatric practice is a type of medical practice. Historians of medicine celebrate great *discoverers* of bodily diseases and treatments, such as Robert Koch (1843–1910) and Alexander Fleming (1881–1955), whereas historians of psychiatry celebrate individuals deemed to be great *liberators* of the insane, such as Philippe Pinel (1745–1826) and Dorothea Dix (1802–87).

The idea that if a person loses certain capacities he is no longer a free moral agent and needs the liberating-medical services of psychiatrists arose and developed in psychiatry. To the modern mind it is obvious that the man who has "lost his mind" has, ipso facto, lost his free will, and hence needs the services of the state to restore his freedom. By such semantic gymnastics is the mental patient's deprivation of liberty transformed into his liberation from his illness.

The ostensibly medical incarceration of the mental patient has inevitably led, and is destined to lead, to some of the most heinous forms of

mistreatment of human beings in the history of mankind. Although *Ward No. 6* was published more than one hundred years ago, it remains, arguably, the most discerning and most powerful condemnation of the practice of therapeutic coercion and its inevitable consequence, psychiatric slavery. Even the great dictator Vladimir Ilyich Lenin (1870–1924) found the story shocking. "The reading of *Ward No. 6* had such an oppressive effect on him [Lenin]"—reminisced his six-years-older sister, Anna Ilyinichna Yelizarova-Ulyanova (1864–1935)—"that he felt like going out of his room and taking a breath of fresh air: while he was reading it, it seemed to him that he had himself been locked up in Ward No. 6."[10]

NOTES

Preface: What Is Antipsychiatry?

1. See especially T. Szasz, *Law, Liberty, and Psychiatry: An Inquiry into the Social Uses of Mental Health Practices*, *Insanity: The Idea and Its Consequences*, and *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry*.

Introduction: What Antipsychiatry Is *Not*

1. D. Tantam, "Critical Psychiatry: What Was Anti-Psychiatry?" http://www.uea.ac.uk/~wp276/define.htm.

2. M. Twain, http://www.quoteworld.org/quotes/10326.

3. D. Tantam, "Sartre's Existentialism and Current Neuroscience Research," *Existential Analysis* 19 (July 2008): 364–88, quote on 384.

4. T. Szasz, *Pharmacracy: Medicine and Politics in America*.

5. See Chapter 6.

6. D. J. Rissmiller and J. H. Rissmiller, "Evolution of the Antipsychiatry Movement into Mental Health Consumerism," *Psychiatric Services* 57 (June 2006): 863–66, http://psychservices.psychiatryonline.org/cgi/content/abstract/57/6/863.

7. K. W. M. [Bill] Fulford, T. Thornton, and G. Graham, *Oxford Textbook of Philosophy and Psychiatry*, 17–18.

8. Szasz, *Liberation by Oppression*.

9. B. Beyer, *Die Bestrebungen zur Reform des Irrenwesen* (Halle am Saale: Carl Marhold Verlagsbuchhandlung, 1912), 180.

10. D. Cooper, *Psychiatry and Anti-Psychiatry* (London: Tavistock, 1967), 104; D. Cooper, introduction to *The Dialectics of Liberation*, edited by D. Cooper, 8. See also A. C. Laing, *R. D. Laing: A Biography* (1994), 132.

11. A. Colman, "Antipsychiatry," in *A Dictionary of Psychology* (New York: Oxford Univ. Press, 2001).

12. "Anti-Psychiatry," http://en.wikipedia.org/wiki/Anti-psychiatry.

13. G. Marshall, *A Dictionary of Sociology* (Oxford: Oxford Univ. Press, 1998), http://www.highbeam.com/doc/1088-antipsychiatry.html.

14. A. Burns, "Anti-psychiatry," http://www.disinfo.com/archive/pages/dossier/id235/pg1/index.html.

15. D. Cooper, *The Grammar of Living,* 54; T. Szasz, *Schizophrenia: The Sacred Symbol of Psychiatry,* 48.

16. C. Oakley, "Dangerous Liaisons: The Rivalrous Resemblance of David Cooper and R. D. Laing," *Free Association* 4 (1993): 277–93; D. Cooper, *The Language of Madness.*

1. *Antipsychiatrie: Querulantenwahnsinn*

1. See T. Szasz, *Coercion as Cure: A Critical History of Psychiatry* and *Liberation by Oppression.*

2. Quoted in T. Szasz, ed., *The Age of Madness: The History of Involuntary Mental Hospitalization Presented in Selected Texts,* 7–9.

3. J. S. Mill, "The Law of Lunacy" (letter to the editor of the *Daily News,* July 31, 1858), in *Collected Works of John Stuart Mill,* 25:1198–99, quoted in Szasz, *Liberation by Oppression,* 180–81.

4. Beyer, *Die Bestrebungen,* 180 (see intro., n. 9); Szasz, *Schizophrenia,* 48.

5. C. McDowall, "Litigious or Wrangling Insanity or Paranoia Querulans of the Germans," *Journal of Mental Science* 56 (July 1910): 528–29.

6. A. Goldberg, "The Mellage Trial and the Politics of Insane Asylums in Wilhelmine Germany," *Journal of Modern History* (Mar. 2002): 1, 7, 9–10.

7. Ibid., 20.

8. A. Goldberg, "A Reinvented Public: 'Lunatics' Rights' and Bourgeois Populism in the Kaiserreich," *German History* 21 (2003): 159–82, quote on 159.

9. Ibid., 159–61 (emphasis added).

10. Ibid., 162–63 (emphasis added).

11. Ibid., 164; Goldberg, "Mellage Trial," 22 (emphasis added).

12. Goldberg, "Reinvented Public," 166.

13. Ibid., 166, 171.

14. Ibid., 174–75.

15. Ibid., 176, 178 (emphasis added); T. Szasz, "Debunking Antipsychiatry: Laing, Law, and Largactil," *Current Psychology* 27 (June 2008): 79–101.

16. S. Freud, "Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)" (1911), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* 12:1–82. See also T. Szasz, *Anti-Freud: Karl Kraus's Criticism of Psychoanalysis and Psychiatry.*

17. Z. Lothane, *In Defense of Schreber: Soul Murder and Psychiatry,* 230.

18. There is a vast literature on this important case. See especially ibid.; M. Schatzman, *Soul Murder: Persecution in the Family;* and D. Schreber, *Memoirs of My Nervous Illness.*

19. Lothane, *In Defense of Schreber,* 466.

20. Szasz, *Schizophrenia,* 39.

21. S. A. Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," *New Orleans Medical and Surgical Journal* 7 (1851): 691–715. See also T. Szasz, "The Sane Slave: An Historical Note on the Use of Medical Diagnosis as Justificatory Rhetoric," *American Journal of Psychotherapy* 25 (Apr. 1971): 228–39.

