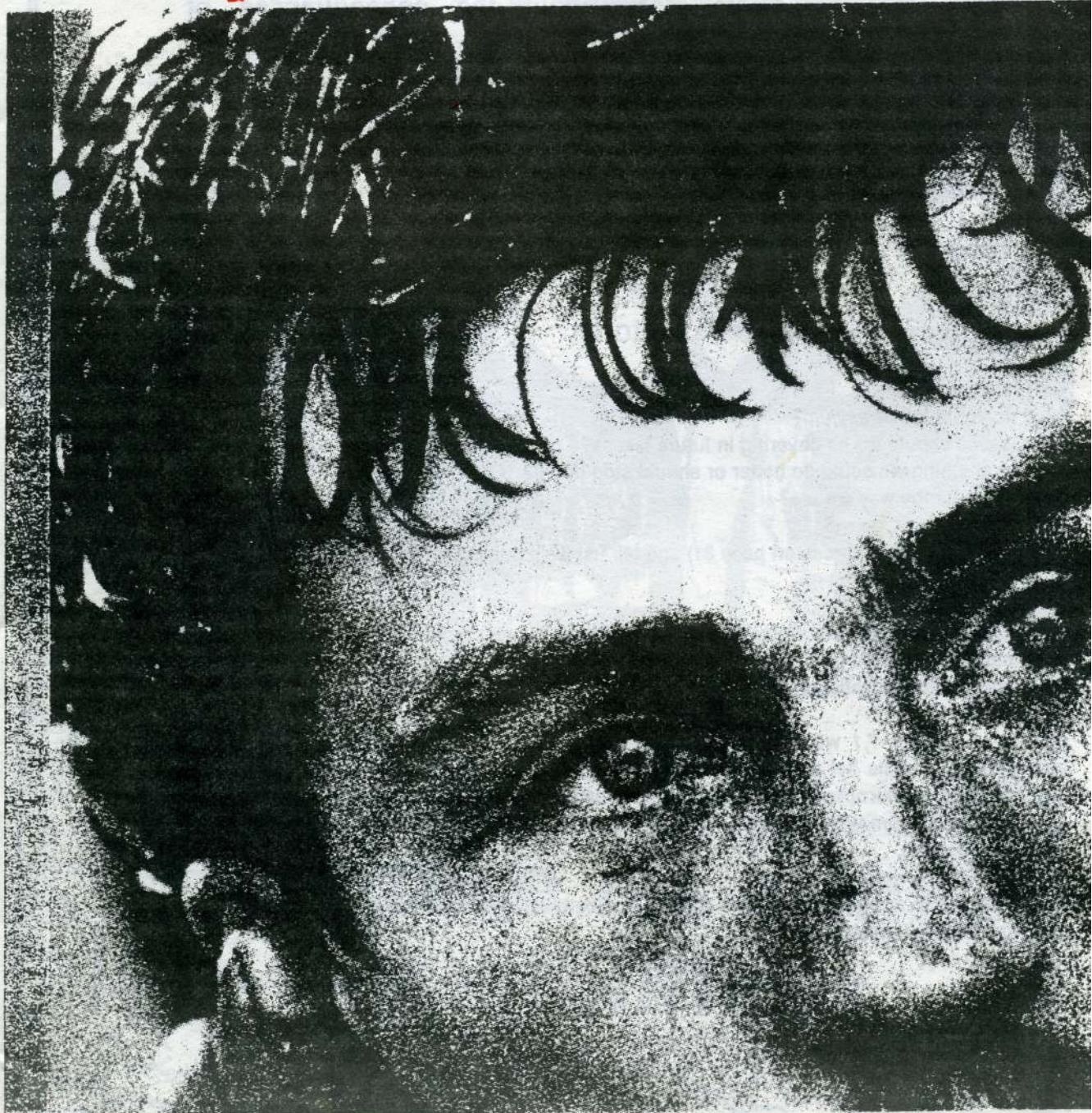


# Asylum

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ARMY OUT  
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**to make an army  
out of illness**

# TO MAKE AN ARMY OUT OF ILLNESS

THE HISTORY OF THE SOCIALIST PATIENTS' COLLECTIVE (SPK), HEIDELBERG, 1970/2  
by Helen Spandler



Helen Spandler on the Socialist Patients' Collective of Heidelberg was important enough to be a considerable part of this edition. The writing is somewhat academic in style as it was a B.A. dissertation. We felt it raised such a number of very important questions for further debate that readers may be willing to give the effort required to read it, and perhaps in later editions to comment upon it. Many people will realise that a current theme in the intellectual world refers to the so-called "End of History" theory. In that view it is implied that it has been demonstrated that Liberal Democracy and Capitalism are truly suited to human nature, which is taken to be innate. Perhaps we could encourage a defence of that currently powerful view, which dominates many academies in the light of the failure of

Communism. In the eyes of the End of History theorists, the mentally ill are those who, for chemical or individual psychodynamic reasons, cannot adapt to Man's true environment. Of course, they see unemployment, homelessness and conflict as inevitable aspects of being human. It is often difficult to assess how far we are products of micro (family) and macro (race, religion, education, etc.) societies. How far are modern persons in the West to be seen as similar to or different from those of other times and societies, and how far is that relevant to concepts of and the realities of mental health? Nothing in the world really behaves independently of its environment. Our problem is when is it appropriate to treat it as though it is? What should we declare is essentially irrelevant?

Asylum4Autumn

(See: "The End of History and the Last Man." Francis Fukuyama, Hamish Hamilton, London. £20.25.) F. A. Jenner.

## INTRODUCTION

*The Socialist Patients' Collective of Heidelberg was an important organisation worthy of study for a number of reasons. They attempted to place the phenomenon of 'mental illness' in a wide social context. They took society as a totality and tried to establish the links between the way society is organised and the effects this had on individuals. There have been a number of mental patient groups which arose around the same time. The SPK, though, was distinct. It attempted to discover the connection between society and the contradictory nature of individual 'illness'. At the same time they combined theory with practice, each to influence the other. The SPK presented an important example of radical, broadly 'Marxian' political and social analysis combined with a therapeutic method in what Jean Paul Sartre described as:*

*"the sole possible radicalisation of anti-psychiatry" (Foreword to SPK Document 1, April 1972, p.3).*

*It is important that we look at this organisation because it appears 'forgotten history' both on the political left and in the mental health movement.*

Material by or about the SPK is hard to find. The main document I use is the first draft of an English translation of 'SPK Aus Der Krankheit Eine Wafe Machen'

(SPK: *To Make an Army Out of Illness*) published by Trikont Verlag, 1972 (from hereon referred to as Doc.1). The information in the literature I have acquired I treat as accurate although I have no way of verifying the 'facts'. The main task, however, is to understand and critically evaluate the methodology, theoretical development and practical involvement. As such we will be looking at the Hegelian dialectic, Marx's theory of political economy and some aspects of 'progressive' psychoanalysis (particularly Reich's earlier work) as this is the basis of the SPK's work.

