25 YEARS OF RADICAL THERAPY

Whatever Happened to Radical Therapy?

Gaie Houston

In the sixties, when I was working in a large psychiatric hospital, I used to dread those moments at parties when people, hearing this, would explain to me that there was no such thing as mental illness. With what I interpreted as the old coot glitter in their own eyes, they gabbled challenging but undigested quotes from Esterson and Laing. They all seemed to know of (know *of* rather than know) sane people who had been kept in bins through the sheer malevolence of the professionals in charge of them. Mental illness was all a social artefact, they said. It was people's beastly parents who made them mad, and anyway nobody knew

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what schizophrenia was and doctors just condemned people out of sheer ignorance. Many readers will be able to extend this statement into a florid *Great Bores of the Century* paragraph without further prompting from me.

Even now I come across the occasional atavistic assertion of this kind. Now, though, it is generally met with lively reproach from any other therapists present. Not uncommonly, the words 'borderline' and 'at risk' are used in a vague and threatening manner, and I am left with the suggestion that most of us are in need of highly specialised help, which should be given in conditions of almost religious clinical purity. In other words, a pendulum that had swung dizzily out into space has clunked back against an opposite wall of new-fashioned and bizarre prejudice.

Radical therapy, as it was called in the sixties, was itself an attack on prejudice. It derided the suppression of symptoms by drugs. It attacked various invasive procedures such as ECT and pre-frontal lobotomy. The social aetiology and implications of mental disorder were rightly emphasised. Maxwell Jones coined the word 'institutionalisation' to describe one serious iatrogenic complication of mental illness. The concept was so needed that the word is current still. Wilhelm Reich's book *The Mass Psychology of Fascism* was brought down from the shelf where it had lain for some time. The Philadelphia Association, Arbours, Number Nine and many more experimental groups came about in London and elsewhere, and pioneered daring therapeutic community experiments. Distinctions between patients and others were set aside, in the interests of humility, equality and cooperation. Illich pleaded for the return to the laity of the skills that had been cornered by doctors and other professionals. (From Freud's writing, it is likely that he would have been on Illich's side if he had still been alive.) There were some very fine and exciting, and inevitably some very dreadful, experiments in encounter and other small group personal development and therapy.

Everything seemed up for reevaluation. Sexual and political repression were linked as people argued that psychiatric disorder was evidence of oppression, as here:

'Therapy training centres teach by implication that the value of therapy increases with the amount of time spent in therapy . . . for both the therapist and patient. The person addicted to therapy seeks security in compulsive therapising, pushing, or consuming therapy.' (Kunnes, 1974) I think that statement still merits attention.

There was an arguably overdue protest against rigid categorising of mentally disturbed people. In its zeal this led to a refusal to recognise a qualitative difference between everyday neuroses and profound psychoses. From here it was a small step to the antipsychiatry movement that flourished amidst the radical therapists. Labelling became a wicked word.

Protest movements such as this usually take the road of excess. I am not sure that we have yet reached the place of wisdom. Re-reading some of the old writings in preparation for this article, I felt wistful for the Dionysiac creativity and boldness of those certainly sane and cer-

tainly mad days. It is as if the sun has gone in rather than shone more since Apollo and the rule of law have descended upon us.

However, I also see countless instances of the transformation of the fine careless rapture of those days into something which is the presently accepted norm. We may just not notice what we are now used to. For example, the formerly vilified profession of psychiatry has here and there adopted some of the values demanded by the radical therapists. Paul McHugh of Johns Hopkins University has proposed a way of making a profile of new patients that does not lead to diagnosis in the old sense at all. What it does is create a whole-person picture, with a strong emphasis on the story, the patient's experience and perception. This is a post-DSM-3 development.

Again, there now exists a whole journal called *Holistic Medicine*. In another apparently small instance, Isaac Marks of the Institute of Psychiatry has researched the benefits of treating phobias by means of a self-help guide, and concluded that that approach works as well as or better than either therapist intervention, or a combination of the book and the therapist. Cognitive Analytic Therapy can be dismissed as merely economically expedient because it tends to brevity. It can also be seen as another instance of a technique which looks to the empowerment of the patient in a very active way throughout the episode of care.

I know many psychiatric wards and hospitals where nurses wear street clothes, and talk to patients with an openness that in my experience was not there thirty years ago. Community Care, that notoriously ill-administered innovation of recent years, was a philosophy inspired by Italian experience. The whole thrust of it was against segregation and institutionalisation, and towards integration of suitably managed patients back into the ordinary community. Local government's lack of money, and sometimes lack of understanding, has resulted in the horrific pavement life of many former hospital patients. It is easy to forget that the Treasury perverted what was a radical change in psychiatric management into a convenient excuse to close wards and hospitals in a way that seems mad of itself.

