Eidos 2 (4) 2018

A JOURNAL FOR
PHILOSOPHY
OF CULTURE

DOI: 10.26319/4717

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Psychiatry and Anti-psychiatry: History, Rhetoric and Reality

Abstract:
The term "anti-psychiatry" was coined in 1912 by Dr. Bernhard Beyer, but only popularized by Dr. David Cooper (and his critics) in the midst of a widespread cultural revolt against involuntary hospitalization and in-patient psychiatry during the 1960s and 1970s. However, with the demise of the old-fashioned mental hospital, and the rise of Big Pharma (with all its attendant evils), the term "anti-psychiatry" has outlived its usefulness. It survives merely as a term of abuse or a badge of honor, depending on the user and what rhetorical work this label is expected to perform. Those who use the term nowadays generally have a polemical axe to grind, and seldom understand the term's origins or implications. It is time that serious scholars retire this term, or to restrict its use to R.D.Laing's followers in the Philadelphia Associates and kindred groups that sprang up in the late 1960s and 1970s.

Keywords:
psychiatry, anti-psychiatry, psychoanalysis, DSM V, Big Pharma, normalization, psychopolitics

On November 16, 2016, Dr. Bonnie Burstow, Associate Professor of Adult Education and Community Development at the Ontario Institute for Studies in Education, which is affiliated with the University of Toronto, launched the first (and thus far, only) scholarship in North America to support doctoral theses on the subject of "anti-psychiatry." Predictably, this bold gesture garnered praise in some quarters, but provoked a barrage of criticism from both in and outside the university. Needless to say, the University of Toronto's Department of Psychiatry was not amused, and protested vigorously, provoking Burstow's defenders to accuse her psychiatric critics of not b e i n g genuinely scientific in their approach to the issues, but trying to use their prestige to

stifle academic freedom and freedom of speech. An editorial in the University's student newspaper, *The Varsity*, replied that free speech is irrelevant here; that the premise underlying the bestowal of the award – namely, that anti-psychiatry is a legitimate field of inquiry, or even a legitimate point of view – is a pathetic example of academic overreach, and of advocacy masquerading as genuine scholarship.

Shortly afterwards, on January 10, 2017, journalist Barbara Kay published a front-page article in *The National Post,* entitled "University of Toronto's 'antipsychiatry' scholarship – and not believing in mental illness – is an attack on science." In it; she attacked Dr. Burstow and her supporters by comparing them to the Hollywood actor Tom Cruise, a follower of The Church of Scientology, a bizarre cult that trades in banalities and hoaxes and masquerades as a religion. And a few sentences later, Kay claimed that the injustices that Burstow blames on psychiatry are really the fault of psychoanalysis, which once dominated North American psychiatry, but has no basis in science, and which psychiatry jettisoned decades ago.

Granted, psychoanalysis has a chequered history, and on reflection, much to answer for. But Barbara Kay's attempt to lay the blame for all of psychiatry's sins – including, but not limited to its maltreatment of women and gays – on Freud's shoulders is either deeply disingenuous or willfully blinkered; an absurd, selective "take no prisoners" kind of response that one expects in high-stakes ideological warfare, not in sober and searching journalistic analysis. That said, some of Burstow's ardent supporters trade in generalizations that are equally baseless or exaggerated, generating more heat than light. This state of affairs is fairly typical for debates like these. Needless to say, this would not matter much if they only took place on the pages of psychiatric journals. But *The National Post,* which printed Barbara Kay's article on its front page, reaches millions of readers. The number of websites devoted to anti-psychiatry (and yes, to "anti-anti-psychiatry") is mind boggling**;** so, too, are the feverish exchanges that take place between partisans on both sides. In short, the number of participants and onlookers in these debates is quite substantial.

So, this raises the question: what on earth i s anti-psychiatry? And who is (or is not) an anti-psychiatrist, and based on what (or whose) criteria? When did this debate start, and when – if ever! – will it end? Before attempting to answer these questions, note that both sides in this fierce public debate assume that the meaning of the term is clear, and therefore, that the answer to many of these questions is somehow self-evident. Nevertheless, close scrutiny of the term "anti-psychiatry" and its use in different cultural and clinical contexts indicates that, contrary to popular misconceptions, anti-psychiatry may be more of a mood than a movement, and that the many self-proclaimed "anti-psychiatrists" today know very little about the meaning or history of the term itself. Meanwhile, the term's persistence provides psychiatrists with a convenient omnibus term with which to disparage and dismiss psychiatry's critics – including the ones they should listen to most.

The term "anti-psychiatry" was coined in 1912 by a German doctor named Bernhard Beyer to describe an article – and more broadly, a sensibility – that was severely critical of psychiatry at that time.[1] While the term itself was novel, the phenomenon itself wasn't new. On the contrary, popular protests against involuntary psychiatric hospitalization were fairly common in the late 19thand early 20th century.[2] Why? Because as Roy Porter, Thomas Szasz and others have demonstrated, psychiatrists of that era had broad and sweeping powers to hospitalize political radicals, bohemian artists, women who defied their husbands or engaged in premarital sex, members of sexual minorities, or indeed anyone who antagonized the authorities and members of the (mostly male, mostly white) "establishment." By affixing a quasi-medical diagnostic label to utterances

1) See: Thomas Szasz, *Schizophrenia the Sacred Symbol of Psychiatry* (Syracuse: Syracuse University Press, 1976).

