Robin Holtom

Vanishing Points

Some problems in applying a low impact technology–art therapy–in the field of psychiatric technocracy.

The medical model in psychiatry has had a well-deserved hammering of late. My own anger and despair working in psychiatric hospitals as an art therapist has led me to examine some of the underlying assumptions behind the descriptions upon which the psychiatric ceremony is founded. I wanted to discover, for example, - how an operation such as *controlling* a person can be so widely misperceived as being *concerned* for him. I wanted to understand why people entertain the notion that mutual trust between patients and doctors will ever be possible in circumstances in which an informal admission can be changed into compulsory detention merely by a couple of doctors' signatures. Or how case conferences (in which perhaps twelve people, many of whom are unknown to him, interrogate an already anxious patient) can provide any but the most stylised and blunt descriptions of small samples of his condition. I also wanted to understand what distorted thinking enables apparently compassionate medical workers to continue to misperceive punishment like ECT, leucotomies, locked wards and stupefying doses of drugs as liberal, humane and modern treatments.

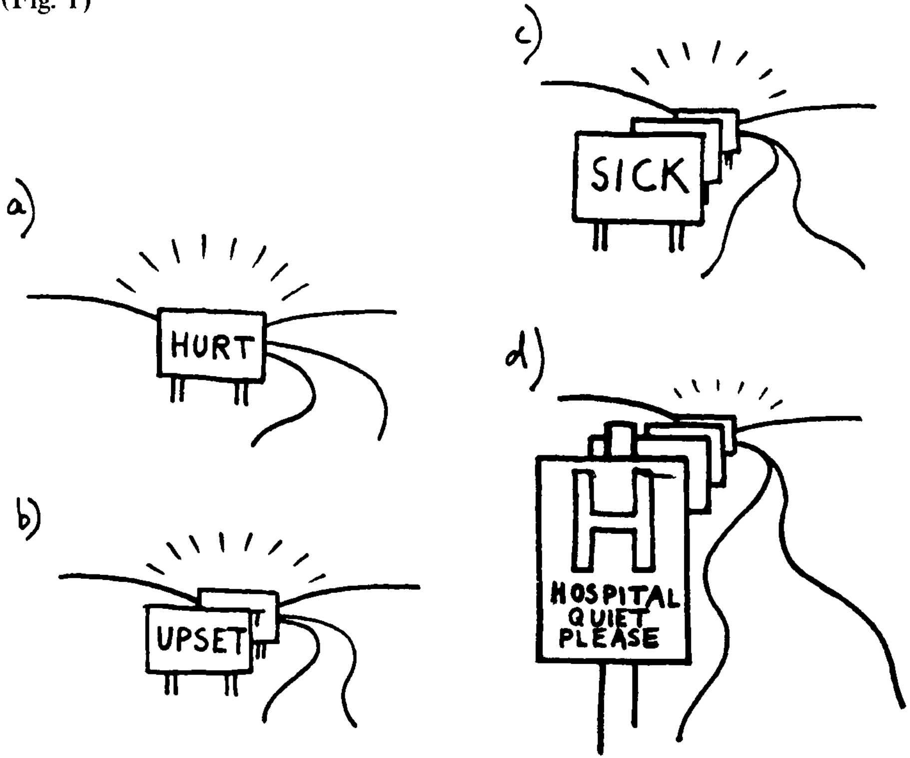
The VANISHING POINT–a Configuration of De-Liberation

Before a psychological crisis can even be examined on the procrustean bed of diagnostic categories a system of bad descriptions is necessary. The person in the crisis must be broken down (sic) into parcels called symptoms. It seems a not unreasonable proposition that this descriptive breaking down is the very 'breakdown' that is supposed to be the subject of diagnosis. The metamorphosis from the central event which evoked psychiatric intervention to the parcel of symptoms is scarcely noticed. It manifests in the use of words–nothing more or less. Agreement on certain definitions is reached by all concerned–including the 'invalid'.(2) For instance, being hurt is called being upset. Being oppressed is called being depressed. Or resentment is called guilt. Often the latent question 'who are you sick of?' is displaced by the question 'what are you sick with?' By means of these covert definitions the relationship dimension is systematically mystified and recedes to a vanishing point.

The drawings (figs. Ia, b, c, d) are a visual aid to demonstrate the distancing effect of the bad descriptions which are the foundation of psychiatric categories.

Put more formally, the first class of description is itself subjected to description to produce a class of meta-descriptions or diagnostic categories. These categories

(Fig. 1)



might even be justified as a way of 'getting things in perspective' . . . the meta-descriptions are then regarded as illnesses to be modified by treatments to produce a new class of descriptions–health?

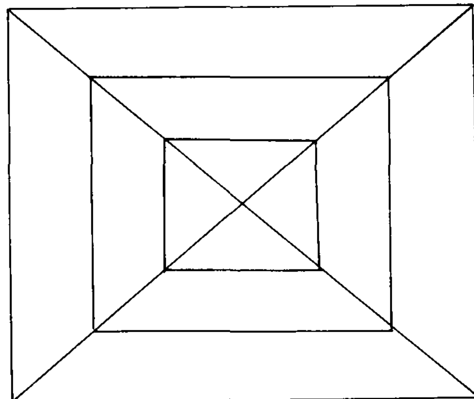
Diagramatically, (Fig II)

Treatment

Illness

Symptom

Vanishing Point



Each moment in this series of operations, metamorphoses, is commemorated by a social ritual—a series of pillars forming a collonade, a corridor of powerlessness.