The same economic recession has had an effect on the numbers of people going into psychotherapy training, and applying for paid psychotherapy, in many European countries. In such conditions, radicalism is not likely to flourish within the profession.

Now, in contrast with the sixties, there is in some psychotherapeutic quarters an over-enthusiasm for high-sounding diagnostic labels. Terms such as 'narcissism' have been given a variety of meanings, and are bandied about freely, often pejoratively, and more often still with an ambiguity of meaning among the various speakers.

I think a curious reversal is happening. The professionalisation of psychotherapy is much to be praised. However, there seems to be a need for respectability, among those people who may even have been the rascally Dionysiac radicals of years gone by. Qualifications are sought on all sides. These are often measured or awarded on the easily testable criteria of academic knowledge. The profoundly

important quicksilver of such qualities as intuition, humility, and the ability both to hold therapeutic boundaries, and tune to the world the patient perceives, is less quantifiable and testable. The danger as I see it is of many new psychotherapists knowing a great deal, but being lumpen practitioners.

It is against the fashion of the times to say that there is a loss in the firm pursing of the lips against everything that radical therapy stood for or introduced methodologically. However, as you guessed, I am saying it.

Researching this piece, I came across John Southgate's *Barefoot Psychoanalyst*, and remembered some of the experiments we put ourselves through then, and which ultimately led to his writing that book. There is no way that I would now advocate that any psychotherapy student with whom I have dealings should go in for self-managed regressive therapy, or most of the stack of rash techniques we shoe-horned ourselves through in those enthralling days. That was radical therapy for sure, with its constant swapping of the roles of analyst and analysand, and a combination of highly implosive techniques with brain-crunching intellectual exercises.

Some of my resistance to using the same methods now is to do with a sort of grandparently anxiety that these poor little things I supervise could not possibly survive the hell-raking of our old ways. I do not believe that this anxiety is well-founded. It is really more to do with the current climate of reverence for the delicacy of the human psyche. Well for goodness sake, I now argue with myself, the human psyche, in common with the rest of the human apparatus, was built to last up to ninety years given favourable conditions. What I know incontrovertibly is that I had a five-year analysis of extraordinary power and revelation, with the help of Karen Horney, John Southgate, and a number of fellow analysts/analysands. That this happened in no way negates that such experiences can happen in more conventional conditions. It shows that the conventional conditions are not the *sine qua non* of a successful analytic or therapeutic experience.

Lately I have been very fond of quoting a passage from Foucault, in which he says, in a voice that brooks of no contradiction, that power will in the modern world be vested more and more in disciplines, by which he means, professional bodies. In the face of them, he alleges, the power of the individual will shrink to nothing. That is beginning to happen in psychotherapy. The enormous advantages of recognised standards, of clear accreditation and registration procedures, of having practitioners constantly answerable to their professional body for their behaviour, have not come about before time. The dilemma is that inspiration may at times be the sacrifice that is made to safety and respectability.

The radical therapy movement seems, looking back, to have been a brief jolt of ECT into a system that may have been a little depressed here and there, but was already strongly evolutionary.

Whether some subsequent changes in therapeutic methods have really been on account of the radical jolt, or have merely been *post hoc*, cannot easily be deduced. What strikes me most as I write this are the divergent tendencies in two camps.

The orthodox, the doctors, the psychiatrists, the psychoanalysts, are in many cases being notably innovative in this last decade of the old century. I have given one or two instances already of changes of attitude and method in psychiatry. Alongside this, more and more doctors are giving practical recognition to the psychosomatic nature of much illness, at primary care level. There is education against expecting prescriptions. Instead, counselling may be on offer, or even group work with the doctor or some other worker at the surgery (Vevers 1993).

The longer-established professions in this area certainly retain some hidebound aspects and members. But they have the security also to allow the experimentation that keeps being manifest.

In psychotherapy, which only has its fingernails gripping the edges of professional recognition at the moment, there is an inevitable swing to the portentous, the respectable, the strict. We are right to lack collective self-confidence yet awhile. At the same time, we need to keep a perspective. Hundreds and hundreds of hours of training will not of themselves produce good workers. Excellence can exist outside the bureaucratic exactitudes of registration and total conformity. Nietzsche gives some comfort as we lurch towards Bethlehem on our zigzag paths:

'Truth is not something there that might be found or discovered — but something that must be created and that gives a name to a process, or rather to a will to overcome that has no end. Introducing it is a process in infinitum, an active determining, not a becoming conscious of something that is in itself determined.'

Further Reading

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Karen Horney, *Self-Analysis*, RKP (1962)

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J. Vevers, series of articles in *GP Medicine Psychology* (1933)