

Anti Anti-psychiatry

This document contains some brief thoughts about "anti-psychiatry". The author's qualification to write these notes is that he endured a lengthy period as a patient of Leon Redler, a follower of R. D. Laing. In addition he (at Redler's prompting) spent several months in one of the "Therapeutic Community Households" run by the Philadelphia Association, the organisation founded by Laing to promulgate his ideas.

Prioritising the emotions for business purposes

Some forms of psychotherapy, especially the hippieish counter-culture "anti-psychiatry" movement rigorously prioritize the emotions. The capacity for thinking one's way out of a problem is undermined. The give and take of engaging with the world and getting knocked around a bit is also seen as too dangerous. There is a retreat from the world into a purely emotional and inward preoccupation. In radical psychotherapy especially this exclusive focus on the emotions is put into practice. The patient is permitted only to stay on the emotional track. In the name of radicalism a new orthodoxy is established; no less of an orthodoxy that the "stiff upper lip" which came before.

Here is a specific example of this from my therapy with Reder:

I told him I'd been "thinking deeply" about something. (I can't remember what). His response was mocking. "Thinking deeply"... he laughed. How could you be capable of "deep thought" he seemed to be saying.

The effect, no doubt the intended effect, was to stop me thinking. Thinking is not the way out of your problems. He returned me to the path of transference and phantasy. This is the path on which the patient is emotionally dependent on the therapist. It would be bad for business to support the idea that a patient could *think* about their problems and come up with a solution and then put it into practice. This would make the therapist redundant.

Whether emotionalism, transference and phantasy ever cures anything is a different question and out of scope of these notes. However, Richard Webster did a lot of good work showing how the original psychoanalytic case which Freud used to establish this method was a fraud. Anna O. who was treated by Freud and his colleague Breuer with the new method did not in fact "get better" as psychoanalysis claims. [1]

If you go and see a priest (a real believer), whatever the problem you approach him with, he will always try to bring you closer to God. Redler, as his mentor Laing did, acted as a priest. He believed that he had determined the absolute value in life - to "get in touch with your feelings". He thought he had a method for helping people "get in touch with themselves". This writer approached him with some youthful doubts about what he should do with his life. He was told the reason that he didn't know was because he was "not in touch with himself". Redler told this writer that the process of getting in touch with himself would take "3 to 5 years". In reality, as a young man of 21 from a reasonably sheltered boarding-school background, half the problem was a lack of experience and knowledge of opportunities. Nothing to do specifically with his inner emotional states. In terms of helping with his actual problem 30 minutes of good careers advice would have been more useful than 5 years of transference and dependency. Which in fact was a complete waste of time; as no amount of "getting in touch with himself" could actually provide a knowledge of the world - which was half the problem. (He simply needed to try out a few different jobs).

Therapy claims that all problems are due to an inner emotional deficit in the patient. Therapy claims that its practitioners have special expertise in this "inner world". Laing, for example, claimed to be "an expert in events in inner space and time". This re-defining all problems as "internal" and

presenting the therapist as the only expert in this area is simply a cynical method for drumming up business.

In reality the vast majority of problems most people experience can be resolved by engaging with the world in some way. Humans are active creatures and this is the natural thing to do. The inward turn is a decadent and unhealthy turn.

Prioritising the "schizophrenic" for business purposes

One of the problems facing therapists is that most people can manage their lives without a therapist. Therapist marketing efforts reflect a range of solutions to this problem. One solution is to claim that therapy is not just something you need if you have a problem. It is about "self-development". Therefore it is relevant for everyone. Some of Redler's promotional literature made just such a claim about "self-development".

The bold move though was made by R. D. Laing. He posited the schizophrenic as a poetic and visionary figure. Only the schizophrenic is in touch with the reality from which we have all become estranged. Albeit in a broken and difficult way. The corollary of this is that the schizophrenic is more advanced along the therapeutic path than the ordinary man or woman. Therefore everyone who is not a schizophrenic needs therapy. And specifically the kind of therapy that Laing had developed to help schizophrenics in mental hospitals when he worked in the Health Service. It is difficult not to link the development of this idea about the social significance of the schizophrenic and the wider relevance of Laing's method of therapy with Laing's need to establish a private practice after he left regular employment in the Health Service.