A study of the SPK brings out many aspects of a radical mental health practice, for example the problems involved with developing a societal, macro view of a phenomenon which may seem to be the most individual and personal, i.e. that of mental illness. One of the major issues is the possibility of a political and social analysis of 'illness' and whether a discipline such as Marxism can help us to understand the seemingly 'individual problems'. In doing so we will also look at more recent attempts to combine Marxism and psychology (e.g. psychoanalysis) such as those of Kovel

and Jacoby. The SPK was the "First self-managed patient organisation in the Federal Republic of Germany and to our knowledge in the world" (Doc.1, p.37). It was developed from initiatives of some doctors who worked in the clinic and attempted to introduce methods which would tackle the social bases of the 'individual problems'. They became critical of methods which seemed less than suited to the 'increasing psychological misery of the masses'. There had been a long battle within the institution, and those attempting to introduce more progressive methods and who seemed on the side of the patients were often fired or denied promotion: e.g. Dr. Spazier in May 1969 was denied an academic position which had previously been offered to him and Dr. Rauch, an assistant medical officer, was replaced.

## THE STRUGGLE OF THE PATIENTS

In February 1970 approximately 60 patients and Dr. Huber, the leader of the movement, were thrown out of the clinic. Huber was fired and banned from entering the clinic. On 5th February 1970 there was the first general assembly of patients in medical history. They demanded the withdrawal of Huber's notice and the resignation of Dr. Kretz (Chief of Clinic). After taking up the position in October 1969, the latter disbanded several therapeutic groups and attempted to replace active doctors (e.g. Huber) with his own 'team'. Patients decided to establish a

committee to work out a system which would serve their needs of running the outpatient clinic. A blackboard was set up in the vestibule for patients' communications. This was torn down by Kretz. It seemed the management could not tolerate patients organising. Similar problems were encountered by mental patient organisations in Britain in the early 70's. For example, an initial Mental Patients' Union meeting attempting to set up a local M.P.U. branch at E Block, Hackney Hospital, was broken up by staff (Mental Patients' Union Newsletter, August 1973). Patients producing radical magazines were often put on higher doses of medication as they were seen to be 'too disturbed' and the magazines were often censored, e.g. 'Scalebor' patients' magazine in a Yorkshire psychiatric hospital. (*Rough Times*, Vol. 3, No. 2., 1972). In Heidelberg patient teachers were organised in the clinic and demands made.

## THE UNIVERSITY AGREES BUT CONFLICT INTENSIFIES

Later that month a one and a half day hunger strike was organised by patients in the office of the chief administrator of the university clinics. The "Vice Chancellor" agreed to provide the material necessities for the continuation of their method of treatment and to self-

management of patients, e.g. regular financial support, university rooms, free use of the dispensary, etc. This was a compromise made on 29th February 1970 and accepted by the patients. However, the implementation of these were frustrated from the start. For example, the rooms they were allocated had to be renovated by the patients; the free use of the dispensary was later sabotaged by Walter v. Baeyer (later to become President of the World Psychiatric Association and to write an influential book on the consequences of the Nazi period, "Psychiatrie der Verfolgten (Psychiatry of the Oppressed)" and the Chief Medical Officer, Oestereich, so that certain prescriptions (i.e. those signed by Huber) were not accepted. The promised monthly payments were withheld from March to July. The administration also threatened to cut off the phones and to clear the rooms where patients worked, etc.

On 6th July 1970 patients occupied Rendtoff's office and demanded the availability of a house where patients could be safe from encroachments from outside and that the University should pay for necessary equipment for therapy and meet all current expenses (e.g. medical functionaries, etc.). On 9th July 1970 the University Academic Council decided to establish SPK as an academic institution. It commissioned three recognised scientists to write a report on the work of the collective (Dr. H.E. Richter, Dr. P. Brueckner and Dr. D. Spazier). The SPK themselves provided an account of current and future work. These four documents have been published in *Dokumentation Zum Sozialistischen Patient Kollektiv Heidelberg*. Unfortunately, I have been unable to trace them.

Two months later (18th September 1970) the Minister for Education banned the University from implementing its decision. On 30th September 1970 the administration tried to throw patients off the premises by means of an imposed contract. The University meanwhile refused to pay the money which had been agreed in February.

#### THE COURTS AND PRESS BECOME INVOLVED

The patients instigated Court proceedings against the Minister of Education's edict on the grounds of constitutional rights, freedom of speech and teaching. The hearing was continually delayed until 1972. There followed a battle for the continued existence of the collective and against eviction orders (e.g. 14th November 1970 and 13th May 1971).

At the same time the press were whipping up public opinion against the patient collective. The Springer Press papers, such as *Phen-Necker Zeitung* and *Bild*, were printing inflammatory articles by those who claimed psychiatric expertise. Statements and refutations by patients themselves were not printed or rendered

unintelligible by editing. Relatives and employers of SPK members were affected by public opinion. They tried, partially successfully, to dissuade patients from involvement with SPK. Hate campaigns were waged. For example, on 21st March 1971 SPK received a death threat against Huber.

#### TERRORIST ELEMENTS GET INVOLVED

About the same time as the SPK's struggle for survival the Red Army Faction (R.A.F.) "Baader-Meinhof Gang" were being formed. The R.A.F. had its origins in the anti-authoritarian student movement and believed in armed struggle through urban guerrilla warfare to smash capitalism. Permanent conflict with the university authorities and the government, it seems, pushed the SPK into more and more direct and provocative activities. The R.A.F. was seen as 'Enemy Number One' by the State, and in Spring 1971 the more political members of SPK came into closer contact with the R.A.F. (according to "*Der Baader-Meinhof Complex*", Stefan Anst).

