

The Journal of The International Association of Transdisciplinary Psychology

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PSYCHIATRY AGAINST ITSELF:

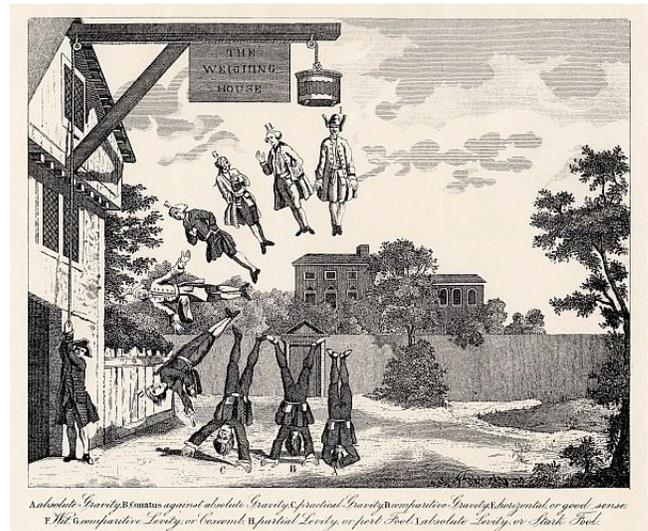
Radicals, Rebels, Reformers
& Revolutionaries

A Philosophical Archaeology¹

Vincenzo Di Nicola²

¹ Prepared for a seminar on “Psychiatry and the Humanities” at the University of Montreal Department of Psychiatry that is also offered as a course in the Faculty of Medicine. The ideas were elaborated as part of my philosophical investigations for a doctorate in philosophy at the European Graduate School, *Trauma and Event: A Philosophical Archaeology* (Di Nicola, 2012b). This essay sets out some of the key ideas I will explore in a forthcoming book with the working title, *Deconstructing Crazy*.

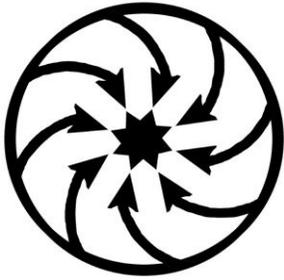
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“*The Weighing House*” (1763) by English printmaker and pictorial satirist, William Hogarth (1697-1764) is one of my favorite cartoons of all time. Unsurprisingly, as I am a psychiatrist and it speaks to reason versus folly. *The Weighing House* marks nine measures of wit, from “Absolute Gravity” to “Absolute Levity or Stark Fool.”

Abstract

This essay inverts the logic of *anti-psychiatry* to describe various movements critical of the profession as *psychiatry against itself*. Like Alain Badiou’s contrast of philosophers with anti-philosophers, anti-



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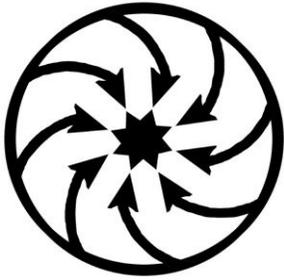
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psychiatrists compel the established tradition of psychiatry to confront fresh problems with new perspectives to renew psychiatric thought. The dual themes that emerge from this study are: *tradition vs. innovation* and *negation vs. affirmation*.

This thesis is threefold: (1) What is intriguing about the psychiatrists associated with the anti-psychiatry movement and what unites them is *negation*. In each case, their work proceeds by a *key critical negation*, to the point that the defining characteristic of anti-psychiatric psychiatrists is precisely negation. (2) Each negation and how it was practised made each anti-psychiatrist, depending on his temperament and circumstances, into a *rebel, a radical, a reformer or a revolutionary anti-psychiatrist*. (3) Each anti-psychiatrist wielded an instrument for change that I have coined *Badiou's sickle*. Based on a key critical negation, each anti-psychiatrist resisted the suturing of psychiatry to a given subdiscipline, regional practice, or dominant ideology by separating it gently or more forcefully with

Badiou's scalpel, scissors, shears, scythe or sickle to liberate psychiatry as a general theory and practice and return it to its originary task.