22. American Academy of Child and Adolescent Psychiatry, "Children with Oppositional Defiant Disorder," updated Dec. 1999, http://aacap.org/page.ww?name=Children+with+Oppositional+Defiant+Disorder&section=Facts+for+Families.

23. "Attention Deficit Hyperactivity Disorder (ADHD)," http://www.nimh.nih.gov/health/tpics/attention-deficit-hyperactivity-disorder-adhd/index.shtml.

24. T. Paine, "African Slavery in America" (1774), http://www.thomaspaine.org/Archives/afri.html.

25. Szasz, *Coercion as Cure;* T. Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct.*

26. "Pinel," http://en.wikipedia.org/wiki/Philippe_Pinel.

27. Ibid.; "Philippe Pinel," http://www.whonamedit.com/doctor.cfm/1027.html.

28. A. Deutsch, *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times,* 88–113.

29. P. Pinel, *A Treatise on Insanity* (1801, 1806), translated by D. D. Davis (New York: Hafner Publishing, 1962) (facsimile of the 1806 ed.).

30. Ibid., 27–28.

31. Ibid., 60.

32. Ibid., 69.

33. Ibid., 87.

34. Ibid., 187–88.

35. Ibid., 288.

36. F. Eaton, "Parents Vindicated for Questioning Mental Health Screening Process," *Southtown Star* (2008), http://www.southtownstar.com/news/eaton/1069080,072308.

37. M. Olfson et al., "Awareness of Illness and Nonadherence to Antipsychotic Medications among Persons with Schizophrenia," *Psychiatric Services* 57 (Feb. 2006): 205–11.

2. Antipsychiatry: Alternative Psychiatry

1. W. Shakespeare, *Romeo and Juliet,* 2.2.

2. See T. Szasz, "'Knowing What Ain't So': R. D. Laing and Thomas Szasz," *Psychoanalytic Review* 91 (June 2004): 331–46.

3. D. Cooper, *Psychiatry and Anti-Psychiatry* (see intro., n. 10).

4. E. Shorter, *A Historical Dictionary of Psychiatry.*

5. Ibid., 23.

6. T. Szasz, "The Abolitionist Archive," July 21, 1998, http://szasz.com/abolitionist.html.

7. Shorter, *Historical Dictionary of Psychiatry,* 24.

8. Ibid., 25.

9. J.-P. Sartre, *Anti-Semite and Jew* (1946), translated by George J. Becker (New York: Schocken Books, 1967), 69.

10. D. Gale, "Far Out," *The Guardian,* Sept. 8, 2001, http://www.guardian.co.uk/theguardian/2001/sep/08/weekend7.weekend.

11. B. Mullan, *Mad to Be Normal: Conversations with R. D. Laing,* 194–95.

12. http://en.wikipedia.org/wiki/David_Cooper_(psychiatrist); http://en.wikipedia.org/wiki/Anti-psychiatry.

13. See, for example, B. Diamond, "Review of *Law, Liberty, and Psychiatry: An Inquiry into the Social Uses of Mental Health Practices,* by Thomas S. Szasz," *California Law Review* 52 (Oct. 1964): 899–907; "Critical Psychiatry," http://health.groups.yahoo.com/group/criticalpsychiatry/message/31224.

14. P. Lowinger, "Psychiatrists Against Psychiatry," *American Journal of Psychiatry* 123 (Oct. 1966): 490–94.

15. T. P. Millar, "Guilt by Association," *American Journal of Psychiatry* 123 (May 1967): 1462.

16. For documentation, see J. A. Schaler, introduction to *Szasz under Fire: The Psychiatric Abolitionist Faces His Critics,* edited by Schaler (Chicago: Open Court, 2004), xiii–xxv, xxiv–xxv.

17. Laing quoted in Mullan, *Mad to Be Normal,* 202.

18. D. Cooper, *The Death of the Family,* 61, 63.

19. T. Szasz, "Mind Tapping: Psychiatric Subversion of Constitutional Rights," *American Journal of Psychiatry* 119 (Oct. 1962): 323–27.

20. D. Cooper, *The Grammar of Living,* 54–55.

21. Ibid., 56–57.

22. T. Szasz, "Pilgrim's Regress," *The Spectator,* Sept. 23, 1978, 72–73.

23. Ibid., 64, 57–58 (emphasis added).

24. Gale, "Far Out."

25. Szasz, *Pharmacracy.*

26. http://en.wikipedia.org/wiki/Kingsley_Hall.

27. Ibid., viii (emphasis added).

28. A. C. Laing, *R. D. Laing: A Biography* (1994 and 2006), quoted from *R. D. Laing* (2006), 132–33.

29. Mullan, *Mad to Be Normal,* 356.

30. A. C. Laing, *R. D. Laing* (2006), 185–86.

31. R. D. Laing, *Wisdom, Madness, and Folly: The Making of a Psychiatrist,* 6, 15.

32. T. G. Gutheil, quoted in *Szasz under Fire,* edited by Schaler, xxiii.

33. T. Szasz, "Antipsychiatry: The Paradigm of the Plundered Mind," *The New Review* 3 (1976): 3–14. See also Szasz, "'Knowing What Ain't So.'"

34. L. Redler, "Anti-Psychiatry," *The New Review* 3 (Nov. 1976): 71–72, quotes on 71 (emphasis added).

35. M. Barnes and J. Berke, *Mary Barnes: Two Accounts of a Journey Through Madness.*

36. A. C. Laing, *R. D. Laing* (2006), 133.

37. Mullan, *Mad to Be Normal,* 379.

38. Ibid. For a meticulous analysis of Laing's position regarding schizophrenia-as-disease, see A. Stadlen, "The Madhouse of Being," *Daseinsanalyse* 23 (2007): 94–135.

39. R. D. Laing and A. Esterson, *Sanity, Madness, and the Family,* 4.

40. R. D. Laing, *Wisdom, Madness, and Folly,* 117, 129.

41. A. C. Laing, *R. D. Laing* (2006), 117.

42. Personal communication, e-mail, Adrian Laing to Thomas Szasz, Aug. 2008. I am grateful to Adrian Laing for sharing this information and permission to publish it.