Laing left the Tavistock Institute in 1964. He wrote *The Politics of Experience*, the book which extolled psychosis, in 1967. [2]

Abusing science for business purposes

R. D. Laing dismissed an approach based on computer analogies of the human mind as not being about "persons". [3] Presumably he thought that his form of psychotherapy which "used persons" was the best.

It is likely that the target of this piece of self-promotional pomposity was Dr John Lilly. Dr John Lilly was the author of *Center of The Cyclone* [4] and *Programming and Meta-Programming in the Human Bio-computer*. [5] Dr Lilly was writing in the sixties. R. D. Laing probably saw him as a competitor for top-spot in the counter-culture psychology stakes.

Laing's method which *used persons* of course created an essential role for the therapist. In the eighties he was charging some people £60.00 a session to be "used" in this sense. Dr Lilly's books can be understood or used as self-help books. He isn't trying to create a business opportunity for himself. Perhaps this was the problem.

Center of The Cyclone is an excellent book which brings scientific systematising to the study of raising consciousness in a disinterested way.

Ignoring sexual abuse for business purposes

With hindsight one of the most striking aspects of Redler as a therapist is how little insight he had.

This is probably not uncommon in therapists who at best, perhaps, have no more insight than your neighbour, and probably less. Something about the belief that life can be fixed by a game of

Doctor-patient in a consulting room, for a fee, probably constricts their ability for real insight and empathy.

Redler, it seems from his online CV, seems to have had little experience of work, having moved from uncompleted postgraduate studies to a private “apprenticeship” with R. D. Laing into his own career as a self-styled “independent mental health professional”. One suspects a distinct lack of experience of the real world.

I told Redler once (more for something to say than anything else) about how I was sexually abused at a prep-school in the seventies. I told him about how I had (about 15 years later) reported this to the police. I had specifically reported about the worst abuser. Redler responded quickly “you wanted to see him punished”.

But he missed the point and jumped to a conclusion. I had considered the possibility that this man might have been taken to court. I didn't relish it. It wasn't what I wanted. I probably would have tried to stop it if it had got that far. My aim in talking to the police was to draw the line and make it clear that the behaviour of this abuser, which the school had presented to me as normal, was very far from normal.

All of this was quite obviously beyond Redler. He pigeon-holed me into a sort of pre-conceived notion of someone having an angry punishing response to being abused. (An emotional deficit of anger).

Redler also tried to change the subject when I first started talking about how I had been sexually abused. He wasn't interested and didn't want to hear about it. This brings to mind Masson's case that Freud deliberately hid the evidence that sexual abuse in childhood was the primary cause of his patient's problems. [6] It was unpopular, too radical and bad for business. Acknowledging child sexual abuse is bad for business. If sexual abuse is the problem then there is no “emotional deficit” and justice or political action not therapy is the antidote. So therapy does its best to avoid the subject.

Establishing a deficit for business purposes

At the time of writing it has emerged that 20% of women in economically deprived areas in England are using anti-depressants. [7] We live in a society that sees business opportunities in poverty and economic disadvantage. Doing something about poverty and disadvantage is not on the political agenda.

Therapy presents itself as radically different from pharma and the pill-popping solution to problems which pharma proposes. Therapy claims to be much more humane. However therapy shares the same basic model as pharma. Pharma will tell you you have a chemical deficit. Therapy will tell you you have an emotional deficit. Both do this because they need to locate the problem in an individual who can be trained to be a consumer of the product or service they offer. The product or service which fixes the deficit they say you have. Both these approaches feed off and create more of the individualised alienation which causes such suffering in capitalist societies. Both avoid considering doing something about economic and social disadvantage in the first place.

Radical psychotherapy shares this model with more conventional therapy. It still insists on a deficit *in* the patient. The deficit is just more radical...