Four key 20th century Western psychiatrists who were critical of their field are examined through their basic attitudes and contributions to the redefinition of psychiatry. Scotsman Ronald David Laing (1927-1989) was a *radical psychiatrist-psychoanalyst*, returning psychiatry to its clinical roots, with his trenchant critiques of Ludwig Binswanger's existential analysis and psychiatric practice generally, calling for *social phenomenology, negating the mystification of mental illness* by placing the suffering of the self in social, family, and political context. The French Jacques Lacan (1901-1981) was both a *subversive psychoanalyst and a psychiatric rebel*, affirming the centrality of Freud in his construction of psychoanalysis while rebelling against both the psychoanalytic and psychiatric establishment, *negating the institutionalization of psychoanalytic practice*, whether in the academy or in psychoanalytic institutes. Italian



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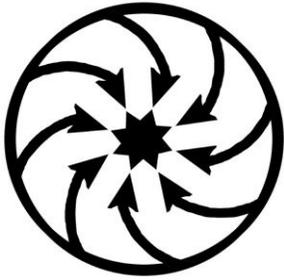
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psychiatrist Franco Basaglia (1924-1980) was a *reformer* who instigated *psychiatric deinstitutionalization* around the world with his key text, *L'Istituzione negata*, "The Institution Negated" (1968) and by joining the Radical Party in the Italian Parliament that reformed Italy's mental health legislation. As a *psychiatrist, philosopher and revolutionary*, Martinican Frantz Fanon (1925-1961) *negated nothing less than the claim of European psychiatry to universalism* in his radical critiques of the psychology of colonization and identity formation, offering a more humane psychology on which to found psychiatry in a revolutionary program for a new society. Fanon's critiques were far more trenchant than other anti-psychiatrists, with far-reaching impacts on critical theory, post-colonial studies and Marxist political theory, yet his project remained unfulfilled when he died all-too-young, bequeathing us psychiatry's unfinished revolution.

Two other critical thinkers are examined to complete this study. One is Hungarian-

American Thomas Szasz (1920–2012) whom I characterize as a *reactionary psychiatrist* in the guise of a progressive who *negated the reality of psychiatric disorders*. Szasz trivialized mental and relational suffering as mere "problems in living," arguing against the majority of psychiatric disorders having biomedical origins, thus promoting the medical model in its most reductive form. In contrast with the other anti-psychiatrists, Szasz's negation was destructive, leading the way to greater stigmatization of mental illness and diminished resources and services. Finally, the work of French psychologist and philosopher Michel Foucault (1926-1984) overshadows the entire discourse of anti-psychiatry, just as he informs and impels us to *reorder medical perceptions and psychiatric thought, upending the very "order of things."* Foucault's negation was the most *disturbing* to psychiatric thought because he questioned the very basis for imagining madness and reason/unreason.



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Prologue: Psychiatry and Anti-Psychiatry

The imminent demise of psychiatry has been predicted for most of its history.

—Tom Burns³

The history of psychiatry rewrites itself so often that it almost resembles the self-serving chronicles of a totalitarian and slightly paranoid regime. One-time pioneers are suddenly demoted and deemed to be little more than package tourists.

—J.G. Ballard⁴

As a student in psychology and psychiatry in Montreal and London, I encountered most of the arguments of the *anti-psychiatry* movement, hearing R.D. Laing and Thomas Szasz lecture, and reading Michel Foucault and Ivan Illich throughout. Later, as a student of family therapy in Italy, I encountered the impacts of Franco Basaglia's movement that

³ Tom Burns, *Psychiatry: A Very Short Introduction* (2006), p. 131.

⁴ J.G. Ballard, *A User's Guide To The Millennium* (1996).

closed the psychiatric asylums and sparked the flourishing family therapy movement there. As a practising psychiatrist for 30 years, I have lived through the deinstitutionalization of psychiatric care in Canada where I work as a community child psychiatrist and family therapist.

*Anti-psychiatry*⁵ became an umbrella term in the 1960s for a variety of critiques of psychiatry arising in many quarters – from sociology,⁶ anthropology,⁷ and psychology⁸ to philosophy⁹ and the larger perspective of humanism, lucidly articulated by Erich Fromm.¹⁰ And not least within psychiatry itself, with the term *anti-psychiatry* being coined by David Cooper, a South African psychiatrist

⁵ See: Wikipedia contributors, "Anti-psychiatry," *Wikipedia, The Free Encyclopedia*.

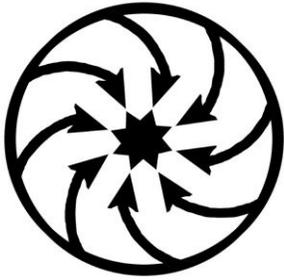
⁶ Erving Goffman, *Asylums* (1961); Thomas Scheff, *Labeling Madness* (1975).

⁷ Gregory Bateson, *Steps to an Ecology of Mind* (1972).

⁸ David Rosenhan, "On being sane in insane places," *Science*, 1972, 179(70): 250-58.

⁹ Michel Foucault, *Madness and Civilization* (1973); Gilles Deleuze & Félix Guattari, *Anti-Oedipus* (1977).

¹⁰ Erich Fromm, *The Sane Society* (1955).



