Death by assimilation?[1]

Phil Barker[2] and Poppy Buchanan-Barker[3]

Everyone is talking recovery these days. From the National Institute for Mental Health in England (NIMHE) to Rethink, (formerly NSF) *recovery* – or at least the language of recovery – is slowly beginning to be spoken. We might well ask 'do they really mean it?' or even, 'do they know what they are talking about?' For, the politics of mental health remain as polarised as ever, with the loud voice calling for more coercion through the proposed changes to the mental health act on one side, to the little voice of recovery-speak at the other. The middle ground remains as muddied as ever. How practitioners, far less people needing services and support, manage to reconcile these differences is beyond us.

At the same time, the psychiatric landscape is being peppered with all sorts of new developments – from survivors poetry to local advocacy initiatives – all suggesting new growth that might blossom into something worthy of the euphemism 'mental health'. It goes without saying that the psychiatric weed still dwarves these seedlings, and is rapidly being genetically transformed, becoming even more resistant to all attempts to control it. The seedlings may get watered from time to time, with the odd bit of lottery funding or miserly support from a politically correct (and astute) local Trust, but this is nothing compared to the careful (and massive) financial cultivation afforded to the psychiatric weed. The agrarian metaphor is appropriate, for we need to ask what are the farmer's motives? Is he organically inclined, because he knows this to be the natural – and therefore the right – way? Or is he the soft, leading edge of a pseudo-scientific business that feeds from that most capricious of cups, the market?

Tom Szasz's latest book[1] reminds us that little has changed in psychiatry down the generations – it was and remains focused on power rather than rights. Ironically, the opposite of freedom is not brutal tyranny but capriciousness. Increasingly the therapeutic state that Szasz has talked about for decades[2] is becoming a pernicious reality. We are encouraged to believe that all manner of human foibles and frailties are a function of some kind of psychiatric *disorder,* requiring psychiatric *treatment.* As the economist, JK Galbraith once remarked, "every corner of the public psyche is canvassed by some of the most talented citizens to see if the desire for some merchandisable product can be cultivated." Relief from psychic pain is clearly one furrow that has been exhaustively ploughed.

The professional psychiatric journals, which purport to advance the 'evidence base', are glazed with accessible fictions, the finest half-truths that the ad agency can muster: such as the notion that Van Gogh might have been a better painter (if not also a better person) if he had only had access to *this* particular mood stabiliser. Readers of such journals return from conferences laden with pens, mugs, fake leather diaries and notelets provided by the pharmaceutical benefactor. Insidiously, the myth that all mental illness is a form of 'brain disorder' requiring 'pharmacological treatment'

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[2] Phil Barker is Visiting Professor at Trinity College Dublin and offers a free private psychotherapy service in Scotland.

[3] Poppy Buchanan-Barker is Director of Clan Unity, the mental health recovery agency, and a citizen advocate in Scotland.

insinuates its way, first, into our professional lives, and then by a process of osmosis into our heads.

The gifts are well chosen, and not just to ensure 'product placement' at the next case conference. The pen ensures that the professional continues, in effect, writing the story of pharmaceutical ascendancy; the mug conveys a caring message about the company's intellectual if not actual sustenance; and the increasingly elaborate diaries provide a supportive structure for the stressed-out professional, with a daily reminder of the patron, and perhaps the odd quote from Winston Churchill or the Buddha. Meanwhile, case note folders and communal fridges are littered with 'post-its': each a subtle reminder as to who actually controls the psychiatric agenda. The McDonaldization[3] of psychiatry may not yet be complete but the Gilded Elli Lilly, and her competitors are working on it.

Ironically, despite his widespread infamy within the psychiatric field, Tom Szasz appears, almost single-handedly, to have driven the editors of the DSM to convert all their loose talk about mental *illness* into multifarious forms of psychiatric *disorder*. Now, fewer and fewer people can lay claim to full mental 'normality', hence the need for politicians, and economists, to concoct the cruel tautology of 'serious mental illness'[4]. When we entered the field 30 years ago it seemed axiomatic that mental *illness* (whatever it was) *was* a serious human business. Now, some forms of this human ailing have been defined, however inadvertently, as *trivial* - and even users and survivors have begun to squabble over who is or is not entitled to be called a *real* user. Indeed, people no longer are satisfied to introduce themselves with: 'My name's Bob and I'm a service user, ' but increasingly, add; "I'm a service user with severe and enduring mental illness/disorder/distress or whatever". This is the kind of capriciousness, which is the antithesis of freedom. When people abandon their unique human identity in favour of membership of some nebulous army of the dispossessed, *and* swallow, regurgitate and thus define themselves in the pernicious language of psychiatric bureaucracy, then the army of opposition has clearly been infiltrated by the worst kind of fifth columnist.

