

## **Psychiatry and Antipsychiatry**

- Antipsychiatry was coined by the Marxist Psychiatrist David Cooper
  - Most psychiatrists who were labeled as such rejected it
- Antipsychiatry refers to a disparate set of critiques that challenge one or more aspects of the profession and call for reform or abolishment of psychiatry altogether
- The antipsychiatry movement is associated with: Thomas Szasz (US), R.D. Laing (UK), Franco Basaglia (Italy), Michel Foucault (France), and Erving Goffman (US) in 1960s
  - Grew out of counterculture and anti-establishment fervor of the day
- Critical Psychiatry (1980): anthropologist David Ingelby rejected positivistic approach to mind, and instead advocated for psychoanalysis and critical theory (influenced by Habermas and the Frankfurt School)
- Postpsychiatry (Bracken and Thomas): psychiatry is a product of modernity, and technical positivistic enterprise – need to privilege values, meanings, and assumptions, no grand narratives, open up a dialogue about mental health

### **Michel Foucault**

- Normality is defined by defining abnormal
- Asylums did not exist because of the mentally ill but mentally ill existed because of asylums
- Each generation has a particular discourse for understanding problems – new discourses are not necessarily better but different
- Implications today: expanding boundaries of mental illness, mass polypharmacy and management of subjectivity, current neurobiological models no better than psychodynamic or spiritual models of past just different

### **Thomas Szasz**

- Medical diseases are discovered but psychiatric disorders are invented
- Mental illness is a metaphor – instead, there are problems in living
- Psychiatrists agents of social control but their function as custodians in the state is disguised as medical-therapeutic
- Modern era characterized by the therapeutic state – law and punishment replaced by medical discretion and “therapy”
  - Suicide no longer a “sin” but “sickness”, and criminal behavior exculpated for “mental illness”
- Believed only in autonomous psychotherapy
- Libertarian perspective of psychiatry: individual liberty above all else, no coercion, psychiatrists should not prevent suicide, violence a criminal issue not a medical one
- Implications today: Assisted Outpatient Treatment now expands involuntary “treatment” in the community; medicalization of criminality

### **R.D. Laing**

- Madness a sane response to an insane world
- “the experience and behavior that gets labeled as schizophrenic is a special strategy a person invents in order to live in an unlivable situation”
- madness not a breakdown but a breakthrough
- seemingly bizarre behavior understandable in social and relational space – not “un-understandable” as Jaspers claimed
- Implications: leading practitioners have called to abandon diagnosis of schizophrenia, increasing evidence psychotic content can be understood in context of patient’s life story, psychotherapy for psychosis being recognized again

### **Erving Goffman**

- Mental Asylums (State Hospitals) are total institutions, like prisons, boarding schools and concentration camps - where every aspect of the inmate’s life is structured and controlled
  - dehumanizing
- social roles enacted by the staff and the patients that does not take in to consideration the needs of inmates
- mental hospitals exist because there is a market for them, “mental illness” is socially constructed
- described a moral career of the mental patient for the sequence of the change in how patients’ perceived themselves
- described the “betrayal funnel” of how those that they cooperated with for hospitalization led to their loss of civil rights and satisfaction – their friends/relatives had betrayed them
- Implications: calls to bring back asylums but at what cost, awareness of the trauma inherent in involuntary hospitalization/treatment