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working in London with R.D. Laing.¹¹

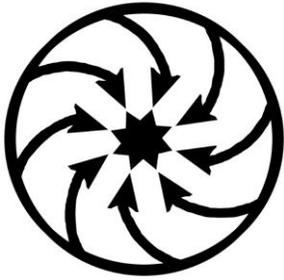
This critical chorus joined a long tradition of biting satire and social criticism, using madness, folly and their avatars to hold up a mirror to society. Each society has terms to characterize madness as a metaphor for various ailments, deviance and disorder. In English, “bedlam” – a corruption in common speech of the Bethlem Royal Hospital, a psychiatric hospital in London where I trained, conveys what *bordel* signifies in French – a mess. English printmaker and pictorial satirist, William Hogarth (1697-1764) turned the place (Bethlem) and its near-homonym (bedlam) into a moral allegory, depicting “A Rake’s Progress” (1735) from a rich and reckless *roué* to a violent and insane inmate of Bethlem, mimicking the anonymous 17th-century “mad poem” – “Tom o’Bedlam.” The frontispiece of this essay is a satirical cartoon by Hogarth, “The Weighing House” (1763), where wit is measured in nine degrees, from from “Absolute Gravity” to “Absolute Levity or Stark Fool.” Deconstructing

¹¹ David Cooper, *Psychiatry and Anti-Psychiatry* (1967).

“crazy” in English, *fou* in French, *pazzo* in Italian and *louco* in Portuguese or *loco* in Spanish require major genealogical and archaeological skills in the footsteps of Foucault.

From Erasmus’ *The Praise of Folly* and the “Feast of Fools” immortalized by Victor Hugo in *The Hunchback of Notre Dame*, this tradition has morphed into a sardonic scalpel for social dissection. In modern literature, we saw Louis-Ferdinand Céline’s *Journey to the End of the Night* (1932), set in an insane asylum, as was Stanislaw Lem’s debut novel, *Hospital of the Transfiguration* (1975), and more recently, *Wittgenstein’s Nephew* (1982) by Thomas Bernhard is a veritable screed against psychiatry, including this observation that, “he lived with his so-called mental disease just as easily as others lived *without* it.”¹² This is precisely what Foucault asserted did not happen in the modern era and what R.D. Laing hoped to achieve, against the normative demands of

¹² Thomas Bernhard, *Wittgenstein’s Nephew* (1989), p. 7, emphasis in original.



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family and society. Intriguingly, all three are autobiographical novels. Not forgetting theater, there is Peter Weiss' *Marat/Sade* (1963), set in the Charenton Asylum, with the Marquis de Sade as an inmate directing a play about the death of Jean-Paul Marat. In film, we have explorations of mind, madness and society in Dusan Makveyev's *W.R.: Mysteries of the Organism* (1971), Philippe de Broca's *The King of Hearts* (1966), and two American films, Milos Forman's *One Flew Over the Cuckoo's Nest* (1975) based on Ken Kesey's celebrated novel and the poignant *Girl, Interrupted* (1999) based on Susanna Kaysen's memoir (1993).

This essay is not a history of psychiatry and anti-psychiatry but an archaeology of their opposition in a dialectic of negation/affirmation. I employ a philosophical-historical method that Giorgio Agamben, following Kant and Foucault, calls *philosophical archaeology*:

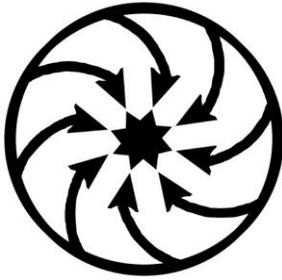
Provisionally, we may call "archaeology" that practice which in any historical investigation has to do not with origins but

with the moment of a phenomenon's arising and must therefore engage anew the sources and traditions.¹³

The goal of philosophical archaeology is not to look into the origins but at the *emergence* of a phenomenon, not its essence but a *process*.¹⁴ The archaeology of psychiatry/anti-psychiatry traces the emergence of their opposition and resistance and this essay is necessarily a rereading of that process.

¹³ Giorgio Agamben, "Philosophical archaeology," in: *The Signature of All Things: On Method* (2009), pp. 81-111; p. 89.

¹⁴ Cf. Alex Murray, "Archaeology," in: Alex Murray and Jessica Whyte, eds, *The Agamben Dictionary* (2011); pp. 24-25.