2) See: Norman Dain "Critics and dissenters: Reflection on 'antipsychiatry' in the United States," *Journal of the History of the Behavioral Sciences* 25, (1989): 3–25. Edward Shorter, *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac* (New York: Wiley and Sons, 1995).

and attitudes that gave offence to others, psychiatrists could sequester and silence inconvenient and difficult people, ostensibly for their own benefit. Critics of psychiatry, argued, to the contrary, that the real purpose of involuntary hospitalization in instances like these was to punish them, or to avert scandal and social unrest in various forms.[3]

So even before WWI, psychiatry had acquired a reputation in some quarters as a pseudo-medical "enforcer" that suppressed deviance and sidelined malcontents while propping up the *status quo*. But while the term "anti-psychiatry" originally conveyed an attitude of disapproval toward psychiatry's critics, and was seldom spoken outside of psychiatric circles, it entered mainstream cultural discourse in the 1960's when a South African psychiatrist, David Cooper (1931–1986), popularized the term in a controversial book entitled *Psychiatry and Anti-Psychiatry*.[4] Cooper's book appeared at the height of the "counter-culture" and of massive student protests (on both sides of the Atlantic) against the Cold War, nuclear proliferation, systemic racism, and the Vietnam war. But whereas formerly, "anti-psychiatry" was a derogatory term used infrequently, and chiefly by psychiatrists, Cooper – who called for the complete abolition of psychiatry – "flipped" the term's meaning around, making it a badge of honor worn proudly by a growing number of hippies, political activists, ex-psychiatric patients and many of Cooper's own colleagues, who had become disenchanted with their own profession.

Though Cooper popularized the term "anti-psychiatry", giving it the widespread currency it enjoys today, the term is more often associated with his more famous colleague, R.D. Laing (1927–1989), who rose to fame on the sales of his book *The Politics of Experience and the Bird of Paradise*.[5] Like Cooper, Laing was an admirer of Jean-Paul Sartre (1905–1980), and even co-authored a book with Cooper entitled *Reason and Violence: A Decade of Sartre's Philosophy*,[6] which Sartre greeted with considerable enthusiasm. In a letter to Laing, Sartre wrote:

> Like you, I believe that one cannot understand psychological disturbances from the outside, on the basis of a positivistic determinism, or reconstruct them with a combination of concepts that remain outside the illness as lived and experienced. I also believe that one cannot study, let alone cure, a neurosis without a fundamental respect for the person of the patient, without a constant effort to grasp the basic situation and relive it, without an attempt to rediscover the response of the person to that situation, and – like you, I think – I regard mental illness as the "way out" that the free organism, in its total unity, invents in order to live through an intolerable situation. For this reason, I place the highest value on your researches … and I am convinced that your efforts will bring closer the day when psychiatry will become, at last, a truly human psychiatry.[7]

Sartre's letter to Laing merits a moment's reflection. For example, when Sartre said: "I place the highest value on your researches …", he was referring to Laing's application of Sartre's own concepts of process and praxis to the study of schizophrenics and their families. Laing did this in various books and papers, the most famous of which was *Sanity, Madness and the Family*, a book co-authored with Aaron Esterson, which appeared that same year.[8]

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3) See: Thomas Szasz, *Coercion as Cure: A Critical History of Psychiatry* (New Brunswick, NJ: Transaction Books, 2007), and his *Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man* (Syracuse, NY: Syracuse University Press, 1991). See also: Roy Porter, *A Social History of Madness* (New York: Dutton, 1989).

4) David Cooper, *Psychiatry and Anti-Psychiatry* (London: Tavistock Publications, 1967).

5) Ronald David Laing, *The Politics of Experience and the Bird of Paradise* (New York: Pantheon, 1967).

6) Ronald David Laing and David Cooper, *Reason and Violence: A Decade of Sartre's Philosophy* (New York: Pantheon, 1964).

7) Ibid., 6.

8) Roland David Laing and Aaron Esterson, *Sanity, Madness and the Family* (London: Tavistock Publications, 1964).

Before going any further, it is important to emphasize that Sartre saw Laing's evolving contributions to the existential-phenomenological study of schizophrenia as heralding the arrival of "…a truly human psychiatry", i.e. the reform and renewal of psychiatry, not its wholesale abolition. In all likelihood, Sartre wrote this way because this is how Laing himself had presented his work-in-progress to Sartre when they met up in Paris one year previously. So, though his critics and defenders seldom acknowledge this point, there was a measure of tension between Laing and Cooper's perspectives and long term goals for psychiatry at the outset. Yet when Cooper called for the abolition of psychiatry in 1967, Laing did not distance himself from Cooper sufficiently to make that fact clear to his readers. In fact, he seldom addressed this issue until their friendship had completely imploded, and they went their separate ways. Granted, severe tensions between Laing and Cooper surfaced occasionally at the (in)famous "Dialectics of Liberation" conference in London, 1967. But they only came to a head in 1971, when Cooper published *The Death of the Family*.[9] In this book, Cooper embraced the sexual revolution, called for the abolition of the nuclear family, and tried to align the anti-psychiatry movement, such as it was then, with the global struggle against imperialism, colonialism and capitalism.

