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The Madness of Anti-Psychiatry

Abstract

Discusses the anti-psychiatry movement and its most famous proponent, David Cooper, arguing throughout that the movement's opposition to medication and insistence upon a purely psychological model for the treatment of psychotic illness is itself a form of madness. I will demonstrate that, although his intentions may have been altogether creditable, his sociological approach to treating psychosis has proven to be misguided and is, thankfully, no longer acknowledged in modern psychiatry. (On-going project)

Early Psychiatry

Psychiatry has come a long way since its recognition as a medical speciality in the 1800s and the founding of the American Psychiatric Association (APA) in 1844, and the other APA, the American Psychological Association, established fifty years later.¹ For the first hundred years of its existence as a medical discipline in its own right, psychiatry aimed to treat only the most severely mentally disturbed in society, i.e., those unfortunate enough to be confined to mental hospitals. Built in the style of jails on the outskirts of towns, they functioned primarily to house those deemed too insane to be allowed in society and offered a variety of questionable treatments, including but not limited to, caning, chaining and threats of punishment.²

Developments in the Age of Enlightenment saw a movement that challenged the harsh, pessimistic, somatic, and ultimately ineffective approaches previously adopted. However, by the 1940s, some of the treatments deemed acceptable included frontal lobotomies, later outlawed for being ineffective and irrational. The frontal lobotomy was proven to be harmful even though its

¹ Thomson Nicholas, Wurtzburg Susan. (2014) Anti-Psychiatric Perspectives of Mental Illness. 1.

² Kavirayni Krishnamurthy. (2019) Past and current concepts of “anti-psychiatry”: Does it have a future? Arch Med Health Sci 2019;7:284-6. 285-6.

neurosurgeon inventor received the 1949 Nobel Prize in Medicine.³ This procedure has scarred the reputation of psychiatry to the present day, with films such as *One Flew Over the Cuckoo's Nest* arguably portraying the whole psychiatric field as one which invokes feelings of consternation, if not horror. Hansen argues that the 1975 Milos Forman film, based on the 1961 Ken Kesey novel, is related to anti-psychiatry.⁴

What is anti-psychiatry?

The term 'anti-psychiatry' was invented retrospectively by the South African psychiatrist David Cooper but is also associated with Scottish psychiatrist Ronald David Laing. However, it should be noted that Laing did not see himself as against psychiatry, and did not identify with the term.⁵ It should be further noted that Cooper was referencing psychiatric insider critique of practice, rather than the growing public discontent with mental health specialists, which it now signifies.⁶ According to Wurtzburg and Thomson, the anti-psychiatry perspective of mental illness incorporates a range of viewpoints, with the most extreme advocates arguing that mental illness is not a real concept, but rather a powerful tool used to demonise those who refuse to conform to social norms.⁷

On the other side of the Atlantic from Cooper, one of the movement's earliest supporters, Hungarian psychiatrist, and professor of Psychiatry at Syracuse University in the United States, Thomas Szasz, argued in his 1961 book, 'The Myth of Mental Illness,' that mental illness could not exist. By his logic, 'Strictly speaking, disease or illness can affect only the body; hence there can

³ Jansson, Bengt. "Controversial psychosurgery resulted in a Nobel Prize." *Nobelprize. org* (2007).

⁴ Hansen Jette Barnholdt (2015) Does Film Keep Anti-Psychiatry Alive? 29-37. 29.

⁵ *ibid*, 30.

⁶ Crossley Nick. 1988. "R. D. Laing and the British Anti-Psychiatry Movement: A Socio-Historical Analysis." *Social Science Medicine* 47(7): 877-889. doi: 0277-9536/98.

⁷ Wurtzburg, Susan J. and Nicholas Thomson (2014) "Mental Illness, Anti-Psychiatric Perspectives of Mental Illness." Pp. 5550-3. Oxford: Wiley Blackwell. 5550.

be no mental illness.⁸ Therefore, to medicate and, in effect, incarcerate perfectly well people is nonsensical. He goes on to write, 'There is no medical, moral, or legal justification for involuntary psychiatrist interventions, such as 'diagnosis,' 'hospitalization,' or 'treatment.' They are crimes against humanity.⁹

Such vehement opposite to hospitalisation for the mentally ill was misplaced, as over half a century later, mental hospitals are still being used in every country in the developed world.¹⁰ Such was Szasz's enmity towards the psychiatric treatments and practices of his time; he helped to establish The American Association for the Abolition of Involuntary Mental Hospitalization in 1970, which was published in two leading academic medical journals, the American Journal of Public Health, and the Journal of Psychiatry, respectively.¹¹ The group aimed to give more rights to people with a mental health condition, which has arguably been achieved, as every person in the USA and the UK are now given rights under the Mental Health Act, including the right to legal representation.¹² For this, Thomas Szasz deserves recognition and applause.

He went too far by saying that psychiatry had no right to diagnose, treat, or hospitalise people in any way; however, he can be thought of as sharing at least half of the ethos of the World Health Organisation on the rights of the mentally ill. The WHO declares that 'All people with mental disorders have the right to receive high quality treatment and care delivered through responsive health care services. They should be protected against any form of inhuman treatment and

⁸ Szasz Thomas. *The Myth of Mental Illness*, 1961. 275. New York: Dell Publishing.

⁹ *ibid*, 287.

¹⁰ Kopinak, Janice Katherine. "Mental Health in Developing Countries: Challenges and Opportunities in Introducing Western Mental Health System in Uganda." *International journal of MCH and AIDS* vol. 3,1 (2015): 22-30.