43. A. Esterson, "Anti-Psychiatry," *The New Review* 3 (Nov. 1976): 70.

44. "Stokely Carmichael," http://en.wikipedia.org/wiki/Stokely_Carmichael.

45. S. Carmichael, "Black Power," in *The Dialectics of Liberation,* edited by D. Cooper, 150–74 (emphasis added).

46. H. Marcuse, "Liberation from the Affluent Society," in ibid., 175–92 (emphasis added).

47. D. Burston, "A Brief Biography," http://www.decaclo.com/rdlaing/bio.htm.

48. A. C. Laing, *R. D. Laing* (2006), 184, 185.

49. The piece Laing was referring to appeared in *The New Review:* Szasz, "Antipsychiatry: The Paradigm of the Plundered Mind."

50. A. C. Laing, *R. D. Laing* (2006), 184.

51. Mullan, *Mad to Be Normal,* 201–2.

52. Ibid., 202–3.

53. Ibid, 203–4.

54. Quoted in B. Mullan, ed., *R. D. Laing: Creative Destroyer,* 50–51 (emphasis added).

55. R. D. Laing, "Round the Bend," *New Statesman* 20 (July 1979): 69.

56. Ibid.

57. D. Burston, "R. D. Laing and the Politics of Diagnosis," http://www.janushead.org/4-1/burstonpol.cfm.

58. A. Sokal and J. Bricmont, *Fashionable Nonsense: Postmodern Intellectuals' Abuse of Science,* 263.

59. A. Ryan quoted in ibid., 270; Mullan, *Mad to Be Normal,* 365 (emphasis added).

60. A. Stadlen, "Dropping the Medical Metaphor" (reply to R. D. Laing's "Round the Bend"), *New Statesman* 17 (Aug. 1979): 236–37.

61. A. C. Laing, *R. D. Laing* (1994), 71 (emphasis added).

62. P. Naysmith, "Laing on Ecstasy" (1986), *International Journal on Drug Policy* 1 (1989): 3, http://www.drugtext.org/library/articles/89134.htm. Subsequent citations are from this source.

63. C. Sigal quoted in *Laing: Creative Destroyer,* edited by Mullan, 215.

64. A. C. Laing, *R. D. Laing* (1994), 108, 109, 128.

65. J. Clay, *R. D. Laing: A Divided Self,* 79, 96–97; A. C. Laing, *R. D. Laing* (2006), 115.

66. See Szasz, *Coercion as Cure,* chaps. 7–8.

67. Clare quoted in Mullan, *Laing: Creative Destroyer,* 1; T. Eagleton, "True to His Desires," *TLS,* Apr. 25, 2008, 12.

3. The Doctor of Irresponsibility

1. C. Sigal, "Goodbye Little England," *The Guardian,* June 17, 1989, in "More about Clancy Sigal," by L. Proyect, http://archives.econ.utah.edu/archives/marxism/2005w18/msg00081.htm.

2. "Doris (May) Lessing Biography," http://biography.jrank.org/pages/4531/Lessing-Doris-May.html.

3. H. Bertonado, "Life Is Stronger than Fiction—at 76, Doris Lessing Wants to Be Alone," *The Daily Telegraph,* Apr. 11, 1996, http://mural.uv.es/vemivein/0411two.htm.

4. L. Hazelton, "Doris Lessing on Feminism, Communism, and 'Space Fiction,'" *New York Times,* July 25, 1982, http://www.nytimes.com/books/99/01/10/specials/lessing-space.html.

5. Szasz, *Coercion as Cure,* 130.

6. J. C. Oates, "A Visit with Doris Lessing," *Southern Review,* Oct. 1973, http://www.usfca.edu/~southerr/lessing.html (emphasis added).

7. D. L. Rosenhan, "On Being Sane in Insane Places," *Science* 179 (Jan. 19, 1973): 250–58, http://web.cocc.edu/lminorevans/on_being_sane_in_insane_places.htm; http://www.sciencemag.org/cgi/content/abstract/179/4070/250. For my critique of Rosenhan, see T. Szasz, *Psychiatry: The Science of Lies.*

8. Mullan, *Mad to Be Normal,* 303.

9. C. Sigal, preface to *Zone of the Interior* (2005), ix, vii.

10. Szasz, *Myth of Mental Illness.* For a more detailed account, see Szasz, *Psychiatry.*

11. C. Sigal, "A Trip to the Far Side of Madness," *The Guardian,* Dec. 3, 2005, http://books.guardian.co.uk/departments/politicsphilosophyandsociety/story/0,6000,1656440,00.html. See also Sigal, *Zone of the Interior* (2005).

12. Sigal, *Zone of the Interior* (1976), 285.

13. Fulford, Thornton, and Graham, *Oxford Textbook,* 549–50.

14. M. G. Thompson, "Review of *Zone of the Interior,* by Clancy Sigal (Pomona, 2005)," *Existential Analysis* 18 (2007): 379–86, quote on 382 (emphasis added).

15. Sigal, "Trip to the Far Side of Madness."

16. See T. Szasz, *Fatal Freedom: The Ethics and Politics of Suicide.*

17. R. D. Laing, *Wisdom, Madness, and Folly,* ix.

18. For a fine but neglected essay on Laing's persona, equivocations, and "lecture" at Yale University, see M. Scarf, "Psychiatrist, Philosopher, Prophet, Social Critic, Cult-Leader . . . In Search of R. D. Laing," in *Mind, Body, Behavior,* by M. Scarf (Washington, D.C.: New Republic Book, 1976), 164–80.

19. J. Berke, "Review of *Zone of the Interior,*" 378.

20. Ibid. (emphasis added).

21. Sigal quoted in *Laing: Creative Destroyer,* edited by Mullan, 214 (emphasis added).

22. Ibid., 214–15.

23. A. C. Laing, *R. D. Laing* (2006), 121, 109.

24. Sigal quoted in *Laing: Creative Destroyer,* edited by Mullan, 215 (emphasis added).

25. M. Howarth-Williams, *R. D. Laing,* 4; D. Kirsner quoted in *Laing: Creative Destroyer,* edited by Mullan, 38.

26. A. S. David, preface to *R. D. Laing* (2006), by A. C. Laing, xi (emphasis added); A. C. Laing, *R. D. Laing* (2006), 147.