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Excursus on Philosophical Archaeology

Giorgio Agamben traces the term philosophical archaeology from Immanuel Kant. An archaeology of the term itself reveals it to be embedded in successive strata of thought from Nietzsche's "critical history" to Foucault's "epistemological field, the épistémè," where we see glimpses of Freud's "regression," Marcel Mauss' "historical a priori," Franz Overbeck's "prehistory," Georges Dumézil' "fringe of ultra-history" and Benjamin's "prehistory and post-history." The link between psychoanalytic regression and archaeology was intuited by Paul Ricoeur, carefully elaborated by Enzo Melandri, and explicitly connected to the task of philosophy through Foucault by Agamben. In sum, Agamben constructs a genealogy from Kant and Nietzsche, connecting Freud and Foucault to forge a subtle and fertile method of philosophical inquiry.¹⁵

¹⁵ This précis of Agamben's method is adapted from my doctoral dissertation, *Trauma and Event: A Philosophical Archaeology* (Di Nicola, 2012b). Cf. William Watkin, "The Signature of All Things: Agamben's philosophical

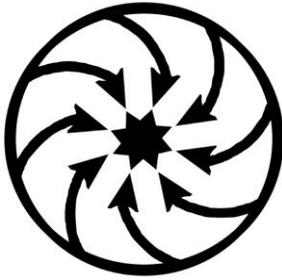
As Burns points out in his brief survey of psychiatry, "Psychiatry has always been controversial – there was never an extended 'Golden Age' of peace and tranquillity when everyone was in agreement."¹⁶ In fact, the most trenchant critiques came from within psychiatry by psychiatrists, who after all, have to live with the limits and misdirections of our field. These include many anti-psychiatric psychiatrists in most Western countries.

After its articulation in the 1960s and 1970s, anti-psychiatry provoked much stock-taking on the part of psychiatrists with often polarized responses. A key exception was Anthony Clare's *Psychiatry in Dissent* in 1976, which engaged the criticisms seriously in language that was both professional and accessible to a larger public.¹⁷ The term *critical*

archaeology," *MLN*, 2014, 129: 139-161.

¹⁶ Tom Burns, *op.cit.*, p. 84.

¹⁷ Anthony Clare, *Psychiatry in Dissent* (1976). Two opposing reviews noted that Clare's survey was hardly dissenting but rather a defence of "orthodox psychiatry," while a later review described it as "psychiatry in



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psychiatry was used in a key British text in 1981 and appropriated by the *Critical psychiatry network*, a group of British psychiatrists founded in 1999.¹⁸ A survey article compares Anti-psychiatry, Early critical psychiatry, Critical psychiatry, and Postpsychiatry.¹⁹ Today, academic psychiatrists tend to acknowledge anti-psychiatry as part of the counterculture, as blind alleys or as counter-examples to the story of the scientific progress of psychiatry.²⁰

disarray.” These are partial truths. Clare, who was my teacher at the Institute of Psychiatry, engaged the controversies honestly with a balance of studies, clinical experience and rational arguments and many young people learned of both the controversies and the balanced answers of a committed, rational psychiatrist.

¹⁸ David Ingleby, ed., *Critical Psychiatry* (1981). Cf. Pat Bracken and Philip Thomas, “From Szasz to Foucault: On the role of critical psychiatry,” *Philosophy, Psychiatry, & Psychology*, 2010, *Volume 17*(3): 219-228.

¹⁹ See: Wikipedia contributors, “Critical Psychiatry Network,” *Wikipedia, The Free Encyclopedia*.

²⁰ See: Jeffrey Lieberman, *Shrinks: The Untold Story of Psychiatry* (2015); Mervat Nasser, “The rise and fall of anti-psychiatry,” *Psychiatric Bulletin*, 1995, *19*: 743-746; Henry A. Nasrallah, “The antipsychiatry movement: Who

One of the central issues has been to what extent psychiatry is a branch of medicine and whether mental illness can be understood through the medical model.²¹ Burns summarizes it well: “Psychiatry’s medical pedigree gives reassurance yet few of us believe that it is really *just* a branch of medicine.”²² Burns goes on to explain why:

The mind is not the same as the brain. The defining characteristics of mental illnesses (and consequently psychiatry) remains their impact on our sense of self and on our closest relationships. Working with these is the hallmark of psychiatry.²³

and why,” *Current Psychiatry*, 2011, *10*(12): 4, 6, 53.

²¹ See: Samuel Guze, *Why Psychiatry Is a Branch of Medicine* (1992). In my own work, I argue for a variety of models of the determinants of health, from the family context (Di Nicola, 1997) to the social and cultural determinants of health (Di Nicola, 2012a).

²² Tom Burns, *op.cit.*, pp. 132-133, emphasis in original.

²³ *Ibid.*, p. 133.



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I agree that the mind is not the same as the brain, which has been forcefully articulated by Jerome Kagan,²⁴ a leading developmental psychologist, and a leading medical researcher of geriatrics, Raymond Tallis,²⁵ but I have a different approach: psychiatry is a branch of medicine insofar as medicine concerns itself with the health of human beings, very broadly conceived, something I have argued for and documented all of my career.²⁶ Along with Michel Foucault, I was a reader of Ivan Illich who wrote *Medical Nemesis*, an indictment of the medical establishment^{27,28} which ironically

²⁴ Jerome Kagan, *An Argument for Mind* (2006).

