Psychiatry or anti-psychiatry?

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-- Douglas Kirsner.

Psychiatry is that branch of medicine which treats patients whose presenting symptoms are mental. Psychoanalysis is only one form of psychiatry. A great number of psychiatrists, regarding psychoanalysis and psychoanalytically oriented theory as “unscientific,” prefer more physically based modes of treatment such as tranquilisers, anti-depressants and electro-convulsive therapy (E.C.T.). Only a small number of people attending psychiatrists receives psychoanalysis or psychoanalytically oriented therapy.

The anti-psychiatric critique focuses on the actual treatment of patients in institutions such as psychiatric and mental hospitals as well as the psychiatric wards of general hospitals. Particular attention is given to patients diagnosed schizophrenic. These patients occupy a high proportion of hospital beds and it is unusual for anything other than physical treatments to be used. Indeed, many psychiatrists, following Freud in this matter, believe that effective psychotherapeutic treatment of the psychoses is impossible.

When they refer to psychiatry, the anti-psychiatrists are primarily concerned with the treatment of those hospitalised as schizophrenic, although their critique extends over most of the area with which psychiatry is concerned, and outside traditional psychiatry into the more general social and political arena.

The most well-known anti-psychiatrists are two British psychiatrists R. D. Laing and David Cooper. One might say that the cornerstone of their critique of psychiatry is that most contemporary psychiatric practice is violent. Patients are not only violated through their being regimented inside institutions by staff more interested in efficiency than in people, nor only in their being subjected to E.C.T. or drugged out of their minds, but also in that their very experience is invalidated and disconfirmed. They are regarded as victims of a disease process called mental illness rather than as persons who are acting in particular ways which are potentially socially intelligible to both patients and psychiatrists.

But the shocked or tranquilised conformity of the inmates of mental institutions reflects outside society from the micro-social level of the family through to the macro-social level of society and its institutions. People are mystified into conformity with the group ideology. Individuals are expected to internalise and take as their own what mother, father, family, school teacher, government, boss, wife, husband, psychiatrist, church and country expect of them. What they as potentially autonomous individuals want to be or feel is invalidated and destroyed rather than fostered and confirmed. People are brought up to conform to the standards of others in a socially approved normality. Deviance is
punished as "bad" or "mad," and the punishers confirmed as good, sane and normal. Thus the deviant often acts as a scapegoat for the group.

Laing can point out: "Society highly values its normal man. It educates children to lose themselves and to become absurd, and thus to be normal. Normal men have killed perhaps 100,000,000 of their fellow normal men in the last 50 years." Legally sane people have held the world on the brink of nuclear annihilation since Hiroshima. These people are far more dangerous both to themselves and to others than are the inhabitants of mental institutions who believe they have atom bombs inside them. The political leader or the general is patriotic and highly respected; the mental patient is labelled sick and denigrated. How can a society centred around waste and destructiveness in which people are treated as commodities and have often lost themselves in the process legitimately label deviants from its norms as ill in a denigrating way?

Laing and Cooper see schizophrenia as more socially intelligible than is normally assumed. It is often largely an attempt to live in an unlivable family situation in which the child is involved in constant double bind situations. He is enjoined to do something, and if he does it, he is punished for so doing. In particular, when a child is encouraged to express himself, and when he does so his feelings are not accepted, no move is acceptable. The child withdraws into himself when his experience is systematically invalidated early enough and often enough. Unless the child can achieve some degree of autonomy in his first year, later systematic invalidations by significant others may finally lead to a schizophrenic breakdown. This is not to say that genetic factors are not relevant, but they do not normally cause schizophrenia. They can however predispose people towards it.

Laing sees diagnosis as literally a seeing through of a situation. This involves understanding the context in which the schizophrenic has lived. The particular micro-history of the family can be considered not only as conjoined with the rest of society, but also as an autonomous world of relatively private meanings and symbols. By approaching the family context phenomenologically without presuppositions but with sympathy and an endeavor to bring out the concealed messages and meanings in that particular group, the actual social environment of the member designated schizophrenic may be somewhat illuminated. Laing and Cooper set up the anti-hospitals Villa 21 and Kingsley Hall in which individuals were treated as agents who could learn to trust others and make a "new beginning" in a free and accepting environment.

Conventional psychiatry on the other hand treats the presenting schizophrenic out of context. The patient is viewed as a victim to the disease of schizophrenia. So little account is taken of his environment that, if physical treatments are successful and the presenting symptoms controlled, the patient is actually sent back into the family for its loving care. The environment is unchanged and if the patient becomes "ill" again, the severity of his "illness" is confirmed and he is sent back to the hospital again. And so on. Thus for much of his life the schizophrenic is invalidated as a person. When denigrated and designated by his family as "sick," he internalizes their prescription and invalidates himself as a person. He may act in increasingly bizarre ways and when he reaches hospital the psychiatrists only see the results of a life-long process, and this without knowing the family situation in any detail. The doctors who are the authorities treat only the symptoms and make the patient still less aware of what is happening to him. This labelling process results in the patient regarding himself less and less as a person.