Though he shared many of Cooper's misgivings about work-a-day psychiatry, privately, Laing was appalled and dismayed by this book. Curiously, however, he never reviewed Cooper's book, or put his objections in print. Instead, he informed audiences on lecture in tours, at home and abroad, that he was emphatically n o t calling for the abolition of the family. And by the time psychologist Richard Evans caught up with him in 1975, Laing was also dismissing rumors that he was an anti-psychiatrist. Indeed, he told Evans:

> I am not putting forward … a blanket condemnation of the system, or just saying the easy thing – that the system is entirely self-serving, or that the individuals comprising it are self-serving. Our interdigitated plurality of systems is the product of the individuals who compose it, so I am not talking about the system as some entirely alien, malevolent, paranoid-persecution machine, though some of us no doubt feel that way sometimes.[10]

Of course, psychiatry was but one of the "interdigitated plurality of systems" that comprise "the system" Laing was referring to here. But from this statement (and many others), it is apparent that Laing repudiated the anti-psychiatric label, even though others persisted in applying it to him. Among them was his nemesis, the late Thomas Szasz (1920–2012), who scoffed at Laing's disclaimers. An older contemporary of Laing's, Szasz had authored numerous books calling attention to psychiatric abuses of power, and was another hero of the anti-psychiatry crowd, in part because he described mental illness as a "myth".[11] That being so, it is important to point out that unlike Szasz, Laing never claimed that madness or mental disorder are merely "manufactured, or in the eye of the beholder. On the contrary, he freely acknowledged that delusions and hallucinations reflect a deeply disturbed (and disturbing) state of mind. But then we are all potentially mad, said Laing, madness being the default position of people in "the checkmate position", paralyzed by social situations and familial systems that they do not understand, cannot tolerate, and are powerless to change, regardless of their neurological integrity, or lack of it.[12]

Sadly, said Laing, mainstream psychiatry's bias toward biological reductionism prompts most practitioners to ignore their patients' social and familial contexts, robbing their symptoms of their "social intelli-

9) David Cooper, *The Death of the Family* (Harmondsworth: Penguin Books, 1971).

10) Richard Evans, *R.D. Laing: The Man and His Ideas* (New York: E.P. Dutton, 1976), 37.

11) See: Szasz, *Ideology and Insanity*.

12) See: Laing and Cooper, *Reason and Violence*; Laing and Esterson, *Sanity, Madness and the Family*; Daniel Burston, *The Wing of Madness: The Life and Work of R.D. Laing* (Cambridge: Harvard University Press, 1996).

gibility." According to Laing, a patient's delusions and hallucinations often provide clues to traumas, family secrets or interpersonal states of affairs that are collectively disavowed by their kin, because they disjunctive with the family's idealized image of itself – what family therapists call "the family myth".[13] By contrast with most family therapists, however, Laing preferred to differentiate between the actual or empirical family, and the family's collective fantasy of itself, which he termed the "family." Because they internalize many features of the "family" before they succumb to madness, Laing deemed the deconstruction of the "family" to be an essential part of treatment for many, if not most people afflicted with severe mental disorders. If that process requires a process of prolonged separation from their actual, flesh and blood family, said Laing, so be it. No doubt, this therapeutic imperative may sound radical to some people's ears. But let's be candid, shall we? It is a very far cry from calling for the abolition of the family as such.

Before Laing and Cooper parted ways in 1971, they shared a lively enthusiasm for the work of an erstwhile pupil of psychiatrist Ludwig Binswanger named Michel Foucault (1926–1984.) Indeed, they insured that *Madness and Civilization,* his first best-seller, was translated into English, and published in a series on phenomenology and psychiatry that Laing edited for Tavistock Publishers in 1961.[14] Foucault was as critical of psychiatry as Laing and Cooper, often for similar reasons. Like them, he questioned psychiatry's slavish adherence to the medical model, insisting that the attempt to understand madness solely in terms of genetic inheritance and disordered brain chemistry was overly reductionist, and willfully blind to the cultural and political dimensions of the phenomenon. Szasz argued something quite different, namely, that "mental illness" itself is a myth propagated by psychiatrists to diminish individual responsibility and accountability, and to infantilize their patients, thereby expanding their own power base.[15]

By contrast with Szasz, Laing and Foucault argued that madness is real enough, but is profoundly shaped by micro and macro-political and cultural forces in which disparities in power play a major role. They also took issue with psychiatry's attempts to normalize experience and behavior that society deemed "abnormal" by coercive means. But unlike Laing, Foucault was utterly dismissive of psychoanalysis. And by time *Madness and Civilization* appeared, he had abandoned or repudiated phenomenology and Marxism, embracing a post-structuralist epistemology that, as far as he was concerned, completely nullified or superseded these earlier schools of thought, including Sartre and existentialism.