²⁵ Raymond Tallis, *Aping Mankind* (2011).

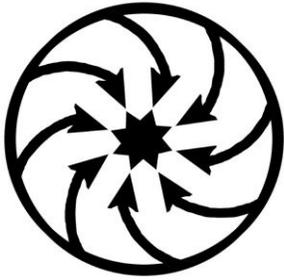
²⁶ Vincenzo Di Nicola, "Family, psychosocial, and cultural determinants of health," in: Eliot Sorel, ed., *21st Century Global Mental Health* (2012a), pp. 119-150.

²⁷ Ivan Illich, *Medical Nemesis: The Expropriation of Health* (1975), p. 11. It is worth citing the entire first paragraph of this text: "The medical establishment has become a major threat to health. *Dependence on professional health care affects all social relations.* In rich countries medical colonization has reached sickening proportions; poor countries are quickly following suit.

motivated me to go into medicine in order to practice a broader and more inclusive notion of health. So, if in attending to subjective experience, the experience of illness and not just of disease, of understanding family, social and other interpersonal relations, including cultural and political contexts and the natural environment, psychiatry is not acting as a branch of medicine, then medicine has become an impoverished and limited field. What is true for psychiatry is true for medicine. Rather than criticizing psychiatry for its identification with a simplistic medical model, I would argue that medicine should be expanded to include

This process, which I call the '*medicalization of life*', deserves articulate political recognition. Medicine is about to become a prime target for political action that aims at an inversion of industrial society. *Only people who have recovered the ability for mutual self-care by the application of contemporary technology will be ready to limit the industrial mode of production in other major areas as well.*" (emphasis added)

²⁸ Ivan Illich, "Twelve years after *Medical Nemesis*: A plea for body history," in: *In the Mirror of the Past: Lectures and Addresses 1978-1990* (1992), pp. 211-217.



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everything that we know is salient for the understanding and treatment of human health predicaments.²⁹ In order to achieve this enlarged view of the mission of medicine and psychiatry, psychiatry must engage anti-psychiatry in order to be more responsive to the current predicaments of health.

For this study, I have selected four key figures in the anti-psychiatry movement, with two simple criteria: First, that they be practising psychiatrists rather than academics or researchers. With very rare exceptions, neuropathologist Sigmund Freud and pediatrician Donald Winnicott being two of the few, non-psychiatrists do not generally shape the practice of psychiatry; non-clinicians have even less impact on the practice of psychiatry, so that Deleuze and Guattari are known to only a minority of today's psychiatrists. Second, that they have a body of writing that is accessible to me in the original language. I chose R.D. Laing, a Scottish psychiatrist-psychoanalyst who wrote in English; two psychiatrists who published in

²⁹ Vincenzo Di Nicola, *op.cit.* (2012a).

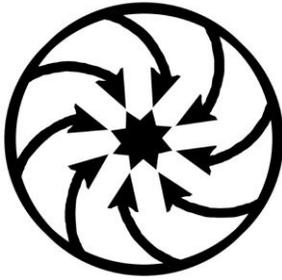
French – the French psychoanalyst Jacques Lacan and the Martinican revolutionary Frantz Fanon; and finally, Franco Basaglia, my countryman who published in Italian and French.

Each of them had important links with philosophy. Jean-Paul Sartre wrote prefaces to books by Laing and Cooper³⁰ and Fanon³¹; Louis Althusser had important debates with Lacan, later taken up by his student Alain Badiou who engages Lacan as an anti-philosopher³²; and Basaglia studied the works of existential psychiatrists Karl Jaspers, Ludwig Binswanger and Eugène Minkowski and phenomenologists from Edmund Husserl and Martin Heidegger to Maurice Merleau-Ponty and Jean-Paul Sartre. Sartre himself offered a “sketch for a theory of the emotions” before

³⁰ R.D. Laing and David Cooper, *Reason and Violence* (1964).

³¹ Frantz Fanon, *The Wretched of the Earth* (1968).

³² Alain Badiou, *Wittgenstein's Antiphilosophy* (2011); Alain Badiou and Élisabeth Roudinesco, *Jacques Lacan Past and Present* (2014).



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integrating many of the ideas, notably consciousness, on which he insists against psychoanalysis into his major work, *L'Être et le Néant (Being and Nothingness)*.³³ In fact, many philosophers in the last century and more have concerned themselves with psychology, psychiatry and psychoanalysis, and the practitioners of these fields have turned to philosophy for *edification* (inspiration, consolation) on one hand and *grounding* (validation, justification) on the other. Psychiatric and philosophical thought are deeply imbricated in each other.