On 24th June 1971 there was a shoot-out between police and two un-identified motorists near to the home of an SPK member. It is unknown whether the SPK were involved in this or were involved in terrorist activities at this stage. On 24th/25th/26th, the police carried out arbitrary arrests of SPK members. Those arrested were pressurised, interrogated and threatened; homes were searched without legal warrants etc. Detentions and arrests were made on the basis of SPK being a 'criminal union' (Paragraph 129 of the Penal Code). Both the R.A.F. and the SPK were seen to be illegal political groups. According to Stefan Anst, the SPK developed slowly into a revolutionary fighting group, i.e. they organised workshops on Karate, Funktechnik, Fototechnic and giving knowledge about explosive material.

At the beginning of July 1971 the SPK published an information sheet saying that the SPK no longer existed and was now being turned into the Information Centre of the Red People's University (IZRU), which appears to have been organised to aid political prisoners. On 31st July 1971, a day before the date set for eviction, 310 police with machine guns and dogs invaded SPK premises (paragraph 29). Nine SPK members were arrested and kept in strict isolation.

#### THE SPK SPLITS

It appears that due to pressures on the SPK as an organisation, and the fact that it was effectively smashed, the SPK members split. The more politically motivated members became involved with the R.A.F. (e.g. on April 24th 1975 ex-SPK members captured the West German Embassy in Stockholm, took 12 hostages and demanded

the release of political prisoners throughout Germany). These members have either been shot or imprisoned (1980-1) or have gone underground. Other SPK members got involved in quieter forms of protest, e.g. the International Network for Alternatives to Psychiatry (see Cooper 1978) and many were sent to mental hospitals. Wolfgang Huber and his wife, Ursula Huber, received four and a half years' imprisonment for their activity in a 'criminal association'. Siegfried Hausner, another SPK member, received a three year sentence at the December 1972 trial (Sedgewick 1982).

It seems that after one and a half years, and in spite of their continual battle for existence, the SPK grew to 500 members and had a capacity for 500 more members. After an individual had been involved in the collective for about three months (depending on the individual) they could take on partnering new members in 'Individual Agitation' (IA), so it involved an experienced and a new member. This could have taken the form of today's "co-counselling". However, IA was combined with group agitation and study groups 'capacity' for another 500 members meant that the SPK had enough experienced members to cope with a new influx. This is important because it means that the 'Therapy' was done with and by all patient members mutually. The importance of patient (and ex-patient) run organisations has been continually stressed by British and American grass-roots patient organisations. In the early 1970's, for example, there were the Mental Patients' Association (MPA), Vancouver; Project Release, Manhattan; and the Mental Patients' Liberation Front, Boston, in the U.S. In Britain, People Not Psychiatry; Mental Patients' Union, etc. (see J. Chamberlain, *On Our Own*, 1978). The SPK could not grow due to lack of funds and premises.

In the short space of time it seems that the collective managed a great deal of practical activity and developed a theoretical understanding of patients' position in society. First it is important to briefly look at the importance of the historical period in which the SPK arose.

### THE WIDER HISTORICAL CONTEXT

I want briefly to draw out some parallels between the situation in Germany in the early 70's and that of the 1920's. Both periods saw an upsurge in militancy and working class activity which spurred on numerous other movements, e.g. youth, women, etc. The Russian Revolution and other political mobilisations in Eastern Europe aroused hopes of equality and liberation, just as events in late 60's Europe (e.g. France, 1968). The social and political climate of the late 60's and early 70's gave

rise to radical mental health organisations and 'anti-psychiatry consciousness'.

### THE RELEVANCE OF WILHELM REICH

In the 1920's Wilhelm Reich began to question traditional therapeutic methods of his time and attempted to 'radicalise' his profession and draw out what he considered to be the essentially radical and revolutionary nature of psychoanalysis. Reich did not just start to develop his ideas out of his own head. They were due to the social and political situation in which he found himself working. He was working in a psychoanalytic clinic which saw working class patients. He realised that in psychiatry and psychoanalysis social conditions were not a focus of concern. In his work Reich constantly became confronted by poverty, need, housing problems etc., in short he became aware of material conditions and the nature of society. He became sceptical of the effectiveness of individual treatment; firstly because it is impossible to reach many people, and secondly it seemed a waste of time unwinding individuals on an analytic couch when society as a whole produces 'mass neurosis' (see M. Sharaf *In the Wake of Reich* and Reich's *Dialectical Materialism and Psychoanalysis*). Here it is interesting to consider parallels between the situation of Reich in the early 20's, i.e. his expulsion from the German Communist Party and his ostracisation from the psychoanalytical movement and what happened to the SPK in the 70's.

The SPK seem to have had a similar development to Reich. Some patients and a few doctors began to see the situation as political. Just as through Reich's clinical work with the poor he began to discover the social and materialist roots of 'neurosis', and hence began involvement with political and social issues and agitations of Europe in the 1920's, the SPK through their therapeutic work formed an analysis of the nature of society and became concerned to change the social order. SPK members became increasingly involved in political agitation (although in some cases in 'extreme' ways).

I want briefly to look at the similarities between Reich's analytical method (particularly *Dialectical Materialism and Psychoanalysis*) and the work of the SPK. Space does not permit an analysis of Reich's work in its own right. Both tended to see the phenomenon of 'neurosis' (Reich) and 'illness' (SPK) as something which is mass produced by the society in which it occurs. In common with the SPK, in *Dialectical Materialism and Psychoanalysis* Reich takes a broadly 'Marxian' view of the way society functions and tried to combine the Marxist Dialectical method with psychoanalysis:

"Psychoanalysis can reveal the instinctual roots of the

individual's social activity and can clarify in detail the psychological effects of productive conditions on the individual" (p.43).

He argued that economic structures of society do not directly transform themselves into ideologies 'inside the head' and psychoanalysis can be used in order to discover the precise ways in which society affects the individual. This is similar also to what Jacoby argues in *Social Amnesia* (1974), when he claims that depth psychology by its own logic and method elucidates the social by understanding the influence of society on the individual and therefore "turns into sociology and history". This idea is important and one with which the SPK and Reich attempted to come to terms, Reich using psychoanalysis, and the SPK using their unique method(s) of Individual Agitation, Group Agitation, Study Groups and Multifocus Expansion (IA, GA, SGs, and MFE).