Redler's game

The game was to stop them thinking. The theory (undisclosed of course in the true anti-democratic

fashion common to psychotherapy and psychiatry) presumably was that too much thought was the problem. If only we can stop those wandering, negative, delusional, self-harming thoughts....

The “cure” is achieved when the patient is 100% “in touch with their emotions”. Dowsed in their own emotions with no room left for thought their mental illness is vanquished!

Well. This is lobotomy by another name.

Redler's game was to stop the client thinking. He did this by only “listening” to them, never engaging in rational discussion. Never engaging with them, “just listening”. Never giving away anything about himself which the client could *think* about. He would sit there in his own drenched in emotions state, achieved perhaps through the excessive practice of Yoga, trying to coax the client to “open up” emotionally albeit without any intention of reciprocating. This is the essence of Laingianism. The farcical and strictly sixties belief that just being in the presence of a chilled-out “guru” figure would effect a cure of some kind in the patient.

To be fair; Laing developed his approach in psychiatric institutions. Here, in a world where white-coats would endlessly whirl by, it would certainly have been a blessing to have the psychiatrist take the time to sit down with a patient and be present with them for a while. But this was an improvement in certain institutional practices. This method does not have the universal applicability that Laing and Redler claimed. Most people are not catatonic. (Of course the hippie voice will chime in at this point and say “but everyone is partly catatonic”. Possibly so; but 99.99% of people throughout history have lived with a marginal degree of autism/ADHD/being catatonic etc. and history has not collapsed due to a lack of therapy).

The outpouring of emotions is supposed to be cathartic. But outpouring emotions to a stranger with a clip-board (Redler really did have the cheek to sit there with a clip-board) is anything but healing. In reality no healthy individual will open up emotionally to some idiot with a clip-board who is charging a fee for the service. People want to be loved. They want a response. But therapists will endeavour precisely not to respond. This is a kind of torture. Here we see another influence in “radical psychiatry”; classic Freudianism. The treatment is based on a mechanistic 19th century theory of the *psyche* as a series of valves. The cure comes from releasing the blocked valve and thus letting out the blocked emotions. This can only happen in “transference” with the therapist. By not responding the analyst frustrates the defences and the patient unseals another layer of their defences, eventually unleashing the blocked-in emotions and achieving resolution by catharsis. But it isn't this simple. People are not just mechanical objects with blockages. Blockages which can be released by a mechanistic relationship with a therapist. (“Using persons”). The demeaning and “asymmetrical” thinking behind this theory which sees the patient as an object with blocked valves derives from a 19th century paternalist notion which saw hysterical women patients as beings who were simply not on the same level as doctors. This hierarchical attitude is imported into anti-psychiatry without change.

In the end people need to learn to live their lives. This is an active and self-directed process of study, reflection and correction based on reason. For the vast majority of people being reduced to a quivering blob of emotional intensity in the somewhat attentive presence and under the sovereign gaze of an analyst is unnecessary and unhelpful.

Politics and anti-psychiatry

In his memoirs R. D. Laing explained that he wasn't interested in Marx because Marx was interested in money. It is only necessary to read a few pages of Marx to realise that Marx was interested in money (profits, wages, prices and so forth) because he had a concern for the “working man”. And he realised that the life of the “working man” was to a large extent determined

by his place in the system of wages, prices and profits. In essence Laing was saying "I don't give a toss about people who have problems with not enough money". In a way this is a necessary position to adopt for a psychiatrist who charged people £60.00 per hour at eighties prices.

Laing's left-wing critics were right. He had nothing to say about social justice, poverty, the distribution of profits etc.

On one occasion while in therapy with Leon Redler this writer was subjected to a paean about capitalism. Redler trumpeted how he had had bad service from one phone company and had been able to change to another one. This was after the Thatcherite privatisation of British Telecom and the opening up of the market for "competition". Isn't capitalism wonderful Redler exclaimed? While almost bouncing up and down in his chair with excitement.

On another occasion he launched into a tirade against communism. He clearly thought it was next to the devil.