Unlike such figures as Félix Guattari in France or Wilhelm Reich in the USA, they all underwent mainstream, orthodox psychiatric training to which they made important contributions before their respective—and redefining—breaks with tradition.³⁴ None of them identified with David Cooper's term anti-

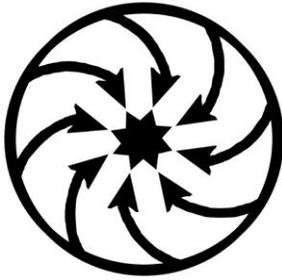
psychiatry; his close associate R.D. Laing specifically eschewed the term, as did Franco Basaglia.³⁵ Frantz Fanon died before the term was coined. They were psychiatrists in the European mainstream who affirmed their psychiatric identity through a negation. That is why I read their work as “psychiatry against itself.” I will nonetheless ironically refer to them as anti-psychiatrists.

What is intriguing about these figures is how they proceed by negation. Their resistance to psychiatry is marked by negation! Each figure has a key critical negation that marks their resistance. In this sense, these anti-psychiatrists are very much like Badiou's “anti-philosophers.”

³³ Jean-Paul Sartre, *Sketch for a Theory of the Emotions* (1994).

³⁴ I first made this observation in my doctoral dissertation, *Trauma and Event* (Di Nicola, 2012b).

³⁵ Jacques Lagrange, “Course content,” in: Michel Foucault, *Psychiatric Power* (2008), pp. 349-363.



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Excursus on Philosophy and Anti-philosophy

Anti-philosophy makes philosophy more contemporary by being more responsive to present-day problems.³⁶ Anti-psychiatry ensures that we do not slide into the traumatic repetition of authority in the name of tradition.

Anti-psychiatry compels psychiatry to be contemporary, to respond to its current challenges, not fall asleep into academicism and the tired repetition of authority. So while academic and institutional psychiatry, like any established profession, will tend towards conservatism, anti-psychiatry will always rouse it from its slumber to confront new problems and to update itself. For this reason, psychiatry can never rest. We will always need resistance to authority, challenges to established practice,

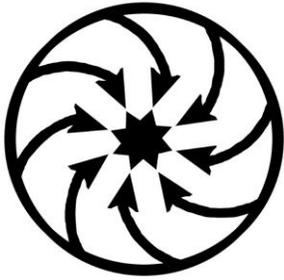
³⁶ Alain Badiou, *Wittgenstein's Antiphilosophy* (2011); Alain Badiou and Élisabeth Roudinesco, *Jacques Lacan Past and Present* (2014).

and calls for change. This is the real meaning of what thinkers as diverse as Tom Burns (a British academic psychiatrist), J.G. Ballard (a British counterculture writer) and R.D. Laing (a Scottish psychiatric radical) perceive as the instability of psychiatry's identity.

Just as philosophy cannot be sutured to its conditions (or truth procedures), psychiatry cannot be defined by or reduced to its subdisciplines. Eric Kandel, a psychiatrist who had studied psychoanalysis and won the Nobel Prize for his research on memory, identified the concept of "disciplines and antidisciplines":

As pointed out by a number of students of science, most recently by the biologist E.O. Wilson, there exists for most parent disciplines in science an antidiscipline. The antidiscipline generates creative tension within the parent discipline by challenging the precision of its methods and its claims.³⁷

³⁷ Eric Kandel, "Psychotherapy and the single synapse: The impact of psychiatric thought on neurobiological research," *New England Journal of Medicine*, vol. 301, no. 19 (Nov. 8, 1979), pp. 1028–1037. His title reflects



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Kandel describes the creative tensions between psychiatry and its subdiscipline neurobiology, and in turn between cellular neurobiology and molecular biology at a more fundamental level, and finally, between molecular biology and physical or structural chemistry.³⁸ He also introduces the useful idea that with advances in knowledge, not only do disciplines change so do the disciplines impinging on them, offering the example of psychiatry which has been nourished over time by its shifting antidisciplines –psychoanalysis, philosophy and the social sciences, and since the

the times, recalling Helen Gurley Brown's, *Sex and the Single Girl* (1962).

³⁸ Contrast this with what Alain Badiou says in his *Number and Numbers* (2008, pp. 1-2): “[W]e live in the era of number’s despotism” ... “¶And medicine itself, apart from its pure and simple reduction to its scientific Other (molecular biology), is a disorderly accumulation of empirical facts, a huge web of blindly tested numerical correlations. ¶These are ‘sciences’ of men made into numbers, to the saturation point of all possible correspondences, between these numbers and *other numbers*, whatever they might be.” (Emphasis in original)

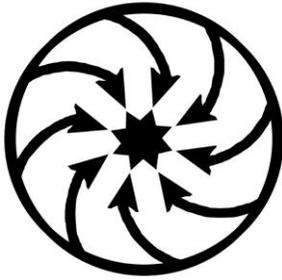
1960s, with advances in biology, neurobiology has become the privileged antidiscipline of psychiatry.