The SPK attempted to discover the way a person's 'individual problems' (illness) are produced by society as a whole and by societal institutions. In the beginning of Doc.1 the SPK state that to blame illness on capitalism is 'simplistic, abstract and ineffectual. Their analysis was to be more sophisticated; they sought to discover the precise ways in which capitalism produces symptoms in an individual, i.e. looking at their position in the workforce, family and their social experience, but not losing sight of the fact that social institutions are mediators of the totality 'society'.

#### REICH'S EMPHASIS ON SEXUAL REPRESSION AND THE SPK'S ON ECONOMICS

Symptoms individual members presented were understood as expressions of the essence of the human condition in capitalism. The origin of this 'human condition', according to Reich, was primarily the repression of sexual impulses and the conflicts which arose from contradictions between the needs of society, i.e. for a stable monogamous nuclear family for example, and the individual's instinctual needs. This contradiction for Reich dialectically produced an unsatisfactory outcome whereby, because the individual is weaker, the result is usually a change in the individual's psychological structure. This change, for example, could be the development of a 'character armour' whereby the individual protects him/herself from the psychological conflicts of living in a society which basically denies satisfaction of their instincts. It could result, Reich argued, in 'mass pathologies', such as fascism (see also Adorno's *Authoritarian Personality*). Psychoanalysis, Reich argued, could take the form of loosening these layers of armour so that the old conflicts could be revived and understood.

Reich saw the goal of therapy to be the establishment of full genital experience. Unfortunately, however, Reich proposed a view of full sexuality which was narrow and conformed to society's view about sex, e.g. as just heterosexual, penetrative, the female as the passive 'recipient', and the male as the dominant 'giver'. 'Secondary impulses' were seen to be capitalism's distortion of sexuality (e.g. homosexuality, anal sexuality, etc.). The SPK shared Reich's narrow view. However, the concept of sexual repression is important and certainly produces anxiety and conflict.

The SPK saw the basic contradiction in society as not being sexual but between the need for 'life' and the life-destroying conditions of capitalism. The SPK saw 'life' more in Marxist/Hegelian terms as life/self activity or 'praxis'. This brings us to the age-old problem of what (if anything) constitutes our human nature. The SPK primarily emphasised the need for practical self-activity:

"The basic human need is for productive activity, i.e. the creation of opportunities for optimal and pleasurable appropriation of nature. This is a struggle against the powers of nature. (Doc.1, p.62)."

Both Reich and the SPK started from and with individuals "isolated, false, crippled and stagnated consciousness" (Doc.1, p.51), which form the basis for individual problems.

Whereas for Reich this develops from sexual repression: for the SPK it originates from the denial of the exercise of full human capacity as it has evolved at a given stage of historical development. J. Kovel, in considering Marx and Freud in *The Radical Spirit*, Chapter 16 (1988) argues that it would be inconsistent for Marx to postulate praxis as an absolute form of pure labour outside of history, yet we can see praxis as those forms of labour which emerge when domination is removed, i.e. "free and self-determinate labour". The primary datum of Marx's materialism is 'sensuous human activity' (Kovel): labour is not simply transformation of nature but self-transformation, i.e. nature transformed subjectively/consciously.

The SPK used a useful and important quote from Spinoza *Ethics* Chapter III "of the Passions":

"I hold that we are acting when events that happen inside or outside us have ourselves as their efficient cause, i.e. when something internal or external follows from our nature which can only be clearly and distinctly apprehended through that nature. On the other hand I hold that we are suffering when something happens in us or something flows from our nature of which we are only partial causes".

#### ALIENATION AND PRAXIS

It may be possible to argue that humans have some form of 'need' for self-activity or 'praxis', i.e. the feeling that what we do in the world actually comes from us and the choices we make so that we have control over our own lives and our self-activity. Fundamentally societies are organised around how we produce the means for our survival, i.e. the production and distribution of goods and services. A Marxist view of society looks at capitalism's need to produce surplus value from the production process in order to accumulate, reinvest and compete. There is not space to go into a detailed analysis of political economy, but rather we need to bring out the concept 'alienation' as this is fundamental to the SPK's analysis and any attempt at a Marxist understanding of the individual. Alienation in Marxist theory arises directly from the way production is organised in capitalist society. i.e.:

"Under circumstances for which not the health of the worker but the ease of manufacture of the product is decisive" (Marx *Capital* III, Chapter 5).

The goal of production in capitalism is the extraction of surplus value from the work process. Hence, because work is organised on the basis of profit and not the needs of workers (i.e. for 'self activity'), individuals do not see the products of their own labour. They are cut off from potentially meaningful and liberatory actions on and in the world. In the process of labour the worker externalises her/himself into the object of his/her labours. However, if the object of labour is the property of another, especially an hostile other with opposing interests, the worker has lost his/her 'objectified essence'.

### **ILLNESS, REPRESSED SEXUALITY OR CREATIVITY**

To return to our SPK/Reich comparison, they essentially saw the aim of 'therapy' differently. For Reich, therapy's goal was full sexual relations. For the SPK it was awakening and realising class consciousness and political identity, and need to change the nature of society. Reich's emphasis on sexuality meant that he saw the liberation of sexuality as an essential weapon against the foundations of society. Free sexuality presents a threat to the established order and releases humans from their repression. In some ways he was arguing that sexual liberation could help spur social revolutionary activity (hence his involvement in the sex-pol movement and youth communes). For Reich the main way society keeps its members submissive and conformist is through sexual repression. For the SPK the main way our oppressive society is able to continue is through the mass production of 'illness'; "Capital = illness; illness = alienation" etc. (Doc.1, p.34). Illness,

the SPK claimed, is a prerequisite and an outcome of capitalist modes of production. It is a prerequisite because capitalism requires a docile, obedient workforce; workers that are atomised, i.e. "The prerequisite of capitalist society is precisely isolation and lack of consciousness" (Doc.1). It is an outcome in the sense of what the work process actually does to individuals. Illness is also viewed as acting as a buffer against the crises of late capitalism i.e. as disguised unemployment and in the form of welfare taxation (approx. 36% of net wages) and in keeping the massive chemical/pharmaceutical industries going:

"It is only illness which ensures that production and consumption in pockets of affluence and thereby the profitable business of mass murder on a global scale are kept in full swing" (Doc.1, p.37).

"Illness is the pivot of crisis management in late capitalism" (Doc.1, p.96).