So, how can we pull all these disparate threads together? Consider the following. Until he rose to international fame, Laing was the darling of the British left and artistic *avant garde*. But by the mid-1970's, he aged out of his radical phase, and tacked toward a more conservative world view. That is why those who knew him at different times describe him variously as a left-leaning Scottish nationalist (1960s) or a Romantic Liberal (1970s). But by contrast with Laing – and with Foucault, who leaned even further to the Left – Thomas Szasz was, by his own admission, a libertarian and Right-wing radical.[16] Szasz detested Cooper's anti-capitalist and anti-imperialist rhetoric, and rejected R.D. Laing's ideas with at least as much vehemence as he rejected involuntary hospitalization and most of in-patient psychiatry.[17]

So, Laing, Szasz and Foucault, who are universally regarded as the leading theorists of the anti-psychiatry movement, all rejected the anti-psychiatry label, and disagreed emphatically with one another on a wide range of issues. Perhaps the first person to appreciate the intriguing oddity of this situation was Peter Sedgwick,

13) Roland David Laing, *The Politics of the Family & Other Essays* (London: Tavistock Publications, 1971).

14) Burston, *The Wing of Madness.*

15) Szasz, *Ideology and Insanity.*

16) See: Thomas Szasz, *Anti-Freud: Karl Kraus's Criticism of Psychoanalysis and Psychiatry* (New York: Syracuse University Press, 1976).

17) Thomas Szasz, *Schizophrenia: The Sacred Symbol of Psychiatry* (New York: Syracuse University Press, 1976).

a sociologist in the United Kingdom. Sedgwick's book *Psychopolitics* made the point that for all their similarities, the substantive differences between Laing, Szasz and Foucault really outweigh their similarities – not just in their own minds, but in ways that have profound consequences for social policy and the political economy of mental health care.[18]

So, for example, Szasz railed against involuntary hospitalization, but had no objection to what he called voluntary (i.e. out-patient) psychiatry, provided that the patient paid the doctor for his services directly out of pocket. As a Right-wing libertarian, Szasz construed any form of state sponsorship or support for mental health treatment – even those that are benign and relatively helpful – as an unconscionable burden on tax-payers and/or a thinly disguised attempt at social control.[19] Foucault, who was on the Left, went even further than Szasz, and treated private (out-patient) psychotherapy and psychoanalysis as merely a (covert) form of social control, regardless of who foots the bill.[20]

So, in view of the prevailing tendency to lump all of psychiatry's critics into a single category, *Psychopolitics* offered readers a refreshing change of perspective.[21] Sadly, only a minority of scholars followed in Sedgwick's footsteps.[22] For most psychiatrists and psychiatric historians, the substantive differences between Laing, Szasz and Foucault – and between them and Cooper, on the one hand, and Scientology, on the other – are utterly inconsequential. While some psychiatrists have cheerfully pronounced anti-psychiatry to be "dead",[23] many others continue to use the term in a hostile and indiscriminate fashion to demonize or dismiss anyone they believe has mischaracterized or unjustly attacked their profession. The consequences of this stark, adversarial all-or-nothing attitude are baffling and unfortunate.

For example, in the spring of 2000, I gave a guest lecture to a large group of psychiatric residents at the Western Psychiatric Institute and Clinic (WPIC) in Pittsburgh. WPIC is among the largest and most prestigious psychiatric hospitals in the world, and has multiple affiliations with the University of Pittsburgh, where I was a visiting fellow at the Center for the Philosophy of Science. Among other things, I suggested to WIPC's class of 2000 that the steady proliferation of new categories of mental disorder in successive edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorder* (or DSM) prompts skepticism among the general population. Rightly or wrongly, people suspect that psychiatrists are revising and expanding their criteria of mental disorder to include shyness, grief, mourning, adolescent mood swings and other behavior that, up until recently, was considered normal, or at any rate, not indicative of psychopathology, and that they did so in order "medicalize" every-day life, and to expand the market for their services. I also said that the DSM, then in its fourth edition, is bloated, and that a consistent application of Ockham's razor – or the principle of parsimony – could help to whittle it down to size. Finally, I noted that there were serious conflicts of interest among the panels of experts tasked with revising or formulating new categories of mental disorder, because many of them received research money, handsome honoraria and free vacations from drug companies in return for endorsements of their products, and that the fear or perception of collusion or impropriety was extremely damaging to the DSM's credibility in the longer term. And this, I said, should stop; the sooner the better.

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18) Peter Sedgwick, *Psychopolitics*, (London: Pluto Press, 1982).

19) Szasz, *Ideology and Insanity*.

20) Michel Foucault, *The History of Sexuality*, trans. Robert Hurley (New York: Random House, 1978).

21) Sedgwick, *Psychopolitics*.