Psychiatry’s subdisciplines have shifted over the last century. We may name four:

1. *Body – Neurobiology and Neuroscience.* Starting with Reil’s coining of the term psychiatry in 1808 and arguing for psychiatry as a branch of medicine, we have seen many avatars of this: Adolf Meyer’s psychobiology, psychosomatic medicine, biological psychiatry, psychopharmacology, up until the current neurobiology which includes genetics, neurophysiology (e.g, mirror neurons), and neuro-pharmacology (e.g., endorphins).

2. *Mind – Psychoanalysis, Phenomenology and Cognitive Psychology.* Understanding “mind” and what is now called “mentalization” also has several different starting points:

- a) Freud’s psychoanalysis;
- b) the phenomenologists, notably Jaspers,



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Minkowski and Binswanger;

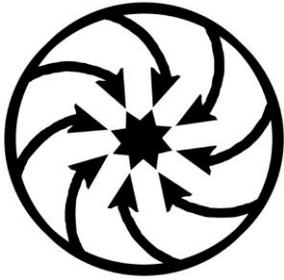
c) a third group of German, British and American psychologists (three representative figures are: Wilhelm Wundt in Germany, Cyril Burt in England, and William James in the US) who influenced and brought back consciousness as a topic for psychology which has now, through cognitive therapy also penetrated psychiatry, notably in the work of Aaron Beck.

3. *Relationships – Attachment Theory, Family Therapy and Systems Theory.* Family therapy had two undoubted masters in the 20th century: Salvador Minuchin and Mara Selvini Palazzoli, both psychiatrists. Minuchin's structural family therapy was a version of structuralism that had great internal coherence and consistency as a theory of the family, of family problems and therapeutic change; while Selvini Palazzoli had a more intellectually sophisticated model based on cybernetics, communications and systems theory, directly influenced by the work of anthropologist and systems theorist Gregory Bateson. In the 1980s,

Minuchin predicted that family therapy would take over psychiatry. It had a strong influence for a time but its impact has receded. John Bowlby's attachment theory, an integration of psychoanalysis and emerging research on child development from seen from a dyadic perspective of parent-child relationships continues to inspire research and is beginning to find clinical applications in couple and family therapy.

4. *Sociocultural – Social Psychiatry, Epidemiology and Transcultural Psychiatry.* Turning to the broadest envelope for situating psychiatry – the sociocultural one – we may include here populational approaches, from social psychiatry, epidemiology and public health on one side to transcultural psychiatry on the other.

Each of these approaches enriches and invigorates psychiatry. None of them on their own can give a full accounting of what psychiatry is. We can understand anti-psychiatry



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as resistance to these sutures, as Badiou would have it, or reductions of the field to one subdiscipline. Today's challenges are to resist the suturing or reduction of psychiatry to non-clinical domains. This challenge on its own is complex and has two elements: (1) there is a devaluing of clinical psychiatry based on a *specious scientism*, which is linked to positivist psychiatry; and (2) the perennial desire to found psychiatry on a *scientific basis*, which has shifted over the last century (recall that Freud was a true scientist of his time, having trained in neuropathology).

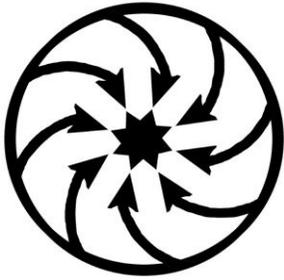
These elements have triggered two dominant themes in current academic psychiatry: (1) *evidence-based medicine* (EBM) and (2) *neuroscience*:

1. *Evidence-based medicine* (EBM) along with *best practices* is a prescription for mediocrity, as it leads to uniform practices rather than a range of options explored by thoughtful practitioners. The necessary critique here comes down to two issues: *What counts as evidence?* and *How do we come to such*

definitions? This puts into question nothing less than the models of scientific progress we subscribe to and whether those models are an adequate basis for medical practice.³⁹

2. According to the powerful interests of academic psychiatry, the definition of a scientific basis for psychiatry now means *neuroscience and genetics*, which Raymond Tallis (2011) characterizes as “neuromania and Darwinitis.” The leading voice for this approach has been Thomas Insel of the US National Institute of Mental Health who has dismissed psychiatry's standard model reflected in the DSM project as a “mere dictionary.” After the failure of various versions of existential psychiatry to get traction (despite its energetic espousal by many leading thinkers in the last century, from Jaspers to Laing, each accompanied by major European philosophers, from Husserl to Sartre), in the USA psychiatry moved to a psychodynamic model and the

³⁹ Pat Bracken, et al. (2012). “Psychiatry beyond the current paradigm,” *British Journal of Psychiatry*, 201: 430-434.