Whereas Reich saw sexual liberation as providing an essential force in the breakdown of society, the SPK saw the phenomenon of illness or the liberation of illness as a revolutionary force:

"Capitalism creates in the shape of illness its most dangerous weapon against itself" (Doc.1, p.59).

It is arguable that both Reich and the SPK overstressed the importance of sexuality and illness as forces to change society. On occasions the SPK tended to see the production of illness itself as eventually resulting in the breakdown of capitalism, i.e. the 'internal limit' of capitalism. The more emiserated and impoverished we are (the more 'ill'), the more likely we are to become conscious:

"Intensification of isolation favors the process of becoming conscious. In acute illness our life energy is strengthened (e.g. fever, palpitation, 'violence' etc. (Doc.1, p.59)

This goes against the central Marxian idea (elsewhere stressed in SPK literature) of the importance of working to change our situation which in turn alters our consciousness, etc., i.e. the importance of self-activity rather than being passive determinants of the historical process.

On other occasions, and as a general practical method throughout Doc.1, the SPK saw illness in a much more illuminating and useful way using the Hegelian dialectic, i.e. illness as a contradictory phenomenon.

### **ILLNESS AS A CONTRADICTION AND A FORCE FOR CHANGE**

The SPK believed that social conditions as a whole transfer themselves into the constituents of the body and mind. Due to the belief that society is rife with alienated social forms and contradictions (see D.



Cooper on the family for example), this can be seen as being transferred into an individual's personality. The 'symptoms' a person presented in the collective were seen as a reflection of the nature of illness, both as protest and inhibition of protest:

"Illness as contradictory life carries within itself the nucleus and energy of its own negation - the will to life" (Doc.1, p.97).

Illness, therefore, represents repression, isolation, negation of life, alienation, etc., and as represented in terms of 'symptoms', e.g. lack of concentration, depression, anxiety, sexual difficulties, etc. At the same time, however, illness is *the* force to change those life conditions to which it is 'indebted' for its origin. Patients in their revolt pose the demand for a different society, yet they do so confusedly. Illness can be seen to (or be made to through agitation in a therapeutic collective) take the form of life affirming protest against capital:

"Those who in their sickness have given unconscious expression of resistance to capitalist work" (Doc.1, p.33).

Around the same time in Britain (June 1972) a group of people involved in mental patient organisations staged a 'mock' work situation outside Vauxhall car factory in Luton. They tried to point to the idea that it is not an individual problem when a worker gets depressed/'sick' but a problem of the nature of the work process itself. They also tried to indicate psychiatry's role in repairing labour power for production, i.e. that it is not the 'health' of the workforce but the efficiency of the workforce that is the main concern. This is similar to the SPK's stance, although the Vauxhall protesters did not see workers' 'illness' as being a positive protest as such but as more negatively, i.e. they did not see 'potential' in this depression apart from just making people aware of what factory work can do to workers.

The notion of the contradictory phenomenon of illness is quite unique yet central to the SPK's work. The negative aspect of illness has been emphasised by 'radical' and conservative theorists, for example the 'sick role' as preventing group formation, isolating and insulating individuals (e.g. Parsons, 1951). It has been seen either as one form of maintaining societal cohesion (i.e. positively, by more conservative thinkers), or as preventing individuals and groups from addressing the real sources of strain in the social structure:

"Insofar as adoption of the sick role relieves strains which otherwise could become a focus of dissatisfaction and conflict, it becomes a conservative (and sometimes counter-revolutionary) mechanism inhibiting social change" (Waitzkin and Waterman, 1974, p.35).

And:-

"The sick role provides a controllable form of deviance

which mitigates potentially disruptive conflicts between personality needs and the social system's role demands" (above, p.38).

The SPK's analysis sees the 'dangers' of the socially affirmed sick role but at the same time sees a potential within an individual's deviance for resistance and agitation. In a similar way British 'anti-psychiatrists', e.g. Laing and Cooper, saw the negative side of labelling (e.g. 'Schizophrenia') because of its implicit invalidation of the person's experience and the assignment of a 'disease entity'. Yet, they also saw a potentially liberatory side to behaviour and experience which is deemed inappropriate by others, e.g. the notion of a 'breakthrough' as opposed to a 'breakdown'. It is important to note that just as Laing was often mistakenly thought to be arguing that all 'schizophrenics' were embarking on a 'voyage' or natural healing process - on the contrary he regarded the patients' madness as a gross caricature of this healing process. The central suffering involved is to do not with the condition itself but with the interference by others - so the SPK regarded 'illness' as very much distorted by the medical/psychiatric establishment. Psychiatry, the SPK argued, brings out and emphasises the negative, reactionary, isolatory nature of 'illness' and wipes out the reactive, positive elements through medication, isolation, diagnosis, etc.

#### TO LOOK IN OR OUT

In significant ways, however, people like Laing and the SPK offered very different, maybe opposing, ways out of this. In *The Politics of Experience* (1967), Laing argued that the best path for our alienated being was to delve into our inner selves and embark on some inner voyage to dissolve our normal ego and 'false self'. The SPK, on the other hand, argued that in order to overcome our alienation we must become more acutely aware of our social and political situation as workers, patients, unemployed, etc., and come together collectively to develop a class consciousness and political identity. Thus, whereas many 'anti-psychiatry' theorists were arguing for more of an individual solution of 'finding oneself', oneness and emphasising individual experience, the SPK were arguing for the finding of a commonality with others, a collectivity. In some ways this points to the difference between the 'existentialist' tradition and the 'political' tradition where the first sees the 'social' as being 'self' and other selves and the second as institutions, social structures and economy.

#### THE SPK'S INFLUENCE ON DAVID COOPER

Having said this, David Cooper had touched upon some of the issues with which the SPK were dealing. It may be argued that the practice of the SPK

actually affected Cooper's later work (e.g. *The Language of Madness*, 1978). In his work in the late 60's and early 70's he argued that it is when the patient begins to say no to the prior negation, which is represented by the family structure (which merely mediates that of bourgeois society), that s/he enters into the psychiatric process of labelling and diagnosis precisely because s/he is trying to assert her/his autonomous existence. In the *Grammar of Living* (1974) Cooper talks of the "madness of the inmates .... signifies some sort of breakthrough or liberation". Later in the same work he argued that psychiatric symptoms are a form of protest but protest with contradictions built in. Politically real therapy, he argued exposes the contradictions, amplifies the protest and facilitates the fuller emergence of the often disguised truth.