22) Ian Parker, Eugenia Georgaca, David Harper, Terence McGlaughlin, T. & Mark Stowell-Smith. *Deconstructing Psychopathology.* (London: Sage, 1995.)

23) Digby Tantam. "The anti-psychiatry movement," in *150 Years of British Psychiatry, 1841–1991*, eds. German Elias Berrios, and Hugh Freeman (London: Gaskell, 1991); Mervat Nasser, "The Rise and Fall of Anti-Psychiatry," *Psychiatric Bulletin* 19, (December 1995).

Many years later, it dawned on me that each and every one of my criticisms and suggestions for the reform of psychiatry anticipated those of Dr. Allen Frances, whose book *Saving Normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life*, appeared in 2013.[24] Frances was the head of the task force responsible for the composition of the DSM-IV, and while his criticisms were directed at the recently published DSM-5, which was overseen by Dr. David Kupfer (Chief of Psychiatry at WIPC), he acknowledged that many of the problems that bedeviled the current edition of the DSM were present in the previous edition, and that he could (and should) have done more to address them at the time.

That being so, it is instructive to note that though my criticisms of the DSM in 2000 were cogent and well meaning, and completely consistent with Frances' perspective, several psychiatric residents heckled me from the floor. One accused me angrily of being a charlatan who knows nothing about medicine or science; no better than a Scientologist like Tom Cruise (and so forth.) Worse yet, none of the senior psychiatrists who were present intervened, or said anything to apologize for these *ad hominem* remarks, which elicited audible murmurs of approval from among the 60 (or so) psychiatrists and psychiatrists-in-training assembled in the room. I left WPIC under a cloud, never to return.

Then one year later, in June of 2001, the Canadian Broadcasting Corporation reported on the strange case of Dr. David Healy from the University of Bangor, in Wales, who wrote a widely cited three volume history of psychopharmacology. The University of Toronto had hired him as their Chief of Psychiatry with much public fanfare, and then abruptly dismissed him. Why? Because during his inaugural lecture, he spoke candidly about the potential dangers of Prozac, which causes one in 1,000 patients to become suicidal (or more rarely, homicidal.) Apparently, the pharmaceutical companies that sponsor drug research at the University were appalled by his candor, and threatened the Department of Psychiatry that if they kept Healy on as Chair of the department they would withdraw a11 of their funding. As the old saying goes, money talks, and so the Department of Psychiatry capitulated, and eventually settled with Healy out of court.

Now, in case you've forgotten, Prozac was approved for sale to the public faster than any other drug in the history of the Food and Drug Administration (FDA.) It became the subject of a best-selling book, *Listening to Prozac,* published in 1993, which made Prozac – and other Selective Serotonin Reuptake Inhibitors (SSRIs) – seem completely harmless, and made them wildly popular. It wasn't until ten years later – roughly two years after the University of Toronto debacle – that Professor Healy cautioned that pharmaceutical companies routinely suppress evidence that contradicts their claims for the efficacy of their drugs, and downplays or minimizes evidence of their potential side-effects. He did this in an eye-opening book entitled *Let Them Eat Prozac*.[25] Healy's exposé was followed seven years later by *The Emperor's New Drugs: Exploding the Anti-Depressant Myth*, by Irving Kirsch, a clinical psychologist at Harvard, who demonstrated that the newer kinds of anti-depressants, which were given so much public fanfare, are no better, and no more effective, than placebos.[26]

Things get worse, I'm afraid. In 2008, planning for the DSM's fifth edition was underway in earnest, and Senator Charles ("Chuck") Grassley, the ranking Republican on the Senate Finance committee, chaired an inquiry that exposed massive collusion between major pharmaceutical companies and the psychiatric profession. Grassley's investigation implicated Dr. Joseph Biederman, the head of Pediatric Psychopharmacology at Harvard, Dr. Allan Schatzberg, Head of Stanford's Psychiatry Department and Dr. Charles Nemeroff, the Chair of Psychiatry at Emory University and President-elect of the American Psychiatric Association. All three were

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24) Allen Frances, *Saving Normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life* (New York: Harper Collins, 2013).

25) David Healy, *Let Them Eat Prozac* (Toronto: James Lorimer & Co., 2003).

26) Irving Kirsch, *The Emperor's New Drugs: Exploding the Anti-Depressant Myth* (New York: Basic Books, 2010).

principal investigators for major research projects, and received millions of dollars in corporate sponsorship for their "research", along with stock dividends in the companies that sponsored their research, and whose products they in turn endorsed, plus gratuities of various kinds, including free vacations, lavish meals and so on. Nemeroff was found guilty of not disclosing personal gifts from pharmaceutical companies to the tune of $500,000.[27] Likewise, Biedermann had declared merely a fraction of the $1.6 million in income and gifts that he received from Big Pharma. Furthermore, it transpired that Schatzberg, the President-elect of the American Psychiatric Association, controlled more than $6 million worth of stock in Corcept Therapeutics, a company that he co-founded. At the same time, he was the principal investigator on a grant from the National Institutes of Mental Health (NIMH) that included research on a drug Corcept Therapeutics was currently testing as a treatment for psychotic depression, and had already co-authored three highly favorable reports on the subject.