¹¹ Hansen Jette Barnholdt (2015) Does Film Keep Anti-Psychiatry Alive? 29-37. 32.

¹² World Health Organisation, Mental Health Legislation and Human Rights. https://www.who.int/mental_health/policy/services/7_legislation%20HR_WEB_07.pdf [Last accessed at 05:15 on 20/02/20].

discrimination.”¹³ The anti-psychiatry movement is liable to disagree with the first sentence of the WHO’s statement as it denies mental illness exists, however, would agree wholeheartedly with the protection of the mentally ill from discrimination and harm.

Kavirayni's table of 'perceived misdeeds of psychiatry,' believed by the anti-psychiatric movement, is evidence that not all of their intentions and inferences were dubious. For example, they claimed it was wrong to label homosexuality as a mental disorder, long before the American Psychiatric Association members voted it out of the DSM-II in 1973. They also rightly claimed that psychiatry was wrong to label African slaves' desire to escape from their masters as the mental illness 'drapetomania,' δραπέτης "runaway slave" and μανία "madness." Additionally, they articulated their concerns over the intolerable side effects in patients prescribed antipsychotics.¹⁴ These are all positive aspects of the movement, however, their insistence that psychotic illness is a behaviour and not an illness and their assertion that psychiatry is a pseudo-science that pathologises normal variations of human behaviours, thoughts or emotions¹⁵ have been proven to be, from a modern clinical perspective, ludicrous, as attested to by various studies which conclude that neurological malfunction is the primary cause of psychosis.¹⁶

While conceding, as do the majority of people, that the anti-psychiatry movement was probably admirable in its intentions, established by a group of professionally trained psychiatrists against the harsh and punitive treatment given to this unfortunate segment of the population, it may have been radical in its attempt to help the suffering mentally ill. However, it was not entirely harmless as it may have held back treatment for years had it been allowed to gain traction in the field of

¹³ *ibid.*

¹⁴ Kavirayni Krishnamurthy. (2019) Past and current concepts of “anti-psychiatry”: Does it have a future? *Arch Med Health Sci* 2019;7:284-6. 286.

¹⁵ *ibid.*

¹⁶ Schmidt, André, and Stefan Borgwardt. “Neuropsychopharmacology of psychosis: relation of brain signals, cognition, and chemistry.” *Frontiers in psychiatry* vol. 5 76. 1 Jul. 2014, doi:10.3389/fpsyt.2014.00076 This is one such study and implicates excess dopamine as the cause of psychosis.

psychiatry. Looking for a sociological answer to what is the result of brain chemistry today seems ridiculous and their insistence upon a sociological cause of psychosis, counter-productive.

Wurtzburg and Thomson argue that the outcome of the anti-psychiatry movement resulted in the closure of many asylums and that some former residents who lacked the skills to cope with daily living ended up homeless, and subject to significant adversity, including hunger and risk of assault,¹⁷ testimony that this type of experimental psychiatry had negative consequences for some, even though they gained their freedom.

David Cooper

Born in 1931 in Cape Town, South Africa, David Cooper graduated in medicine from the University of Cape Town.¹⁸ He trained in psychiatry in England in the 1950s, where he met the Scottish psychiatrist R. D. Laing, another founder of the anti-psychiatry movement. He was involved in the underground resistance to the South African Apartheid regime, with Laing claiming that he had been a member of the then-outlawed Communist Party. Indeed, the debts to Marxism are evident throughout his work.¹⁹ He held several hospital appointments before leaving the National Health Service in 1966. It was in this year he would come to reject psychiatry and psychotherapy after the closure of the mental ward at Shenley hospital. The villa 21 experiment, which sought to give patients more autonomy, was unnerving for hospital authorities, causing the ward to cease this radical approach to treatment.²⁰

¹⁷ Wurtzburg, Susan J. and Nicholas Thomson (2014) "Mental Illness, Anti-Psychiatric Perspectives of Mental Illness." Pp. 5550-3. Oxford: Wiley Blackwell. 5552.

¹⁸ Chapman A. (2016). Re-Coopering anti-psychiatry: David Cooper, revolutionary critic of psychiatry. *Critical and radical social work*, 4(3), 421–432. 421. <https://doi.org/10.1332/204986016X1473688814636> [last accessed 15:11, 20/03/2020].

¹⁹ *ibid.*

²⁰ Wall Oisin, 2015. Anti-psychiatry: David Cooper and the Villa 21 Experiment. <http://www.contemporarypsychotherapy.org/volume-7-no-1-summer-2015/villa-21/> [last accessed 15:24, 20/03/2020]. This is an in-depth study into the controversial Villa 21 experiment.

The Marxism that is prevalent in his work is in opposition to the wealth of published research available today, suggesting that chemical factors are to blame for mental illness. However, we should, as Chapman points out, remember that he made a significant impact on psychiatry. I would also suggest we perhaps view him as a man with good motivations; doing the wrong thing for the right reasons, perhaps. However, his sociological view of treatment is perplexing to the modern reader. Chapman perfectly sums up Chapman's 1967 book, *The Language of Madness*, in which the admiral aim of patient autonomy through the family unit and out of hospital institutions was discussed. For Cooper, 'Madness presents a challenge to the family which stands at the basis of capitalism - and capitalism can only cope with psychotic dissent by invalidating the mad.'²¹

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²¹ Chapman A. (2016). Re-Coopering anti-psychiatry: David Cooper, revolutionary critic of psychiatry. *Critical and radical social work*, 4(3), 421–432. 424. <https://doi.org/10.1332/204986016X1473688814636> [last accessed 15:52, 20/03/2020].

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