Cooper seems to become aware of the nature of class society and the importance of a 'Marxist' analysis: "The political significance of madness becomes clearer if social alienation is seen as an issue of the class division of society and the relations between exploiters and exploited" (*The language of Madness*, 1978, p.36). He increasingly argued that the solution must be political. The nature of the problems are produced by the controlling needs of capitalism and the system of profit. Most of this type of argument could have been written by the SPK itself.

There certainly is some similarity between the antipsychiatry of Laing, Cooper, etc. and the theory and practice of the SPK. A major cross-over is the process of attempting to make a person's 'symptoms' intelligible in the light of their social situation. A good example is 'paranoia' which is viewed as in many ways a valid experience of a situation which is hostile and threatening to the individual feeling it ('healthy mistrust', a 'state of heightened sensitivity', etc.). Both argued that we need to make people's situations explicit. However, in the main Laing, Cooper, etc. concentrated on the family as the origin of personal conflict without regarding the family in its societal context. Jacoby claimed that they were in danger of seeing all conflict as due to breakdowns in communication as if real contradictions and antagonisms do not exist in reality. The SPK actually attempted to discover the roots of personal conflict in the real contradictions in society. In doing so they made an essential step forward in attempting to understand the totality of a phenomenon, which is usually seen in isolation from any social context wider than the family.

## SEEING THE WHOLE

Central to the notion of dialectics is the understanding of the whole context within which

something has come into being and continues to exist. It is important in the sense of seeing something as the outcome of the interaction between numerous processes which have gone on in the world, and to attempt to grasp some generality and essence out of this understanding. The SPK tried to understand the dialectical interplay between particulars (appearances, e.g. symptoms) and the totality (essence) by collective discussion. They claimed that with IA, GA and SGs it was possible to deal both with the 'individual problems' which arose (i.e. in IA) by understanding them, by studying and discussing appropriate works on philosophy, politics and economics, etc., and at the same time by making sense of the studies by applying them to the needs of individuals. Hence, theoretical generalisation was seen to be both a prerequisite and an outcome of practical work:

"The present work contains nothing except what the patients of SPK themselves have worked out in collective practice over 1½ years". (Doc.1, p.37).

This it seems is how they came to comprehend the object like the nature of people within capitalism. However, it is important to view the ideas and practice generated as not just due to the patient's experience in isolation but as part of the cultural and social situation the collective was in and the 'radical' ideas which were around at the time (e.g. from the student movement).

According to SPK illness as presented to them is the expression of the constantly expanding process within capitalism, which transforms living labour into dead matter (i.e. commodities, capital). Here it is worth looking in a bit more detail at Marxist concepts of analytical tools which could help us elucidate the nature of this tendency within capitalism and its effect on the individual psyche.

## COMMODITY FETISHISM AND REIFICATION

The concepts of commodity Fetishism and reification (a 'special' form of Alienation), although not used as such by the SPK, may be useful here. These concepts were implicit in Hegel and developed by Marx and Lukacs' interpretation of Marx in *History and Class Consciousness* (1923). It is interesting here to note that in the 1870's and 1880's psychiatrists were then known as 'Alienists' because it was believed that they were dealing with conditions of alienation (Hill, 1983).

Lukacs states that:

"Where the market economy has been fully developed a man's activity becomes estranged from himself, it turns into a commodity which, subject to the non-human objectivity of the natural laws of society, must go its own way independent of man just like any other consumer article" (*History and Class Consciousness*, p.87).

'Reification' can be described as where human properties, relations and actions are transformed into properties, relations and actions of man-produced things which have become independent of humans and govern their life and are often believed to be 'natural'.

Lukacs further states that:

"Just as the capitalist system continually produces and reproduces itself economically on higher levels, the structure of reification progressively sinks more deeply, more fatefully and more definitely into the consciousness of man" (*History and Class Consciousness*, p.93).

Horrocks in *Self and Society* (Vol. XVI, No. 4, 1988) has used the Marxist notion of fetishism to try to shed light on psychological phenomena. He claims that fetishism (where 'value' is seen to be inherent in commodities; capital etc., and which takes over human relations) goes beyond economic relations and affects all relationships and aspects of culture. He pointed to women's struggle against being treated as 'sex objects'. Objectifying sexual relations can be seen as one form of the manifestation of reification. Fetishism he argues:

"..offers a very powerful explanation for the meaninglessness and despair that many people in society now face. A feeling of meaninglessness is a perfectly appropriate response to a culture in which fetishism takes away meaning, replaces persons by things, we might say turns people into things ... the meaninglessness experienced by the client who comes to therapy is absolutely authentic and valid" (Horrocks, 1988, p.162).

Marx himself did touch upon this in 1844 with his *Economic and Philosophical Manuscripts*, where he stated that the devaluation of the human world grows in direct proportion to the increase in the value of things and:

"In the sphere of political economy the objectification of labour appears as a loss of reality for the worker" (Marx, 1844, p.324).

Joel Kovel, a "Marxist Psychoanalyst" tried to get to grips with the different ways capitalism gives rise to individual problems (neurosis). In *Radical Spirit* (1988) he argues that we cannot separate therapy or neuroses from the entire flux of capitalist relations in everyday life within the family and in mass culture:

"As capitalism universalises the commodity relationship so it imposes in a necessarily related way a universalised neurotic experience among those who must live according to its terms" (Kovel, 1988, p.123).

Commodity Fetishism, he claims, is the form of 'reality principle' which is developed by capitalism. He argues that the structure of neurotic experience itself is decisively affected by the development of advanced capitalism. He distinguishes between what he calls early and late capitalism. He states that late capitalism places

more emphasis on 'consumption' as well as production due to capital development such that human reason and desire are internally influenced and affected by the needs of capitalism (e.g. the notion of restructuring and marketing desires, 'false needs'). Kovel objects to Marxism being used only to look at capitalism's influence on the social world and the social world's influence on it. This again goes back to the problems of 'human nature'. Kovel, as a psychoanalyst, believes that we have certain essential desires and impulses which are denied expression by capitalist production processes. These impulses can act as resistances to oppression, exploitation, etc.:

#### HUMAN NATURE

"In broad outline, of course, there is a deep truth in Marx's view that all that we are is formed in the social process. However, it is not formed directly. It is mediated through the categories of childhood whose primary process - mode of thought - retains the capacity to dissolve each aspect of the self into the whole world and *vice versa*. In its most innermost core, the self is no unity but a sea of contradictions". (Kovel, 1988, p. 182/3).