For the past 30 years Szasz has focused on slavery as the choice psychiatric icon[5]. Psychiatric power has long been invested in the number of patients held by the psychiatrist and - in descending order of importance - the nurses, support workers and various ancillary staff responsible for 'caring' for the patient. With the advent of de-institutionalisation, people who once were *patients* became, at least in principle, citizens again. In Szasz's view all that was achieved for the majority, who were transferred into various forms of state-funded support, was that "they are now maintained like pets rather than being locked up in the zoo"[6]. Those who once were slaves – made to work in hospital laundries, farms and wards for their keep, and who were paraded, and made to undress emotionally, before ogling students, to reinforce the mastery of the doctor – have now escaped and have found their free voice in the community. Or have they?

Szasz once remarked that he had no right to challenge someone who claimed to be Jesus, adding, with no hint of irony, that it would be just as appropriate to congratulate someone who had just realised his divine mission. Szasz is one of the few living psychiatrists who could climb, comfortably, into bed with the likes of Mad Pride, or their American counterparts, Crazy Folks: those who celebrate the diversity

of human experience that society calls madness. To his credit Szasz consistently refused to medicate people against their wishes and even has refused to enter into therapeutic dialogue without first ensuring that the person was inviting an examination and exploration of his or her experience. In that sense, Szasz may be a psychiatrically unique - a maverick. Even the liberal-left wing post-psychiatric lobby in the UK[7] still stands accused of operating a double standard[8]. Presumably, before one can seriously talk about 'postpsychiatry' contemporary psychiatrists must give up their use of the empty, but damaging, nosology of the DSM and ICD, must stop administering psychoactive medications against a person's expressed wishes, and must eschew the use of the detention powers inherent in the Mental Health Act. Clearly, the maverick, Szasz, arrived at this postpsychiatric way station forty years ago.

If the user/survivor/consumer movement has struck a couple of blows for personal freedom through the machinery of collective action, then more established organisations – with a longer track record – like **MIND -** have clawed back some of these gains, by careless reinforcement of the medicalisation of everyday life, which became Szasz's very *raison d'etre*. In a recent response to television brouhaha about the dangers of rapid withdrawal from Prozac, it commented, *"Mind's feeling is that people generally have a very good idea which of their **symptoms** are part of their **illness** and which are associated with their **treatment**, and this should be respected*."[9] In one short sentence, Mind genuflected three times before the medical altar by referring to the symptoms of a mythical illness and its associated treatment. This may well be a fine example of the kind of capriciousness that, ultimately, leads to gagging clauses, ostracism, and the continued reinforcement of the dual myths of madness and sanity.

Rae Unzicker, one of the great voices of survivor self-advocacy in the USA, died of cancer last year, aged 52[10]. This tireless opponent of force and coercion consistently said that we are 'all fighting for the same things: for personal choice, autonomy, dignity and respect'. She wrote powerfully and eloquently:
"To be a mental patient is to be stigmatised, ostracized, socialized, patronized, psychiatrized.
To be a mental patient is to be a statistic.
To be a mental patient is to wear a label, and that label never goes away, a label that says little about what you are and even less about who you are.
And so you become a no-thing, in a no-world, and you are not."