In the interests of averting a major scandal, Schatzberg did the diplomatic thing. He stepped aside, handing the Presidency of the American Psychiatric Association over to someone else. Nevertheless, his employers and colleagues leapt to his defense, and professed to see nothing wrong with his behavior.[28] Really? How can that be? When I ponder Stanford's response to Grassley's investigation, I simply cannot tell whether Schatzberg and associates were engaging in a conscious "cover up", or whether they really believed their own flimsy rationalizations for his misconduct. And even if I could make that determination satisfactorily, I still cannot decide which scenario is more bizarre and disturbing. Were Schatzberg and associates genuinely indifferent to his malfeasance, or were they just trying to hoodwink the general public? (Or perhaps both, in some measure?)

Stories like this demonstrate that duplicity and corruption are rampant all the way up the psychiatric "food chain." And if I did not know better already, I would guess that no sane person would trust any of the research conducted in such cozy circumstances, nor any of the drugs that these researchers endorse – not unless I was "out of my mind" with sheer desperation. Nevertheless, in 2005, one in 10 American citizens had a prescription for anti-depressant medication, and by 2010 a hundred and sixty-four million prescriptions were written for anti-depressants, and sales totaled 9.6 billion dollars[29]. And that is just anti-depressants! Sales for anxiolytics, anti-psychotics, and "mood stabilizers" were also mounting steadily at that time.

Nowadays, one in five American adults is taking psychiatric medications – as often as not, more than one! And yet, without exception, these drugs are injurious to brain health (in diverse ways), especially if they are taken over extended periods of time.[30] Moreover, as Robert Whitaker demonstrated in *The Anatomy of An Epidemic: Magic Bullets, Psychiatric Drugs and the Astonishing Rise of Mental Illness in America*, many drugs that are administered indiscriminately to "treat" non-psychotic disorders like anxiety, depression, ADD/ADHD, and so on, create new symptoms, which are then treated with other drugs, until the formerly unhappy patient becomes an unwitting victim, trapped in a vicious downward spiral of drug dependency and gradual neurological impairment that may very well result in psychosis.[31]

Not content with this degree of market penetration, psychiatry and Big Pharma even started medicating children extensively during the second Bush administration, and nowadays many children under the age of

27) Marcia Angell, "Drug Companies and Doctors: A Story of Corruption," *The New York Review of Books*, January 15, 2009.

28) Ibid.

29) Louis Menand, "Head Case: Can Psychiatry be a Science?" *The New Yorker*, March 1, 2010, 68–74.

30) See: Peter Breggin, *Toxic Psychiatry: Why Therapy, Empathy and Love Must Replace the Drugs, Electroshock and Biochemical Theories of the New Psychiatry* (New York: St. Martin's Press, 1991); Robert Whitaker, *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill* (Cambridge MA: Perseus Publishing, 2002).

31) Robert Whitaker, *Anatomy of An Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (Crown Publishing Group, 2010).

two are receiving multiple medications that were never even tested on children in the first place.[32] Worse yet, everyone acknowledges that none of these drugs actually cures anything. They merely alleviate or mask the symptoms of the underlying disorder. Granted, many patients swear by these drugs, claiming they have saved their lives. But many unfortunate souls are also demonstrably worse when they take them, and desperately seek less toxic alternatives, which psychiatry (so far) has failed to provide.

And so, when Dr. Allen Frances published *Saving Normal* in 2013, I found myself pondering the parallels between his perspective on contemporary psychiatry and my own unwelcome remarks at Western Psychiatric Institute and Clinic more than a decade previously. Try as I might, I could not discern any substantive difference between my remarks on that occasion and the tone of his critique. I realized that in publishing this honest and refreshing book, Frances had made himself something of a pariah or an outlier in psychiatric circles. And while the psychiatric response to Frances was somewhat muted overall, at least in public, I didn't read about anyone calling Frances an "anti-psychiatrist."

So, I started to wonder afresh: who is (or is not) an anti-psychiatrist? And according to what criteria? And as I reflected anew on this question, it started to dawn on me that the term "anti-psychiatry" has really outlived its usefulness. Granted, those who advocate the total abolition of the psychiatric profession will probably still cling to this label, if they wish. But what about the rest of us – scholars, mental-health practitioners, journalists etc.? Why do we persist in using a term whose meaning is murky at best? Granted, if you do not like what I have to say, lumping someone like me in the same category as David Cooper on the one hand, or Tom Cruise, on the other, is extremely convenient for polemical purposes. But this kind of facile name-calling reeks of smugness, complacency and an intellectual laziness rooted in power and privilege; an aversion to engaging in genuine debate which celebrates "business as usual", and tries to stymy the emergence and implementation of much needed reforms.

But with that said, the term anti-psychiatry is problematic in other, equally striking ways as well. After all, those who actively embrace the term routinely ignore the fact that the movement's leading theorists – Laing, Szasz and Foucault, ostensibly – all rejected the anti-psychiatry label, sometimes quite vehemently. Moreover, these theorists differed profoundly from one another on a wide range of issues.