27. A. C. Laing, *R. D. Laing* (2006), 116, 115.

28. R. D. Laing, *The Divided Self: An Existential Study in Sanity and Madness,* 27.

29. "John Stonehouse," http://cn.wikipedia.org/wiki/John_Stonehouse.

30. A. C. Laing, *R. D. Laing* (2006), 183.

31. J. Stonehouse, *My Trial* (London: Star Book / Wyndham Publications, 1976), 186–87 (emphasis added).

32. A. C. Laing, *R. D. Laing* (2006), 183.

33. R. D. Laing, *Wisdom, Madness, and Folly,* 81–82; A. C. Laing, *R. D. Laing* (2006), 183.

34. M. Semyon quoted in *Laing: Creative Destroyer,* edited by Mullan, 195.

35. R. D. Laing, *Wisdom, Madness, and Folly,* 10.

36. J. T. McQuiston, "R. D. Laing, Rebel and Pioneer on Schizophrenia, Is Dead at 61," *New York Times,* Aug. 24, 1989, http://query.nytimes.com/gst/fullpage.html?res=950DE6DA1139F937A1575BC0A96F948260.

37. D. Abrahamson, "R. D. Laing and Long-Stay Patients: Discrepant Accounts of the Refractory Ward and 'Rumpus Room' at Gartnavel Royal Hospital," *History of Psychiatry* 18 (2007): 203–15.

38. J. L. Cameron, R. D. Laing, and A. McGhie, "Patient and Nurse: Effect of Environmental Change in the Care of Chronic Schizophrenics," *Lancet* 11 (Dec. 31, 1955): 1384–86.

39. Abrahamson, "Laing and Long-Stay Patients," 204. Subsequent references are to this source unless otherwise indicated.

40. Ibid., 210–11 (emphasis added).

41. M. Scarf, "Psychiatrist, Philosopher, Prophet," 165–66.

42. Clay, *R. D. Laing,* 235.

43. Mullan, *Mad to Be Normal,* 203 (emphasis in the original).

44. R. Roberts and T. Itten, "Laing and Szasz," in ibid.

45. R. D. Laing, "The Obvious," in *The Dialectics of Liberation,* edited by D. Cooper, 15–33, quote on 27 (emphasis in the original).

46. A. C. Laing, *R. D. Laing* (2006), 231, 236. See R. D. Laing, *Conversations with Children, Do You Love Me?* and *The Facts of Life: An Essay in Feelings, Facts, and Fantasies.*

47. A. C. Laing, *R. D. Laing* (2006), 236–37.

48. O. Wilde, *The Picture of Dorian Grey* (1890–91), http://www.dagonbytes.com/the library/dorgray/preface.htm.

49. Clay, *R. D. Laing,* 231–34.

50. T. Szasz, "The Psychiatric Will: A New Mechanism for Protecting Persons Against 'Psychosis' and Psychiatry," *American Psychologist* 37 (July 1982): 762–70.

51. J. Duffy quoted in *Laing: Creative Destroyer,* edited by Mullan, 102, 101.

52. Personal communication, Adrian Laing to Thomas Szasz, Aug. 2008. I thank Adrian Laing for permission to publish this information.

53. A. C. Laing, *R. D. Laing* (2006), 237.

4. The Trickster and the Tricked

1. M. Barnes, "Madness," in *Mary Barnes,* by Barnes and Berke, 13; A. C. Laing, *R. D. Laing* (2006), 98–99.

2. Szasz, *Schizophrenia.*

3. Barnes and Berke, *Mary Barnes,* 14–17.

4. Ibid., 18.

5. Ibid., 26, 33.

6. Ibid., 39.

7. Ibid., 157.

8. Ibid., 159–60 (emphasis in the original); J. Berke quoted in "Obituaries: Tomintoul Artist Dies at Home," *Northern Scot,* July 13, 2001, 6, http://www.mary-barnes.net/.

9. Barnes and Berke, *Mary Barnes,* 108, 109, 157.

10. Ibid., 127 (emphasis in the original).

11. Ibid., 131; W. H. Auden, *The Dyer's Hand, and Other Essays* (1962; reprint, New York: Vintage, 1968), 14.

12. http://www.audensociety.org/vivianfoster.html.

13. Mullan, *Mad to Be Normal,* vii.

14. Mullan, introduction to *Laing: Creative Destroyer,* edited by Mullan, vii.

15. Ibid. (emphasis added).

16. Szasz, *Coercion as Cure.*

17. J. Duffy quoted in *R. D. Laing: Creative Destroyer*, edited by ibid., 100–101.

18. Ibid., 98.

19. Clay, *R. D. Laing,* 241.

20. M. Laing quoted in ibid., 132, 137, 139.

21. Quoted in ibid., 24, 23.

22. Clay, *R. D. Laing,* 137–38.

23. J. Marks, *The Search for the "Manchurian Candidate": The CIA and Mind Control,* 154–59.

24. M. O'Hara quoted in *Laing: Creative Destroyer,* edited by Mullan, 314.

25. Ibid., 314–15 (emphasis added).

26. Ibid., 315.

27. Ibid., 318–19.

28. Ibid.

29. Ibid., 320–21.

30. J. H. Berke, "Trick or Treat: The Divided Self of R. D. Laing," http://www.janushead.org/4-1/berke.cfm (emphasis added).

31. C. Marks quoted in *Laing: Creative Destroyer,* edited by Mullan, 227–28.

32. T. Itten quoted in ibid., 144, 171.

33. Ibid., 162.

34. Ibid., 158–60 (emphasis added); personal communication from Theodor Itten to Anthony Stadlen and from Stadlen to me.

35. C. Cahn, "Roland Kuhn, 1912–2005," *Neuropsychopharmacology* 31 (2006): 1096, http://www.nature.com/npp/journal/v31/n5/full/1301026a.html.

36. Itten quoted in *Laing: Creative Destroyer,* edited by Mullen, 163–64.

37. Ibid., 164.

38. http://www.wtorrent.com/277634.html.

39. http://www.mikemaran.com/laing.html.

40. J. Kalb, "Revisiting a Psychiatrist Who Questioned Psychiatry," *New York Times,* Apr. 4, 2007, http://theater2.nytimes.com/2007/04/04/theater/reviews/04lain.html.

41. H. Freeman, "A Man Who Used to Be Ronnie Laing," *Times Higher Education,* May 16, 1997, http://www.timeshighereducation.co.uk/story.asp?storycode=400987&newstype=N&sectioncode=26.