The sick role often becomes a collusion among patient, family and psychiatrist. To take a less extreme case: doctors, and particularly psychiatrists, are often regarded as god-like final authorities. People attending surgeries feel dissatisfied if they are told there is nothing wrong and that they do not need prescriptions. The general escape from freedom in our society involves people wanting others to take responsibility for their lives. Doctors who play God are in many cases colluding with their patients' wishes. This is not to say that anybody has evil intentions. Psychiatrists in particular genuinely believe that they have many of the answers and correct assessments as much as patients believe that they themselves have not. In this situation cure is equated with healing.

However cure consists solely in the alleviation of presenting symptoms, where mental and physical illness are seen as having the same basic structure. Healing, on the other hand, involves a genuine encounter with the person of the patient. He may come squarely to confront and emotionally to understand problems, and grow towards a wholeness of his personality. This does not involve conforming to the ideals of others, but to his own. The schizophrenic person has been led to believe that his own inner self is so bad that he does not bring it out into the open, both for his own protection and that of others. His natural self lies concealed behind a social facade which both he and others often take to be himself.

Laing and Cooper emphasise that there are often grave social risks in being one's natural self, and that prudence is essential. People in
volved in alienating, meaningless work, who live in a diminished state of consciousness while working and in an alcoholic or TV induced daze at night, live in their shut-off “normal” lives. Often shrivelled and stunted, these are most of the people who consume 150,000,000 Valium tablets annually in Australia. There’s a pill for every problem. When confronted with people who are genuinely trying to find themselves and may act in unconventional ways, they may be threatened and seek the aid of psychiatric institutions. Then with a modern array of psychiatric drugs in one hand and the latest psychiatric textbook in the other, a contemporary psychiatrist may delude himself and his patients that discharging the same patient into the same environment from which he came after a few days of shock treatment and sedation actually constitutes some form of help. Cure on the medical model it may well be. For there is a rather mechanistic process of symptom presentation, history, examination, diagnosis and aetiology, prognosis and treatment the net result of which makes the patient acceptable to others with the incidental disadvantage that he is less in touch with himself and his feelings. This is certainly not healing which may involve anguish and distress in a process of a person piecing himself together in a personal growth toward a self-realising wholeness.

The psychiatric hospital does not perform the function of a genuine asylum as a refuge or haven in which an individual may leave outside pressures behind in an atmosphere of acceptance by open and sympathetic trained staff. Working therapeutic communities within existing institutions are rare and anyway only cater for a small number of patients. For the rest, E.C.T. and drugs are no substitute for talking to the patient. Medication may well be used as an effective means at times, but in most psychiatric institutions it seems to be regarded as the total answer in itself — after all, psychiatry is seen as a branch of medicine. The zonked-out patient may become worse and worse, thus standing in need of more and more treatment which makes him still more blotted out. All the while nobody has bothered to talk to him to find out how he is feeling.

Just as the term psychiatry covers a large number of different theories and practices, there is not only one kind of anti-psychiatry. There are those who believe that sympathetic humane psychotherapy with the aim of enlarging the person’s choice through a meaningful and fruitful relationship which brings emotional insight with it would be a solution. Medication might be an adjunct to this form of therapy. They are against the socially repressive prevalent forms of psychiatry and believe that psychological liberation for the severely disturbed person lies not only with the demystification of the social situation of a truly disturbed family, but also in a psychotherapeutic relationship which may bring the natural self to fruition. This view recognises that disturbed relationships do not begin with psychiatric intervention. Nobody can help his own disturbed childhood nor the result of it in later life in the terror-stricken, barren and black inner world of the schizophrenic. Psychiatric intervention ought to be aimed at giving the schizophrenic another chance of a real life. The R. D. Laing of “The Divided Self” is a good example of this approach.

On the other hand there are those anti-psychiatry exponents who believe that the main trouble is psychiatry itself in its invalidating destructiveness to the individual. At another level society is held totally responsible for the plight of those deemed mentally ill. The mentally ill are not seen as suffering intense pain in their horrific inner worlds, but perhaps as prophets of a new era. The R. D. Laing of “The Politics of Experience” is an example of this line of thought.

But strangely enough, the problem here is one of under-estimation of the deforming brutality of this society which maintains its hegemony basically through its micro-systems and finally through domination of the individual’s very self. People may go to pieces and are often not sufficiently strong or integrated to cope. Psychiatry did not invent individual emotional suffering. However, psychiatry ought to be critical of the inroads that have been made into the individual’s self and ought to help suffering people towards a realisation of what they can be. Unhappily the practices of conventional psychiatry militate against healing in favor of cure on the medical model.

Psychotherapy is the preserve of psychiatrists who have been trained in medicine, biology, physiology, histology and a comparatively small amount of psychology. They have not been trained in sociology, literature, anthropology, history, philosophy, politics or even in much psychology. While there is a place for medical psychiatry, if psychiatry is to be healing rather than curing, psychotherapy needs to be taken out of the near-exclusive hands of doctors. There is a precedent for this in that no less a person than Freud himself staunchly defended lay analysis. Psychotherapists and social workers for example ought to be encouraged to practise psychotherapy officially. Training institutions for psychotherapy should be set up.

This could be one step in a very long journey which would so transform the practices of psychiatry that anti-psychiatry would no longer be necessary. For psychiatry would be, finally, human.