Finally, perhaps, people who use this label – whether as a term of dismissal, or a badge of honor – almost always overlook the fact that the structure and delivery of mental-health services have changed dramatically in North America, Western Europe and several other countries in the last four decades. One hundred years ago, when the term "anti-psychiatry" was invented, psychiatry had far less impact on our daily lives than it does today. In those days, psychiatric expertise and activities were large confined to the residents of mental hospitals and asylums, or in-patients, as they were generally referred to. When David Cooper wrote *Psychiatry and Anti-Psychiatry*, the old-fashioned mental hospital system was still very much in place. As a result, the (real and alleged) "anti-psychiatrists" of the sixties and seventies objected fiercely to involuntary hospitalization and treatment, and to psychiatry's steadfast refusal to step outside the medical model and consider the cultural and political dimensions of their patients' malaise. They were an intellectually eclectic crew, who drew inspiration from extremely diverse sources, including psychoanalysis, existential-phenomenology, labelling theory and the sociology of deviance, anthropology, family systems theory, Jungian analysis, and so on.

However, in the intervening years, in-patient psychiatry has dwindled to a mere fraction of its former size, and old-fashioned mental hospitals no longer exist. In many parts of the world, with very rare exceptions, they

32) See: Julie Zito, "Recent child pharmacoepidemiological findings," *Journal of Child and Adolescent Psychopharmacology* 15, 1 (2005); Daniel Burston, "Pediatric Bipolar Disorder: Myths, Realities and Consequences," *Journal for the History and Philosophy of Psychology*, 12, no.2 (2010).

have been demolished or decommissioned as a result of de-institutionalization, and so hospital stays rarely exceed two weeks, nowadays – even for severely disturbed patients. And while in-patient psychiatry is now a shadow of its former self, the scope of out-patient psychiatry has exploded thanks to the relentless expansion of the DSM and the aggressive marketing of Big Pharma. Decent quality in-patient care for longer term stays – which is calibrated in months or years, rather than in days or weeks – can still be obtained privately, but it is disgracefully expensive, and affordable only for the wealthiest segments of society. As a result, America's prisons are overflowing with mentally ill inmates who can't find appropriate care or shelter elsewhere, and our public health experts and prison officials are calling for the renewal and expansion of psychiatric in-patient services.

That being so, it comes as no surprise that in the current climate all kinds of health-care professionals – including nurses and physician's assistants – have prescription privileges, and can medicate their patients after performing a summary assessment, and on the flimsiest of pretexts. And we are not only talking about willing or gullible "consumers" of psychiatric drugs. In certain circumstances, the anguished parents of difficult children may be legally compelled to medicate their children, even if the parents deem these drugs to be potentially harmful to their child's development – an increasingly common scenario, seldom seen in days gone by.

So, as a result of these huge cultural and economic shifts, the majority of those who are dismissed as "anti-psychiatrists" by the psychiatric profession nowadays are seldom versed in phenomenology, existentialism or psychoanalysis – or if they are, they don't advertise that fact. Nor, with rare exceptions, do they dwell on the problems and perils of in-patient psychiatry, or probe deeply into disordered communication among family members of mental patients. On the contrary, these issues, which were once at the forefront of the movement's concern, have fallen by the wayside. And rather than dispute or deny the merit of the medical model of mental illness, the newer "anti-psychiatrists" stress the widespread and utterly mind-boggling d e b a s e m e n t of the medical model brought about by the psychiatric profession's (increasingly transparent) collusion with the global machinations of Big Pharma.

There is one more telling difference that distinguishes the "anti-psychiatrists" of days gone by from today's critics. A salient features of R.D. Laing's work – which provoked fear and mistrust from most psychiatrists, and admiration among his followers – was his concept of alienation, and his stubborn insistence that the psychiatric profession routinely confuses mere normality with a state of mental health. The two are by no means equivalent, in Laing's view. On the contrary, said Laing, a state of conflict-free adaptation to a mad and irrational world, teetering on the brink of nuclear Armageddon, can only be achieved at the expense of severe self-estrangement; one that requires an atrophied critical faculty and a severely crippled conscience. So, if madness is a form of "mental illness", normality, in the 20th century, is more akin to a deficiency disease than to a robust state of health, because our alienated and alienating society is structured to produce emotionally, intellectually and spiritually stunted and impoverished adults.[33]

So, said Laing, if the mad are estranged from reality, living in fantasy worlds, their condition is merely the flip side of our chronic own estrangement from our innermost selves. Unlike the rest of us, said Laing, who are oblivious to our handicaps, the mad have been catapulted willy-nilly into "inner space", but with competent care and guidance, can recover and become stronger, more authentic and insightful human beings than they were before falling mad, and without recourse to coercive "treatments" that are intended to normalize their experience and behavior.[34] Or as he often said: "Madness is not all breakdown. It can also be a breakthrough."