Rae's was an egalitarian voice – not the jaundiced, petty, hurting voice of those who would reify the user/survivor status; as if the only legitimate voices are those of the dispossessed; as if all who have avoided mental health services had, by default, been leading a half-life. She knew the issue was about power, and how power can corrupt, and how we all needed to play our part in dismantling the perverse power tactics that exploit our all too human weaknesses. Raj Patel noted that: "A fertilizer bomb that kills hundreds in Oklahoma. Fuel-laden civil jets that kill 4000 in New York. A sanctions policy that kills one and a half million in Iraq. A trade policy that immiserates continents. You can make a bomb out of anything. The ones on paper hurt the most".[11] Clearly, the potential harm that can be inflicted by ECT, psychoactive drug cocktails and the enforced torpor of hospital admissions, is considerable. However, these are the mechanical extension of the psychiatric fable of

the process of human becoming – a fable that may be worthy of study, as a piece of folklore, but which has no place in 21st Century health and social care.

Rae Unzicker and her many colleagues worldwide began to frame a different conception of what it meant to be crazy, as opposed to *dangerous*, which was and remains the bogey of mental illness. We need to remind ourselves, constantly, that the history of death-making and other forms of human devastation, would not afford even a footnote to the occasional mad axe man, since its pages will be bursting with exploits of celebrities like Attila and Stalin. Even a poor, pathetic Dr Shipman would hardly make an entry in such a catalogue. But crazy folks are dangerous in a much more dangerous way – they challenge the received wisdom of social convention and culture and cultivate the seed bed of alternative ways of living and making sense of life. Literally hundreds of famous innovators, politicians, scientists, artists and writers were accorded psychiatric diagnoses – either contemporaneously or, as in the famous case of Leonardo, by Freud very much in retrospect[12]. We accept that only a small proportion of people with 'mental health problems' are exploring a different construction of life and living. However, many show how civilised life – as we know it – is not all that civilised and maybe not even that live-able. The burgeoning list of categories and their multiple complaints in the DSM and the ICD is testimony to the almost infinite variety of ways that people can find to express their disenchantment with themselves, or the lives they lead. So, crazy folks are dangerous, but only for as long as they remain running wild, in an intellectual sense. Once society has captured their experience, classified and categorised it, like some hideous yet beautiful alien creature, the fear can be contained, preferably glazed by contemporary, cutting edge psychopharmacology.

Although rarely associated with the survivor movement, Tom Szasz recently praised this as the most encouraging development in his sixty years associated with psychiatry:
"*The most encouraging development is essentially the uprising of the slaves, the increasing protestation by ex-mental patients, many of whom call themselves victims. Through all kinds of groups, that have a voice now, which they didn't have before. We should hear from the slaves. Psychiatry has always been described from the point of view of the psychiatrists; now the oppressed, the victim, the patient also has a voice. This, I think, is a very positive development*"[13]. This must rank as one of the greatest plaudits afforded to the survivor movement, given that it is conferred by the psychiatric Antichrist himself. More notably, it signals appreciation that a genuine alternative opposition (however small) has been mobilised to challenge the proposition that, culturally, we should conceive of our-*selves* primarily as biochemical mechanisms. This not only dehumanises, but also spiritually diminishes humankind. It goes without saying that it also reflects an escapist attitude towards the real-world problems of abuse, poverty, stress, prejudice and discrimination that are the psychosocial correlates or precipitants of what medicine and (ergo) society view as mental *illness.* The threat posed by contemporary psychiatry is no longer localised to the province of medicine, but is a global threat to our appreciation of human nature and what it means to be and to do: to feel, to think, to relate and to make sense of all such experiences.

In its quest to finally extinguish traditional socio-cultural explanations of madness, as a function of one kind of possession or another, psychiatry has become possessed by

the daemon of reductionism. It may well congratulate itself on its increasingly 'scientific' and 'objective' status, and the grudging acceptance afforded by the 'true' scientific community. However, it remains insecure, hence its need to assimilate rogue elements like the survivor movement, in bogus forms of 'partnership,' 'user rights' and 'advocacy'. In assimilating the individual and social elements that threaten its supremacy, psychiatry – and its political acolytes – hopes to soften up the dissident voice, make it comfortable within the 'broad church' and, ultimately, stifle its call for change or resistance. As Orwell said: "During times of universal deceit, telling the truth becomes a revolutionary act."

Never has the revolution seemed so close, or so necessary.

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[11] Patel R (2001) They also make bombs out of paper. **Znet**. (http://www.zmag.org/patelbombs.htm)

[12] http://www.mhcan.org/crazyflk.htm

[13] Szasz (2000) *op cit*