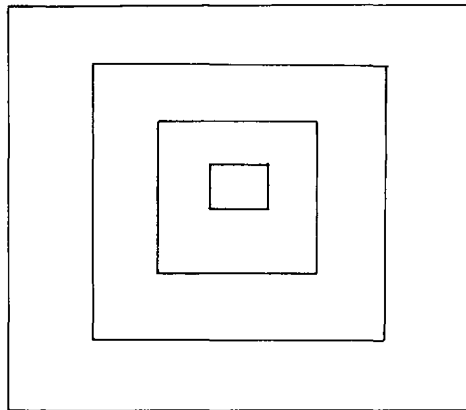
(Fig III)

Treatment

Case Conference

'See a doctor'

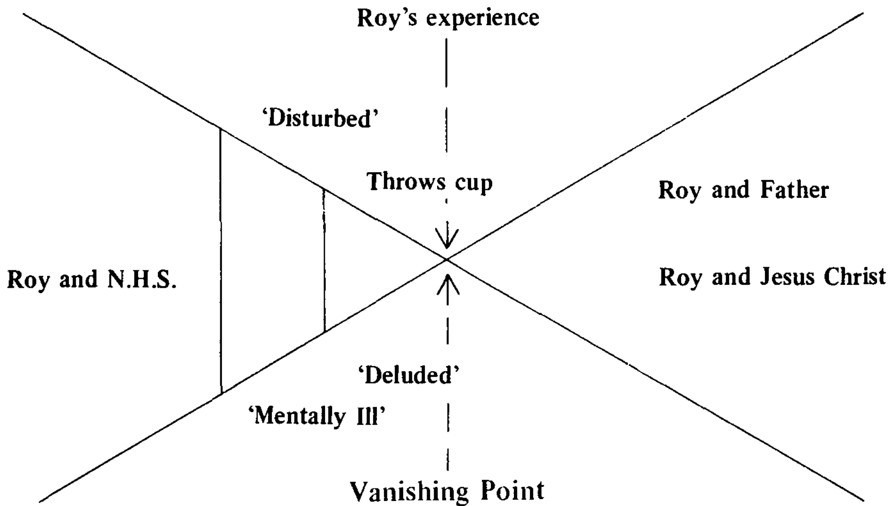
'You are upset'



Bad descriptions and bad descriptive habits cause the subject of the description to recede rather than approach. Some descriptive operations seem to be used deliberately to distance the subject and even cause him to vanish completely.

An example. Roy throws a tea cup at his father's TV set. On his admission to psychiatric hospital he says he is Jesus Christ. He is described next day as someone who 'throws crockery' and is 'deluded'. Ten years later he is still in hospital described as 'chronic schizophrenic'. From time to time Roy points out that the drugs he is given are poisoning him; this is said to be a delusion and part of his pathology, so he is given more drugs—'stelazine' from a cannister with 'poison' written on it. (Note that his attempt to approach the medical staff by offering a statement in the class diagnosis—'I am being poisoned'—is met by vanishing trick. His diagnosis is made to recede to the category of pathology—a double bind (1).

A diagram of Roy's situation in vanishing point terms follows:



The manipulation of vanishing points is rather like mapping (6). Not only by excluding certain contents from the map is it posssible to 'vanish' any feature on the actual territory. Features also 'vanish' simply by reducing the scale of the map. Houses and even towns marked clearly on a 1 mile to the inch map vanish on a 10 mile to the inch map. I now understand why, in the days when I used to try and make sense of psychiatric case notes, I used to feel like a person who is trying to locate a phone box but who has been presented with a 10 miles to the inch geological map.

The 'vanishing' effect applies in other fields than psychiatric descriptions. The principles governing the mass madness of war and defence spending may be identical to those governing individual madness and maddening.

In a world where 2,500 dollars (3) is spent every second by the U.S. government (to name but one) on defending one kind of freedom from another kind of freedom–one definition of an abstraction from another definition of an abstraction–it is appropriate to discuss the politics of abstraction.

A notion of security has been abstracted from an actuality–such as being secure from someone or something–to a crystallised concept of Security with a capital 'S'. In contrast to ritualised scraps over nonetheless real territory like those of animals (7), homo sapiens fights and destroys his own species not over real territory at all but over a map, a construct, a flag, a constitution or whatever. It seems, therefore, that the ability to invest reality in a map rather than territory is the characteristic common to both collective and individual maddeningness.

Conclusion

This essay is a pathology of pathologic (4). It points out that bad descriptive habits are not unique to psychiatry but are endemic to most people's attempts to describe emotionally charged events. It points out the underlying hostility (5) and divisiveness of the diagnostic ritual and one may conclude that the problem is how to acquire a descriptive habit, or better a style, that does not vanish people. To this end: intervention must be as near the apparent vanishing point as possible—and interventions that are not near the vanishing point are harmful. In other words a person's own description is the problem and therapeutic help is likely to take the form of help in broadening his descriptive repertoire rather than imposing someone else's repertoire on him.

Vanishing point perspective can be shown to threaten the survival of individuals in the psychiatric context and the continued use of this 500 year old artistic (!) dogma may prove an equally lethal descriptive habit in other fields.

In the words of someone beyond the vanishing point: 'Psychiatry? It's like physics—the temple of one's own undoing.'

References

(1) **Bateson, G.** *'Steps to an Ecology of Mind'.* Paladin.

(2) **Esterson, A.** *'Leaves of Spring'.* Penguin.

(3) **Guardian** 25/2/75.

(4) **Holtom, R.** *'Pathologic is Uncyclelogical'.* Inscape No.8.

(5) **Kelly, G.** *'Hostility'* in Collected Papers, Wiley.

(6) **Laing, R.D.** *'Politics of the Family'.* Tavistock.

(7) **Lorenz, K.** *'Aggression'.* Methuen.