Lukacs had argued that reification can only be overcome by becoming conscious of the imminent meanings of these contradictions such that the proletariat become the:

"Identical subject-object of history whose praxis will change reality". (Lukacs *History and Class Consciousness*, p.197).

Above all, he argued, the worker can only become conscious of his/her existence in society when s/he becomes aware of their self as a commodity, the 'self-consciousness of the commodity', i.e. the self knowledge and self revelation of the capitalist society, founded upon the production and exchange of commodities.

This process of consciousness was seen to be crucial in patients becoming aware of their situation in capitalism with the SPK (through the combined and mutually influencing processes. Every individual was seen to be both a determiner and determined in the social process, i.e. both an object and a subject. The word subject here means a significantly free agent. ("If I radically change objective conditions I am a subject"). Each person was seen to be objectified in capitalism and traditional psychiatry was seen to reinforce this objectivity by diagnosis, isolation, etc. The collective aimed to transform the objectified individual into a subject, one who is able to act on the world (praxis). Knowledge about your own situation as an 'object' was seen to be the first step in transcending it (see Lukacs).

This represents the Hegelian idea of 'unity of opposites', i.e. the unity between being (i.e. Object) and consciousness (i.e. Subject). The dialectical outcome of this unity was to be political identity and thus activity: "Out of the ineffective views of isolated individuals a collective consciousness must be developed. Thought remains theory as long as it is in one head or in a few isolated heads. When, however, it is in the hands of many, i.e. the heads of mutually communicating and co-operating people, then thought is already praxis". (SPK, Doc.1, p.38).

This line of thought is essential to Marxist theory and practice. The SPK also referred to the idea of the individual patient being both a focal point of social contradictions (i.e. determined) and yet at the same time the focus (source, point of influence on the social world). Again, here in a similar way the aim of the SPK was to emancipate the acted-upon object into an acting subject.

Jacoby in *Social Amnesia* (1974) argued that: "It is a question of restoring the subject-object dialectic" (p.106).

He advocates what he calls an "objective theory of subjectivity", which explores the subject until it reveals its social and objective determinants. We looked at this idea with reference to Reich earlier. In addition, Jacoby argues this method reveals "a society which has administered the subject out of existence" (i.e. the myth of the 'individual'). This is in many ways what the SPK attempted to do.

## POLITICAL THERAPY

Interestingly, however, Jacoby (like Kovel) seems to be very critical of any notion of 'radical therapy' which is what we must consider the SPK practice to essentially have been. Kovel, for example, questions such options as there being a direct link between oppression and neurosis. He argues that it is deceptive to blend the subject and objective because they have been split and cut off by repression in society. However, at the same time he criticises both Marxism (for just looking at the objective) and psychoanalysis (for just looking at the subjective). He argues that therapeutic practice should be bracketed from political goals and yet much of his work seems to be attempting to bring them together (at least Marxism and psychoanalysis).

Jacoby claims that we need to be open and sure about the limits of therapy, however 'radical', because essentially it leaves the social roots of oppression untouched. We need, he argues, to elucidate the contradiction between individual therapy and radical politics. In that sense "there is no such thing as radical therapy, only therapy and radical politics" (1974, p.139).

However, Jacoby rests this argument on the work of the theorists like Laing and Cooper, of whom he makes a convincing critique. He claims that they confuse the appearance or surface (i.e. human communications and relationships) with the underlying reality or totality of processes and do not go beyond the family and interpersonal communication. Essentially, he points out that Laing and Cooper do not conceive of man as activity or praxis, i.e. the fundamental concept of labour.

What Jacoby does is given an important and convincing critique of Freudians and post-Freudians in their repression of critical thought and argues for a critical psychology. This, it appears, would involve taking into account the 'objective social reality': "A radical analysis of schizophrenia is committed to society as its determinant" (Jacoby, 1974, p.139).

He goes on to argue for a 'class analysis of mental illness' (p.139). It is worth wondering what Jacoby would

have made of the theory and practice of the SPK: as in many ways they fitted his bill of a critical societal psychology which looks at the contradictions in people's lives as experiences of real antagonisms in society. The SPK also did not see the solution in individual terms but in practical political ones alongside individual therapy. The SPK, however, probably placed more importance on the potentially revolutionary nature of illness and 'therapy'.

There are very few examples of where organisations have taken the notion of 'radical therapy' to the level at which the SPK did and one wonders what would have happened if there were more examples (i.e. if they would have suffered the same repression as the SPK). Practices such as 'feminist therapy' could possibly be seen as some form of radical therapy in the sense that they attempt to see women's 'individual problems' as a product of their position and oppression of women in our society. They often try to involve women in various women's groups and other feminist activity. It is important to note that the SPK never actually seemed to come to terms with such issues as the position of women in capitalism (and other oppressed groups such as blacks, lesbians and gays), nor of how many women may face a 'double burden' as mothers and workers.

## COLLECTIVE REALISATION OF THE SICK AS A CLASS

I briefly want to move on to the idea expounded in SPK Doc.1 of "the collective self-realisation of the sick as a revolutionary class". This is important because the SPK saw the patients themselves (as conditioned by illness) as being the key to revolutionary transformation

or at least this is what comes across in their work. To be specific, they argued that not everyone who is sick is part of the revolutionary class but anyone who makes use of the progressive aspects of their illness behaves in a revolutionary way. However, at the same time, organisations such as the SPK also claimed that we are all 'ill' under capitalism anyway, so the logic here perhaps should be that we all have a part to play in social change as long as we are conscious of our situation. However, it seemed to be the case that the SPK increasingly saw quite a small proportion of 'patients' to be the key. At the same time, the SPK were marginalised and isolated so their position on this issue could have reflected this.

The idea of the 'sick' constituting a class was argued by Waitzkin and Waterman:

"The sick may be broadly construed as a class of people subject to financial exploitation under capitalism and bearing numerous similarities to the working class in Marx's theoretical analysis" (Waitzkin and Waterman, 1974).