Neither of these "political" statements had anything to do with therapy or anything to do with a concern expressed by the patient. But it seems that it is not unusual in therapy for the therapist to launch into such personal tirades. The captive patient has no choice but to listen and no opportunity to disagree (since rational discussion is off-limits). Perhaps Redler thought that such chat would break the ice? Humanise the process? But if so his assumption seems to have been that the patient was a fellow capitalist.

Even a superficial political analysis of what capitalism means by competition shows that often the "competition" is simply between two brands. The shareholders and even directors of the companies may be the same. Sometimes one company owns the other company which it appears to be in "competition" with it. (As is the case for example with BT and PlusNet). All this is especially the case with the privatisation campaigns and market liberalisation which have taken place in the UK since the eighties. Many companies are no more than billing units. They sell the same underlying product as their "competitor". In the mobile phone industry for example most companies are simply resellers for the physical networks of a few main players. There is no real "competition". The choices are superficial. A certain amount of manipulateness as regards pricing models.

All the above is evident even without recourse to a Marxist class analysis. If you apply that analysis as well the notion that "competition" is about "freedom" simply evaporates. Competition means that the workers have to work harder and are under a constant pressure to increase productivity. And the plethora of brands they can spend their wages on just introduces a falsification of reality.

At any event Redler had not the slightest awareness of social and political realities. Just a hippie-ish application of the American dream. It would appear that Redler assumed that his client shared his shallow political analysis. Or perhaps he just didn't care. Or perhaps he wanted to impose his values on the patient? Psychotherapy has to justify capitalism. It has made a consumer business out of human emotions and lives off the anomie created by the creed of selfish materialism which is the oil of the capitalist system. Serious political analysis and psychotherapy cannot go together. A cultural critique of capitalism would include a critique of psychotherapy. Anti-psychiatry is no different. Just like psychiatry anti-psychiatry locates problems in individuals whom it proposes to "treat" and studiously avoids a political and economic analysis. For a political analysis anti-psychiatry substitutes a romantic idea about the potential mystical nature of psychosis.

Saved by the person of the therapist (not)

Anti-psychiatry, or Laingianism, preached that the patient was saved by the sheer presence of the therapist. It wasn't what they did or said; for example the advice they gave the patient. The "therapeutic effect" was simply the result of the therapist sitting there with them, being "present" and "mindful".

This is obviously far more dis-empowering than a theory and practice which shares with the patient psychological theory or tools which may be relevant to their situation. In the case of a practice based around such psychological guidance common knowledge (which is published in the public domain and is therefore checkable) is shared and it is up to the patient to apply it. Such a practice is consistent with democratic principals. In the case where rescue is seen to come from the *person* of the therapist there is an implicit hierarchy of being. The therapist is understood to be superior to the patient not just in a professional sense by virtue of his knowledge and experience, but *in his being*. Laing referred to the "asymmetry" of (his) therapy. That is one way of describing a process which is anti-democratic and non-scientific.

The theory of salvation by the being of the therapist of course justifies in turn the notion that the main job of the therapist is to "cultivate their own personality". Laing notoriously did this with LSD. His "apprentice" Redler appears to have done it with Yoga or other physical disciplines.

The idea that someone can be saved by sitting in the presence of someone who has "cultivated himself" is sheer hubris. Such a method might work for plants. (There is some evidence that plants can respond to the attentive presence of a human being). For people it is different. For people the problem of life is the same for everyone, therapee or otherwise. You have to think about it, control your behaviour and be the agent of your own life. You don't learn how to do this by being the lesser being in an "asymmetric" relationship. This will have an effect which is harmful in terms of the development of agency. Put simply; you may go into Laingian therapy as a normal functioning human being but you will come out of it diminished, dependent, regressed, and narcissistically obsessed with your own emotions.