42. A. Jenner quoted in *Laing: Creative Destroyer,* edited by Mullan, 313.

43. R. Speck quoted in ibid., 398.

44. J. Resnick quoted in ibid., 378–79, 386.

45. Ibid., 378.

46. E. Day and G. Keeley, "'Dad Solved Other People's Problems—but Not His Own,'" *The Observer,* June 1, 2008, http://books.guardian.co.uk/departments/politicsphilosophyandsociety/story/0,,2283220,00.html (emphasis added).

47. R. D. Laing, *Conversations with Children,* vii, x.

48. Ibid., 5, 14, 85.

49. W. Shakespeare, *Julius Caesar,* 3.2.

50. J. Brown, "R. D. Laing: The Celebrity Shrink Who Put the Psychedelia into Psychiatry," *The Independent,* Dec. 29, 2008, http://www.independent.co.uk/arts-entertainment/films/features/r-d-laing-the-celebrity-shrink-who-put-the-psychedelia-into-psychiatry-1215055.html.

5. Antipsychiatry and Anti-Art

1. T. Tzara, "Dada Manifesto" (1918) and "Lecture on Dada" (1922), in "Dadaism," http://www.sas.upenn.edu/~jenglish/English104/tzara.html.

2. S. Esaak, "The Non-art Movement (1916–1923)," http://arthistory.about.com/cs/arthistory10one/a/dada.htm.

3. "What Is Dada?" http://www.peak.org/~dadaist/English/TextOnly/index.html. See also H. Richter, *Dada: Art and Anti-Art.*

4. M. Haut quoted in *Laing: Creative Destroyer,* edited by Mullan, 235.

5. D. Cooper, *The Grammar of Living,* 150–51.

6. D. Cooper, *The Language of Madness.*

7. "Surrealism and Psychoanalysis," http://www.answers.com/topic/surrealism-and-psychoanalysis. Subsequent quotes are from this source.

8. http://books.google.com/books?isbn=0838755089.

9. http://www.answers.com/topic/surrealism-and-psychoanalysis.

10. J. H. Berke et al., introduction to *Beyond Madness: PsychoSocial Interventions in Psychosis,* edited by Berke et al., 27–28, quote on 27.

11. D. Brissett and C. Edgley, "The Dramaturgical Perspective," in *Life as Theater: A Dramaturgical Source Book,* edited by Brissett and Edgley, 1–50, quote on 20.

12. http://www.arbourscentre.org.uk/.

13. L. Forti, "Then and Now," in *Beyond Madness,* edited by Berke et al., 229–41, quote on 229.

14. J. Berke, "The Creation of an Alternative Society," in *Counter Culture,* edited by J. Berke et al., 12–34, quote on 14.

15. Ibid., 31, 30; J. Berke, "The Free University of New York," in ibid., 212–27, quote on 215; R. Elzey, "Founding an Anti-University," in ibid., 228–48, quote on 232.

16. S. Carmichael, "You Had Better Come on Home," in ibid., 182–95, quotes on 184, 174.

17. J. Selden quoted in *Religion and the Decline of Magic,* by K. Thomas, 435; R. Dixon, *The Baumgarten Corruption: From Sense to Nonsense in Art and Philosophy,* 34.

18. R. Dixon, *Your Artist: Damien Hirst,* 23. I thank Robert Dixon for sending me a copy of this publication and for helpful comments on this chapter.

19. Ibid., 45, 7–8, 50 (emphasis added).

20. Ibid., ii; Dixon, *Baumgarten Corruption,* 43.

21. Dixon, *Baumgarten Corruption,* 153–54, 115.

6. Antipsychiatry Abroad

1. D. Cohen, "Critical Psychiatry," in *Encyclopedia of Psychology,* edited by Alan E. Kazdin, 8 vols. (Oxford: Oxford Univ. Press, 2000), 2:355–57.

2. S. Freud, *The Question of Lay Analysis: Conversations with an Impartial Person* (1927), in vol. 20 of *Standard Edition,* by Freud. See also T. Szasz, *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy;* and "What Is Psychoanalysis?" in *Who Owns Psychoanalysis?* edited by A. Casement, 25–39.

3. http://www.answers.com/topic/splits-in-psychoanalysis.

4. Szasz, *Ethics of Psychoanalysis.*

5. R. Weaver, *Ideas Have Consequences* (Chicago: Phoenix Books, 1962).

6. D. Ingleby, ed., *Critical Psychiatry: The Politics of Mental Health;* Szasz, *Liberation by Oppression.*

7. Ingleby, introduction to *Critical Psychiatry,* edited by Ingleby, 7–18, quotes on 8, 18 (emphases added).

8. P. Sedgwick, *Psycho Politics,* 172–73.

9. P. Sedgwick, from *Socialist Worker* 9 (Dec. 1972), http://www.marxists.org/archive/sedgwick/1972/12/szasz.htm.

10. C. Perring, review of *Critical Psychiatry: The Politics of Mental Health,* edited by D. Ingleby, *Human Nature Review* 5 (Dec. 31, 2005): 41–44, http://human-nature.com/nibbs/05/ingleby.html.

11. J. Kovel, "The American Mental Health Industry," in ibid., 72–101, quote on 99 (emphasis added).

12. "Anti-psychiatry," http://en.wikipedia.org/wiki/Anti-psychiatry.

13. "Michel Foucault," http://en.wikipedia.org/wiki/Michel_Foucault. See also http://www.whitworth.edu/Core/Classes/CO250/France/Data/d_fouca.htm.

14. M. Foucault, *Foucault Live (Interviews, 1966–1984),* 107.

15. C. O'Farrell, *Foucault: Historian or Philosopher?* 51.

16. M. Foucault, *The Birth of the Clinic: An Archeology of Medical Perception,* xix; O'Farrell, *Foucault,* 8, http://www.thefoucauldian.co.uk/clare.htm.

17. J. Miller, *The Passion of Michel Foucault,* 206.

18. M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason,* translated by Richard Howard (1961; reprint, New York: Pantheon, 1965), 30; O'Farrell, *Foucault,* 17.

19. D. M. Halperin, *Saint Foucault: Towards a Gay Hagiography,* 31.

20. Ibid.

21. J. Afary and K. B. Anderson, *Foucault and the Iranian Revolution: Gender and the Seduction of Islamism;* W. Yang, "The Philosopher and the Ayatollah," *Boston Globe,* June 12, 2005, http://www.boston.com/news/globe/ideas/articles/2005/06/12/.