It is argued that because it is patients who suffer at the hands of a monolithic medical industrial structure patients are exploited by medical capitalism in the same way that Marx talks of the exploitation of workers. However, in crucial ways they seem to be mis-using the Marxist concepts of class and exploitation. The working class in Marxist terms are in a contradictory position because on the one hand they are increasingly exploited to get more surplus value from their labour, and yet because their labour is crucial to capital they also have the power collectively to take action against their exploiters, e.g. by withdrawing their labour:

"Any transformation can only come about as the product of the free action of the proletariat itself" (Lukacs *History and Class Consciousness*, p.209).

However, because the clinic in which the SPK existed was a day centre, many of their members had employment outside and hence many did constitute part of the active working class (others were in the past and would be in the future). Yet the only place they were brought together with the understandings they were becoming aware of through involvement in the collective was in the clinic. They would have been isolated in different workplaces.

The SPK had argued that the sick were exploited (in fact 'doubly' so), and that it is in the rulers' interests to keep a proportion of the population deemed 'sick', e.g. as a 'crisis buffer' to cover up unemployment etc. It is possible to see how the sick and their 'condition' is exploited (e.g. by the pharmaceutical industry) but at the same time they lack the 'usual' channels of protest and action. They could not, for example, 'withdraw their

sickness'! In some ways we can understand how they came to terrorist activity and the taking up of weapons. They had developed quite an advanced position on capitalist society and yet had nothing but their common 'condition' to fight it with. It could have been that the taking up of arms was the only channel left for them to use. Also, undoubtedly the constant hounding they faced provoked more direct action too:

"The SPK can no longer exist in its original form. No group agitation or study can take place in these rooms, which can easily be controlled, taped, located by the pigs. We will not make it easy for them to put us in prison or shoot us any more" (Statement circulated by SPK, July 1971, p.2).

It is also possible that the RAF was seen to be the most concrete and direct attackers of what they saw to be the roots of their illness. Both suffered severe state repression and media 'hysteria', were thrown together literally in prison and by implication in the media. Their struggle was increasingly seen to be the same.

The SPK's notion of 'Multi-Focal Expansion' (M.F.E.), i.e. of creating further collectives in other places and socialising the SPK method in other existing organisations and groups seems to have been neglected. They failed to build links with groups outside and hence became isolated. They seemed to believe that they as a collective could somehow change society without recognising the need to build and maintain links with other organisations and movements in order to survive (see Simpkin, 1979). A major problem with the SPK was that of over-estimating its capabilities and abilities as an isolated collective. The arguments put forward by Sedgewick on patient organisation applies here when he claimed that many:

"... placed extraordinary burden on the psychiatric sufferer. S/he is expected to be a cadre in the assemblage of counter forces and counter structures constructed in antagonism to our oppressive society" (*Psychopolitics*, 1982, p.238).

The ambitious range of goals of the SPK would have taxed the resources of even a well-organised mass political party (Sedgewick, 1982).

Having said all this the SPK had very little opportunity of proving themselves due to the repression they faced from the very beginning of their short life.

Sartre had claimed in his letter to the collective that:

"You will not be judged by imbecilic arrests but by the results you achieve" (SPK, Doc.1, Intro., p.5).

## THE RESULTS

However, an evaluation of the results of their practical work is virtually impossible. Firstly because, as

described above, they were not given a 'fair innings'; secondly because many of their more active members due to their terrorist connections were either shot, imprisoned or went underground, and thirdly because of the very nature of their work and method, i.e. their notion that 'healthy' is a bourgeois construct meaning ability to work and nothing to do with individual wellbeing. For the SPK to 'get better' meant to become 'class conscious' and politically active, which many of their members did. Any evaluation of the therapeutic method of the collective would have to be clear on what they considered 'healthy' and 'ill' to mean.

The SPK's theory and practice is a fascinating and important yet forgotten history. The ideas and questions they brought up are still essential today and yet have not really been tackled. Their work demonstrates the importance of seeing 'patients' as not just victims of a social system but as people who are capable of understanding, analysing and to some extent changing situations by working collectively. It also demonstrates how this collective co-operation can in itself be 'therapeutic'. It also demonstrates the importance of points made by Friedman et al.:

"Once we begin to understand what social forces are creating problems for us, we can stop turning our energies against ourselves and start directing those energies towards the development of the strength and self-confidence necessary for pushing back against the forces of a difficult society. Real change not just adjustment becomes a possibility". (Friedman et al., 1979, p.21).

Unfortunately, the SPK also points to the difficulties such radical practice encounters in this task.

Their work does, however, show the need to look at so-called 'mental illness' in its totality as part of the very society it exists in and demonstrates a way of combining a radical view of society with a valuable therapeutic method. In addition, the SPK's work gives some substance to Kovel's statement that:

"Marxism, rather than flattening subjectivity, could serve to deepen our understanding of the schism within it". (Kovel, *Radical Spirit*, 1988, p.182).

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# ABUSE AS THERAPY?

## Reparenting :The Trident Housing Association and the theory of "Cathexis" by Mark Stein

In the last edition of *Asylum* (6,3) we published an interview conducted by Mark Stein with Gail Bluebird an American women who lived in a Schiff project in California in 1974. This article is a damning indictment of a form of therapy that brutalises both therapists and those receiving the so called therapy

*Cathexis (or 'Reparenting')* was invented as a psychotherapeutic method of treating schizophrenia by Jaqui Schiff in Virginia in the mid 1960s. It involved encouraging clients to regress to babyhood, when Schiff would look after them, feed them from bottles and change their nappies. Such nurturing was supposed to correct the faulty parenting which had supposedly caused the schizophrenia. In psychotherapy it is common for clients to briefly relive an important childhood experience. But in Schiff's therapy regression is prolonged and creates intense dependence on the therapist. In the USA Schiff's methods have been widely criticised as unethical. The Cathexis Institute in California closed in 1988. But Schiff now lives in Birmingham and runs a small charity, Cathexis (Europe) to promote her ideas. Trident Housing Society runs the only residential home in Britain practising Schiff's methods. The project manager is Jenny Robinson. Schiff was one of the founders of Transactional Analysis (TA) and her theories are taught by TA psychotherapists in several English cities.

### American origins

Schiff's reparenting therapy is extremely authoritarian. In this respect it differs from the therapeutic communities founded by Laing and his followers in the 1960s and 1970s, which also endeavoured to treat serious mental illness without drugs: Kingsley Hall and Arbours in England, Soteria in California. (1)