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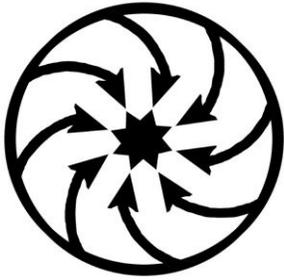
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standard model for many decades was psychodynamic psychiatry. As challenges to this standard model mounted, from behavioral psychology to psychopharmacology to epidemiology and public health, not excluding the “therapy wars” from Carl Rogers’ client-centered approach to couples and family therapy, the standard model attempted to be inclusive in the guise of the *biopsychosocial model* (BPS).⁴⁰ Since movements have as many motivations as adherents, many things are true for the adoption of the BPS model over psychodynamic one, generally sincere and well-motivated as each point of view offered new ways of thinking and new practices. Nonetheless, other forces account for the adoption of the BPS model within the DSM project as psychiatry’s new standard model, which held sway from circa 1980 (when DSM-III was launched) until the launch of DSM-5 in 2013 which caused a war within US academic psychiatry. Together,

⁴⁰ S. Nassir Ghaemi, *The Rise and Fall of the Biopsychosocial Model: Reconciling Art & Science in Psychiatry* (2012).

BPS and DSM was a radical *volte-face* away from psychodynamic psychiatry in the name of inclusiveness (BPS) and *reliability of diagnoses* (DSM-III). Sadly, this era was precisely the opposite of inclusiveness and saw the predominance of biological thinking reflected in the growing use of psychopharmacology, eventually given way to neuroscience and genetics. Non-biological interventions became increasingly positivistic, stressing operational criteria for both diagnoses and therapeutic goals, in behaviorist terms with the addition of cognitive elements to create cognitive behavioral therapy (CBT) with manuals, highly standardized procedures, and a cottage industry for training and providing therapy. Codified manuals, hierarchical training, and vigilance over “drift” from the established model led to CBT increasing its hegemony to the point that some countries with public health systems adopted CBT as the privileged model for mental health services.



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Excursus – Badiou’s Scythe

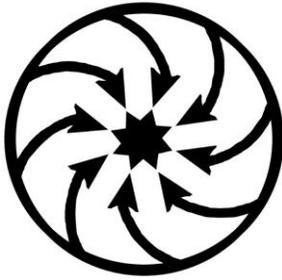
Following his teacher Louis Althusser’s notion of general theories and regional theories, Badiou argues that philosophy as a general theory cannot be sutured or subordinated to a regional theory or a condition such as science or psychoanalysis. I name the philosophical gesture of discerning the boundaries of general and regional theories (Althusser), philosophy and its conditions (Badiou), or disciplines and subdisciplines (Kandel) and the operation of separating them after Badiou. This gesture or operation may be described as a dispositif, apparatus or tool – after Foucault – and we may give it a series of names, depending on the range of power with which it is deployed: Badiou’s scalpel, Badiou’s scissors, Badiou’s shears, Badiou’s scythe or Badiou’s sickle.⁴¹

⁴¹ Vincenzo Di Nicola, *Trauma and Event* (2012b). At my doctoral defence, Slavoj Žižek quipped that if Alain Badiou bore a sickle, he would be obliged to swing a hammer.

Psychiatry cannot allow itself to be defined by or reduced to its subdisciplines, which change over time as the questions and our methods to deal with them shift. Inspired by Badiou’s work on philosophy and its conditions, I have named a philosophical tool I call *Badiou’s scythe* as an instrument of discernment and separation.

In this light, it is valuable to examine anti-psychiatry. My thesis here is threefold:

1. Anti-psychiatry proceeds by a *key critical negation* of the psychiatry of its time and place. Each one of the four mainstream psychiatrists who became noted for their anti-psychiatry negated a key element of psychiatry.
2. Furthermore, each negation and how it was practiced made each psychiatrist (along with their temperaments and the vicissitudes of their lives—what Machiavelli called *virtù e fortuna*,



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“character and contingency” in my translation) into *a rebel, a radical, a reformer or a revolutionary anti-psychiatrist*.

3. Finally, each psychiatrist and the anti-psychiatric movement that he represents wielded an instrument for change that I have coined *Badiou's scythe*. Based on a key critical negation, each anti-psychiatrist resisted the suturing of psychiatry to a given subdiscipline, regional practice, or dominant ideology, attempting to liberate psychiatry as a general theory and practice and return it to its originary task of understanding the human mind and its vicissitudes and to alleviate the suffering thereof.