22. W. Yang, "The Philosopher and the Ayatollah."

23. M. Nasser, "The Rise and Fall of Anti-Psychiatry," *Psychiatric Bulletin* 19 (1995): 743–46, http://pb.rcpsych.org/cgi/content/abstract/19/12/743.

24. E. Roudinesco, *Jacques Lacan & Co.: A History of Psychoanalysis in France, 1925–1985,* 106; http://nosubject.com/Jacques_Lacan:Chronology.

25. Ibid., 104.

26. L. Appignanesi, *Sad, Mad, and Bad: Women and the Mind-Doctors from 1980,* 260.

27. Ibid., 259.

28. Ibid., 262.

29. See D. Anzieu, *The Skin Ego.*

30. For a systematic critique, see Szasz, *Law, Liberty, and Psychiatry; A Lexicon of Lunacy: Metaphoric Malady, Moral Responsibility, and Psychiatry;* and *Liberation by Oppression.*

31. Appignanesi, *Sad, Mad, and Bad,* 268 (emphasis added).

32. A. S. Huffington, "Picasso: Creator and Destroyer," *Atlantic Monthly,* June 1998, http://www.carolsutton.net/5_quiz/who_was_sabartes.html.

33. See http://www.carolsutton.net/5_quiz/who_was_sabartes.html.

34. M. McCully, "The Surreal Life of Dora Maar," *TLS,* Apr. 25, 2002, 25, 28, 37, quote on 28.

35. A. Lovell, preface to *The Psychiatric Society,* by R. Castel, F. Castel, and A. Lovell, xi–xii.

36. S. Turkle, "French Anti-Psychiatry," in *Critical Psychiatry,* edited by Ingleby, 150–83, quote on 150.

37. Ibid., 171–72.

38. http://www.britannica.com/EBchecked/topic/248068/Pierre-Felix-Guattari#tab=active~checked%2Citems~checked&title=Pierre-F%C3%A9lix%20Guattari%20--%20Britannica%20Online%20Encyclopedia.

39. http://mitpress.mit.edu/catalog/item/default.asp?tid=8858&ttype=2.

40. Sokal and Bricmont, *Fashionable Nonsense,* 25, 36, 37.

41. Roudinesco, *Jacques Lacan & Co.,* 210.

42. Ibid., 211.

43. Ibid.

44. "Antipsychiatry," http://www.museumdrguislain.be/ewebeditpro4/cms/asp/database/template.asp?id=136.

45. T. Kendall, "Trieste: The Current Situation," http://human-nature.com/hraj/trieste.html.

46. See especially Szasz, *The Myth of Mental Illness, The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement, Cruel Compassion: The Psychiatric Control of Society's Unwanted,* and *Coercion as Cure.*

47. F. Basaglia, "Breaking the Circuit of Control," in *Critical Psychiatry,* edited by Ingleby, 184–92, quotes on 186, 190, 192.

48. Ibid., 185.

49. Ibid., 187, 184.

50. Ibid., 188.

51. A. M. Lovell, introduction to *Psychiatry Inside Out: Selected Writings of Franco Basaglia,* edited by N. Scheper-Hughes and A. M. Lovell, 142 (emphasis added).

52. R. Coles, foreword to ibid., vi–viii, emphasis added.

53. F. O. Basaglia, preface to ibid., xii.

54. Ibid., xx.

55. Ibid., xxv.

56. K. Jones and A. Poletti, "The Italian Experience in Mental Health Care," http://psychservices.psychiatryonline.org/cgi/content/abstract/37/8/795.

57. Castel, Castel, and Lovell, *The Psychiatric Society,* 217.

Epilogue: The Accursed Legacy of Antipsychiatry

1. http://www.philadelphia-association.co.uk/; Szasz, *Schizophrenia,* 63.

2. See Chapter 5.

3. See T. Szasz, "State Mental Hospitals: Orphanages for Adults," *Pacific News Service Syndicate,* Feb. 23, 1978; and, generally, T. Szasz, *The Untamed Tongue: A Dissenting Dictionary.*

Afterword: Freedom from Violence and Lies

1. K. Wernicke, "Zweck und Ziel der Psychiatrischen Kliniken" [The function and purpose of the psychiatric institution], *Klinisches Jahrbuch* 1 (1889): 218–23 (my translation).

2. T. Szasz, preface to *The Age of Madness,* edited by Szasz, xii–xiii.

3. Szasz, *Liberation by Oppression.*

4. Ibid.

5. A. Chekhov, "Letter to His Editor, A. N. Pleshcheev, October 4, 1888," http://www.ibiblio.org/eldritch/ac/chekhov.html.

6. A. Chekhov quoted in W. Wasserstein, "Theater Problems? Call Dr. Chekhov," *New York Times,* Jan. 24, 1988, http://query.nytimes.com/gst/fullpage.html?res=940DE3D91E3BF937A15752C0A96E948260&sec=&spon=&pagewanted=3.

7. *Union Pacific Railway Co. v. Botsford,* 141 U.S. 250, 251 (1891); L. Brandeis, *Olmstead v. United States,* 277 U.S. 438, 479 (1928).

8. W. Beveridge, *Why I Am a Liberal* (London: Herbert Jenkins, 1945), 9.

9. http://thinkexist.com/quotes/with/keyword/hump/.

10. Quoted in A. Chekhov, *Seven Short Novels,* translated by Barbara Makanowitzky, with an introduction and prefaces by G. Struve (New York: Bantam, 1963), 107.

BIBLIOGRAPHY

Acton, J. E. E. D. *Essays in the Study and Writing of History*. Edited by J. Rufus Fears. 3 vols. Indianapolis: Liberty Classics, 1988.

Afary, J., and K. B. Anderson. *Foucault and the Iranian Revolution: Gender and the Seduction of Islamism*. Chicago: Univ. of Chicago Press, 2005.

Anzieu, D. *The Skin Ego*. 1985. Reprint, New Haven: Yale Univ. Press, 1989.

Appignanesi, L. *Sad, Mad, and Bad: Women and the Mind-Doctors from 1980*. Toronto: McArthur, 2007.

Attwater, D., ed. *Modern Christian Revolutionaries: Kierkegaard, Eric Gill, G. K. Chesterton, C. F. Andrews, Berdyaev*. New York: Devin-Adair, 1947.

Barnes, M., and J. Berke. *Mary Barnes: Two Accounts of a Journey Through Madness*. London: MacGibbon and Kee, 1971.