Anyway; it is all just psychiatry

"At bottom anti-psychiatry is still psychiatry. And it doesn't really address itself to women's problems"

Simone de Beavoir in an interview in 1979. [8]

And that's it. R. D. Laing was a psychiatrist. He may never have carried out a lobotomy personally but he joined a profession which was still carrying them out when he joined. (At the rate of 500 a year in 1961 [9], a full 8 years after he joined the profession [10]). In his self-justifying memoirs, (like a lot of therapists Laing was fond of the soft interview as a way of publishing his views and his memoirs are conducted as a series of tame questions by film-maker Bob Mullan [11]), Laing explained that when he started his career he didn't accept lobotomy and he was concerned about it. This is like getting a job in a butcher's and saying you have nothing to do with butchery just because you don't actually butcher the carcasses. If Laing had really been a radical humanist he would not have joined the profession of psychiatry.

Laing was an intellectual. As a writer Laing made a good job of applying Continental existentialism to psychology. He considered real problems of real people from the point of view of philosophy, rather than clinical theory. That was a brave and worthwhile thing to do. Even though the kind of Sartrean phenomenological existentialism which formed his intellectual bed-rock has now been

superseded. (Foucault at least believes that he has shown that phenomenology is part of the same shift in thought that occurred at the start of the 19th century when “man” was created as a being, and as an object of study. He sees phenomenology as part of the same package of thought as the eschatological epistemology of Marxism and positivism. They all depend on the new and historically specific construct of “man”. [12])

The notoriety, cult-like status and indeed the fact that there is now a whole industry around his legacy - endless “I knew Ronnie Laing” or “I tripped with Laing” books - reflects not his enduring contribution to thought (a footnote in history) or clinical practice (zero; even the Philadelphia Association which he founded has long since stopped practising anything remotely Laingian in their Therapeutic Community homes) - but the fact that he was a psychiatrist. Lots of people took LSD in the sixties and recited radical sounding poetry. What made Laing special was that he was a psychiatrist doing it. It appeals to people who like their radicalism filtered through the safety net of an establishment figure.

Real love

Laingianism is a self-interested practice. And strictly sixties. The therapist cultivates himself (usually himself) through drugs, yoga or something similar, and then invites the patient to sit in his wonderful presence, for money. That's it. (Add in some theory from Freud, Carl Rogers and “phenomenology” if you like but these are add-ons).

At best this practice can help severely disabled people in institutions. It can perhaps genuinely and briefly ease their suffering. Laingian therapy is essentially an institutional practice. It can help people in institutions who aren't going anywhere anyway.

Applied to people in normal life contexts Laingianism is positively harmful. For people in the world the re-focus entirely on their emotions, the discouragement of thinking and the training in being the lesser part of an asymmetric relationship is a distraction. It is a backwards step. Treating someone who is not a severely disabled catatonic as if they are is harmful. Treating someone like this discourages thought and action. When it is precisely thought and action which is needed, which are fulfilling and which bring about human agency and “self-development”.

Loving someone is more than just taking LSD in their presence and giving off a peaceful presence. It is something harder than that. And more grown-up. It involves solidarity and respect. (Rather than money).

Notes

1. Richard Webster. *Why Freud was Wrong. Sex, Sin and Psychoanalysis*. Orwell Press 2005.
2. R. D. Laing. *The Politics of Experience*. Harmondsworth. 1967.
3. I'm afraid I can't remember the reference for this. Possibly in the *Politics of Experience*.
4. John Lilly. *The Center of the Cyclone: An Autobiography of Inner Space*. Bantam Books. 1973.
5. John Lilly. *Programming and Metaprogramming in the Human Biocomputer: Theory and Experiments*. Three Rivers Press/Julian Press. 1987
6. Jeffrey Masson. *The Assault on Truth*. Ballantine Books. 1984.
7. <http://www.nhs.uk/news/2014/12December/Pages/Almost-half-of-all-adults-take-prescription-drugs.aspx>
8. Quoted in Elaine Showalter. *The Female Malady*. Virago.1987.
9.
http://en.wikipedia.org/wiki/History_of_psychosurgery_in_the_United_Kingdom#Decline_of_psychosurgery
10. http://en.wikipedia.org/wiki/R._D._Laing
11. *Mad to be normal*. Bob Mullan. Free Association Books. 1995.
12. Michel Foucault. *The Order of Things*. (First published as *Les mots et les choses*. 1966). Routledge 1989. Esp. Chp 9. Man and his doubles).