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33) See: Laing, *The Politics of Experience*; Burston, *The Wing of Madness*.

34) Daniel Burston, *The Crucible of Experience: R.D. Laing and the Crisis of Psychotherapy* (Cambridge: Harvard University Press, 2000).

Was this perspective on sanity, madness and society, which people associated with "anti-psychiatry" in the sixties and seventies, sound? And is Laing's critique of alienation in the Cold War era even relevant today, in the age of the Internet and Donald Trump? I have addressed these questions elsewhere.[35] But they are utterly beside the point here. The point I am trying to make now is that most people who still embrace the "anti-psychiatry" label know or remember little or nothing of R.D. Laing and David Cooper, and instead base their calls for the abolition of the psychiatric profession on Szaszian premises.[36] But Szasz never discussed normality or mental health in anything remotely like these terms. Indeed, whereas Laing drew on Marx, Freud, Sartre, Heidegger and others in the process of articulating his concept of alienation, Szasz countered that Laing and Cooper's critique of contemporary capitalism lacked substance, and was nothing more than the pathetic posturing of pseudo-intellectuals, calculated to hoodwink the gullible and disenchanted. One need not undertake a close reading of Szasz to discover this. Just consider the title of his last book, *Antipsychiatry: Quackery Squared*.[37]

All that being said, one thing is absolutely certain: if there still is an anti-psychiatric "movement" today, it bears little resemblance to its former self, and has willfully repressed or simply abandoned many of its previous ideas and commitments. And so, if we are going to have reasonable and well-informed discussion about madness and society today, we need to differentiate clearly between Laing's Leftish, eclectic counter-cultural cohort, some of whom embraced the anti-psychiatry label, and their relentless Right-wing nemesis, Thomas Szasz. We must also differentiate between Szasz and Michel Foucault. Similarly, we need to remember that Szasz, Laing and Foucault all drew attention to the social, cultural and political processes that shape our attitudes towards and treatment of the mad in hospital settings, but that the critics who came afterwards focus primarily on out-patient psychiatry and a widening range of psychiatric diagnoses beyond the psychoses that are adversely impacted by the collusion between psychiatry and Big Pharma.

I conclude with some personal reflections. In June of 2005 I spent two afternoons and an evening in conversation with Thomas Szasz near his home in Syracuse, New York. We had never met before, but were familiar with one another's work, having a number of mutual friends, notably Paul Roazen, a well-known historian of psychoanalysis[38] and Zvi Lothane, author of a celebrated book on the Schreber case.[39] Though not partial to my books on R.D. Laing, Szasz warmed to my work in the history of psychoanalysis. Encouraged by his enthusiasm on this score, I offered to write his biography; an offer he briefly considered, then politely declined on the following day.

In the midst of our conversations on the history of psychiatry, Szasz urged me to join The Citizens Commission on Human Rights, a front organization for Scientologists who were dedicated to exposing psychiatric abuses. Szasz was not a Scientologist, but his active association with The Citizens Commission was well known. I declined to join, because in so doing, I feared, I would be ignoring or indirectly legitimating Scientology's own squalid record of human rights abuses, and perhaps abetting their (thinly veiled) agenda to r e p l a c e psychiatry with their own outlandish ideas and shabby practices. (Szasz had no such qualms, apparently.)

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35) See: Burston, *The Crucible of Experience*; Daniel Burston, "Cyborgs, Zombies and Planetary Death: Alienation in the 21st Century," *The Humanistic Psychologist* 42, no. 3 (July, 2014).

36) Seth Farber, *The Spiritual Gift of Madness: The Failure of Psychiatry and the Rise of the Mad Pride Movement* (Toronto: Inner Traditions, 2012).

37) Thomas Szasz, *Antipsychiatry: Quackery Squared* (Syracuse, NY: Syracuse University Press, 2012).

38) Paul Roazen, *Freud and His Followers* (New York: Knopf, 1975).

39) Zvi Lothane, *In Defense of Schreber: Soul Murder and Psychiatry* (Hillsdale, NJ: The Analytic Press, 1992).

Despite his long collaboration with the Church of Scientology, Szasz made many important contributions. The same can be said, albeit for different reasons, of R.D. Laing and Michel Foucault, whose faults and failings are also well known. Still, none of us are perfect, and according to their own criteria, none of these men were "anti-psychiatrists". That being so, I must ask: who are we to insist otherwise, and to saddle them with a label that they themselves repudiated, especially when the category is so amorphous and ill-defined? However it may have started out, the fact remains that nowadays, the term "anti-psychiatry" is merely a "sliding signifier", whose meaning is situational, depending on what semantic work the term "anti-psychiatry" is expected to perform in the context of a specific writer's narrative – in other words, whom it is that the writer really wishes to attack, to defend or offend through the application of this label.

It may seem odd to invoke respect for the dead as a reason to refrain from labelling them and their diverse legacies inappropriately, particularly since we do that kind of thing so often, anyway. Nevertheless, in this case, I think the evidence – and the need – is particularly strong. Do we need even m o r e reasons to abjure this term once and for all? I think not.

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