Berke, J. H., ed. *Counter Culture*. Designed by Paul Lawson. London: Peter Owen, 1969.

Berke, J. H., M. Fagan, G. Mak-Pearce, and S. Pierides-Müller, eds. *Beyond Madness: PsychoSocial Interventions in Psychosis*. London: Jessica Kingsley Publishers, 2002.

Bowers, L. *The Social Nature of Mental Illness*. London: Routledge, 1998.

Boyers, R., ed. *Laing and Anti-Psychiatry*. Harmondsworth, UK: Penguin, 1972.

Brissett, D., and C. Edgley, eds. *Life as Theater: A Dramaturgical Source Book*. 2d ed. New York: Aldine de Gruyter, 1990.

Burston, D., and R. Frie. *Psychotherapy as a Human Science*. Pittsburgh: Duquesne Univ. Press, 2006.

Casement, A., ed. *Who Owns Psychoanalysis?* London: Karnac Books, 2004.

Castel, R., F. Castel, and A. Lovell. *The Psychiatric Society*. Translated by Arthur Goldhammer. 1979. Reprint, New York: Columbia Univ. Press, 1982.

Chekhov, A. *The Short Stories of Anton Chekhov*. Edited by Robert N. Linscott. New York: Modern Library, 1959.

Clay, J. *R. D. Laing: A Divided Self*. London: Hodder and Staughton, 1996.

Cooper, D. *The Death of the Family*. New York: Pantheon, 1970.

———. *The Dialectics of Liberation*. Harmondsworth, UK: Penguin, 1968.

———. *The Grammar of Living*. London: Allen Lane, 1974.

———. *The Language of Madness*. Harmondsworth, UK: Penguin, 1978.

Cooper, R. *Classifying Madness: A Philosophical Examination of the "Diagnostic and Statistical Manual of Mental Disorders."* Dordrecht, Netherlands: Springer, 2005.

Crossley, N. *Contesting Psychiatry: Social Movements in Mental Health*. London: Routledge, 2006.

Deutsch, A. *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times*. 2d ed. New York: Columbia Univ. Press, 1952.

Dixon, R. *The Baumgarten Corruption: From Sense to Nonsense in Art and Philosophy*. London: Pluto Press, 1995.

———. *Mathographics*. New York: Dover, 1991.

———. *Your Artist: Damien Hirst*. Mimeographed. Privately circulated, 2008.

Encyclopedia of Psychology. Edited by A. E. Kazdin. 8 vols. Oxford: Oxford Univ. Press, 2000.

Foucault, M. *The Birth of the Clinic: An Archeology of Medical Perception*. Translated by Alan Sheridan Smith. 1963. Reprint, New York: Pantheon, 1973.

———. *Foucault Live (Interviews, 1966–1984)*. Translated by John Johnston. Edited by Sylvère Lotringer. New York: Semiotext(e) Foreign Agents Series, 1989.

———. *Mental Illness and Psychology*. Translated by Alan Sheridan. 1954. Reprint, New York: Harper Colophon, 1976.

Freud, S. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Translated by James Strachey. 24 vols. London: Hogarth Press, 1953–74.

Fulford, K. W. M., T. Thornton, and G. Graham. *Oxford Textbook of Philosophy and Psychiatry*. Oxford: Oxford Univ. Press, 2006.

Gans, S., and L. Redler, with Bob Mullan. *Just Listening: Ethics and Therapy*. Bloomington, Ind.: Xlibris, 2001.

Gilot, F., and C. Lake. *Life with Picasso*. 1964. Reprint, London: Virago, 1990.

Goldberg, A. *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849*. New York: Oxford Univ. Press, 1999.

Halperin, D. M. *Saint Foucault: Towards a Gay Hagiography*. New York: Oxford Univ. Press, 1995.

Howarth-Williams, Martin. *R. D. Laing: His Work and Its Relevance for Sociology*. London: Routledge and Kegan Paul, 1977.

Ingleby, D., ed. *Critical Psychiatry: The Politics of Mental Health*. New York: Pantheon, 1980.

Lader, M. *Psychiatry on Trial*. 1977. Reprint, Phoenix Mill, UK: Sutton Publishing, 2006.

Laing, A. C. *R. D. Laing: A Biography*. London: Peter Owen, 1994.

———. *R. D. Laing: A Biography*. Phoenix Mill, UK: Sutton Publishing, 2006.

Laing, R. D. *Conversations with Children*. Harmondsworth, UK: Penguin, 1978.

———. *The Divided Self: An Existential Study in Sanity and Madness*. London: Tavistock Publications, 1960.

———. *Do You Love Me?* New York: Pantheon, 1976.

———. *The Facts of Life: An Essay in Feelings, Facts, and Fantasies*. London: Allen Lane, 1978.

———. *The Politics of Experience and the Bird of Paradise*. Harmondsworth, UK: Penguin, 1967.

———. *The Self and Others*. London: Tavistock, 1961.

———. *Wisdom, Madness, and Folly: The Making of a Psychiatrist*. New York: McGraw-Hill, 1985.

Laing, R. D., and A. Esterson. *Sanity, Madness, and the Family*. Vol. 1, *Families of Schizophrenics*. London: Tavistock / New York: Basic Books, 1964.

Lothane, Z. *In Defense of Schreber: Soul Murder and Psychiatry*. Hillsdale, N.J.: Analytic Press, 1992.

Marks, J. *The Search for the "Manchurian Candidate": The CIA and Mind Control*. New York: Times Books, 1979.

Miller, J. *The Passion of Michel Foucault*. New York: Simon and Schuster, 1993.

Mosher, L., and V. Hendrix. *Soteria: Through Madness to Deliverance*. Bloomington, Ind.: Xlibris, 2004.

Mullan, B. *Mad to Be Normal: Conversations with R. D. Laing*. London: Free Association Books, 1995.

———. *R. D. Laing: A Personal View*. London: Duckworth, 2000.

———, ed. *R. D. Laing: Creative Destroyer*. London: Cassell, 1997.

Nietzsche, F. *Human, All Too Human: A Book for Free Spirits*. Translated by R. J. Hollinghead. Cambridge: Cambridge Univ. Press, 1996. Originally published in German in 1878.

O'Farrell, C. *Foucault: Historian or Philosopher?* New York: St. Martin's Press, 1989.

Perry, J. W. *The Far Side of Madness*. Englewood Cliffs, N.J.: Prentice-Hall, 1974.

Richter, H. *Dada: Art and Anti-Art*. 1964. Reprint, New York: Thames and Hudson, 2004.

Roudinesco, E. *Jacques Lacan & Co.: A History of Psychoanalysis in France, 1925–1985*. Translated by Jeffrey Mehlman. Chicago: Univ. of Chicago Press, 1990.

Santner, E. L. *My Own Private Germany: Daniel Paul Schreber's Secret History of Modernity*. Princeton: Princeton Univ. Press, 1996.

Schatzman, M. *Soul Murder: Persecution in the Family*. 1973. Reprint, New York: Signet, 1974.

Scheper-Hughes, N., and A. M. Lovell, eds. *Psychiatry Inside Out: Selected Writings of Franco Basaglia*. Foreword by Robert Coles. Translated by Anne M. Lovell and Teresa Shtob. New York: Columbia Univ. Press, 1987.

Schreber, D. *Memoirs of My Nervous Illness*. Translated by Ida Macalpine and Richard Hunter. 1903. Reprint, London: William Dawson and Sons, 1955.

Sedgwick, P. *Psycho Politics*. London: Pluto Press, 1982.

Sigal, C. *Zone of the Interior*. New York: Popular Library, 1976.

———. *Zone of the Interior*. Hebden Bridge, UK: Pomona Books, 2005.

Sokal, A., and J. Bricmont. *Fashionable Nonsense: Postmodern Intellectuals' Abuse of Science*. New York: Picador, 1998.

Stastny, P., and P. Lehmann, eds. *Alternative Beyond Psychiatry*. Berlin: Peter Lehmann Publishing, 2007.

Szasz, T. *Anti-Freud: Karl Kraus's Criticism of Psychoanalysis and Psychiatry*. 1976. Reprint, Syracuse: Syracuse Univ. Press, 1990.

———. *Ceremonial Chemistry: The Ritual Persecution of Drugs, Addicts, and Pushers*. 1976. Reprint, Syracuse: Syracuse Univ. Press, 2003.

———. *Coercion as Cure: A Critical History of Psychiatry*. New Brunswick, N.J.: Transaction Publishers, 2007.

———. *Cruel Compassion: The Psychiatric Control of Society's Unwanted*. 1994. Reprint, Syracuse: Syracuse Univ. Press, 1998.

———. *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy*. 1965. Reprint, Syracuse: Syracuse Univ. Press, 1988.

———. *Faith in Freedom: Libertarian Principles and Psychiatric Practices*. New Brunswick, N.J.: Transaction Publishers, 2004.

———. *Fatal Freedom: The Ethics and Politics of Suicide*. 1999. Reprint, Syracuse: Syracuse Univ. Press, 2002.

———. *Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man*. 1970. Reprint, Syracuse: Syracuse Univ. Press, 1991.

———. *Insanity: The Idea and Its Consequences*. 1987. Reprint, Syracuse: Syracuse Univ. Press, 1997.

———. *Law, Liberty, and Psychiatry: An Inquiry into the Social Uses of Psychiatry*. 1963. Reprint, Syracuse: Syracuse Univ. Press, 1989.

———. *A Lexicon of Lunacy: Metaphoric Malady, Moral Responsibility, and Psychiatry*. New Brunswick, N.J.: Transaction Publishers, 1993.

———. *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry*. New Brunswick, N.J.: Transaction Publishers, 2002.

———. *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*. 1970. Reprint, Syracuse: Syracuse Univ. Press, 1997.

———. *The Meaning of Mind: Language, Morality, and Neuroscience*. 1996. Reprint, Syracuse: Syracuse Univ. Press, 2002.

———. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. Rev. ed. 1961. Reprint, New York: HarperCollins, 1974.

———. *The Myth of Psychotherapy: Mental Healing as Religion, Rhetoric, and Repression*. 1978. Reprint, Syracuse: Syracuse Univ. Press, 1988.

———. *Our Right to Drugs: The Case for a Free Market*. 1992. Reprint, Syracuse: Syracuse Univ. Press, 1996.

———. *Pharmacracy: Medicine and Politics in America*. 2001. Reprint, Syracuse: Syracuse Univ. Press, 2003.

———. *Psychiatric Slavery: When Confinement and Coercion Masquerade as Cure*. 1977. Reprint, Syracuse: Syracuse Univ. Press, 1998.

———. *Psychiatry: The Science of Lies*. Syracuse: Syracuse Univ. Press, 2008.

———. *Schizophrenia: The Sacred Symbol of Psychiatry*. 1976. Reprint, Syracuse: Syracuse Univ. Press, 1988.

———. *The Theology of Medicine: The Political-Philosophical Foundations of Medical Ethics*. 1977. Reprint, Syracuse: Syracuse Univ. Press, 1988.

———. *The Untamed Tongue: A Dissenting Dictionary*. LaSalle, Ill.: Open Court, 1990.

Szasz, T., ed. *The Age of Madness: The History of Involuntary Mental Hospitalization Presented in Selected Texts*. Garden City, N.Y.: Doubleday Anchor, 1973.

Thomas, K. *Religion and the Decline of Magic*. London: Weidenfeld and Nicholson, 1971.

Tocqueville, A. de. *The Old Régime and the French Revolution*. Translated by Stuart Gilbert. 1856. Reprint, Garden City, N.Y.: Doubleday Anchor, 1955.

Torrey, E. F. *Nowhere to Go: The Tragic Odyssey of the Homeless Mentally Ill*. New York: Harper and Row, 1988.

Torrey, E. F., et al. *Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals*. Washington, D.C.: National Alliance for the Mentally Ill and Public Citizen's Health Research Group, 1992.

Wexler, D. B., and B. J. Winick, eds. *Essays in Therapeutic Jurisprudence*. Durham: Carolina Academic Press, 1991.

———. *Law in a Therapeutic Key: Developments in Therapeutic Jurisprudence*. Durham: Carolina Academic Press, 1996.

Williams, T. *Memoirs*. 1975. Reprint, New York: Bantam, 1976.

Zweig, S. *Mental Healers: Franz Anton Mesmer, Mary Baker Eddy, Sigmund Freud*. Translated by Eden and Cedar Paul. 1931. New York: Frederick Ungar, 1962.

INDEX

Thomas Szasz is a professor emeritus of psychiatry at the State University of New York Upstate Medical University in Syracuse. The author of more than six hundred articles and thirty-three books, he is widely recognized as the leading critic of the coercive interventions employed by the psychiatric establishment.