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An Alternative to Psychiatry?

Antipsychiatry and La Borde have often been presented as if they were interchangeable—as if the Loir-et-Cher clinic exemplified the French version of the movement. However, according to Jean Oury, La Borde's director, institutional psychotherapy and antipsychiatry are incompatible. At La Borde, psychiatry was practiced and the responsibility for everything that it entailed was accepted. "At about that same period, he [Félix] was fascinated by the antipsychiatrists. That's how La Borde and antipsychiatry became confused in the minds of people who didn't really know anything about it. It always infuriates me."[1] Oury viewed the antipsychiatrists as "very dangerous aesthetes. I liked Basaglia for his impetuous personality, but I didn't like his policies. His patients left in the morning and came back at night and the hospital was in between. Patients literally disappeared. That may be what antipsychiatry is in its concrete form: the hospital does away with its patients, they disappear."[2]

Antipsychiatry

Antipsychiatry came into being in Italy when, in 1961, Franco Basaglia decided to abandon the principle of locking up patients with mental disorders, open all hospital departments, and organize general meetings to which everyone could come. Once people adjusted to the new policies, the psychiatrists in his hospital supported him and held more than fifty meetings a week. There were several spectacular recoveries among hospital patients who had been vegetating for close to two decades. Some even improved so much in terms of their mental health that they could go home. After these initial successes, Basaglia decided to look at experimental psychiatric projects elsewhere in Europe. In 1965, he went to La Borde with Giovanni Jervis, another representative of Italian antipsychiatry, but after

the visit Basaglia remained critical of institutional psychotherapeutic practices, which he found overly reformist, integrationist, and conformist. At the time, his declared goal was to destroy the institution; the movement that he later created, Psichiatria Democratica, called for the definitive closure of psychiatric hospitals.

In the climate of political radicalization of the 1960s in Italy, the antipsychiatric movement was a force to be reckoned with. Guattari did not agree with Basaglia's more extreme positions. By 1970, he wondered if things weren't "spiraling out of control" and was concerned by the "desperate" character of the enterprise.[3] Guattari also criticized what he considered to be some irresponsible practices, such as refusing to administer drugs on the pretext that they merely covered up a doctor's inability to establish a real relationship with the patient. Eventually, he even wondered whether, despite its good intentions, antipsychiatry might not lead to denying madmen their right to madness. Basaglia's negation of the institution seen this way was a denial in the Freudian sense of the specificity of mental illness.

Antipsychiatry was also well rooted in Britain, with R. D. Laing and David Cooper,[4] whom Guattari met in 1967 on the occasion of two "Study Days on Child Psychosis," organized by the psychoanalyst Maud Mannoni and also attended by Lacan; the symposium led to two issues of *Recherches* (*Research*).[5] Here again, Guattari expressed his reticence about antipsychiatric practices, which he thought were locked into the Oedipal schema that Deleuze and he had wanted to get beyond. Shortly thereafter, he began writing his radical critique of the Anglo-Saxon experiment in antipsychiatry.[6]

The first British experiment in antipsychiatry began with the community that took shape around R. D. Laing at Kingsley Hall in East London in 1965. In this former stronghold of the English labor movement, Laing tried to break down the institutional barriers between those doing the caring and those being cared for. Psychiatrists, nurses, and patients abolished hierarchical relationships and differences in status. Among the group of psychiatrists alongside Laing, David Cooper and Maxwell Jones were the main vital driving forces at Kingsley Hall. The surrounding community was seriously opposed to the experiment and laid siege to the "liberated territory." To make his case, Guattari referred to the case of Mary Barnes, the famous Kingsley Hall resident who wrote a book with her psychiatrist, Joseph Becke, about her experiences. Guattari found that the narrative exposed "the hidden side of British antipsychiatry,"[7] which he saw as a mixture of

dogmatic neobehaviorism, familialism, and puritanism in its most traditional form. Mary Barnes, a nurse by profession, took a schizophrenic "trip" to the brink of death. Having barricaded herself into familialism, she denied the surrounding social reality. What did antipsychiatry achieve? It pushed the familialist current to an extreme, instead of framing it in a patient-psychiatrist relationship, it was played out in the collective; this familial emphasis exacerbated all the effects. For Guattari, the cure led in the wrong direction. What Mary Barnes needed wasn't more family: she needed more society.

In Germany, antipsychiatry also found supporters in the Socialist Patients' Collective (SPK) created by Dr. Huber at the University of Heidelberg clinic. Groups of about forty patients and their doctor met for therapy, denouncing the psychiatric institution as an instrument of oppression. The university administration decided to eliminate the protest movement and, in July 1971, using as their excuse the public disorder caused by the patients walking around in the town and its surroundings, as well as several exchanges of gunfire, three hundred policemen armed with machine guns invaded the SPK premises and carried out searches, with helicopters hovering overhead. Doctors and patients were arrested and the SPK forced to disband. Dr. Huber and his wife were imprisoned for several years, and their attorneys were intimidated into dropping their defense.

Guattari found the political dimension of the SPK struggle attractive, but he was not interested in defending their psychiatric practices:

> Something utterly new has happened that has created a way out of ideology, making way for true political struggle. That's what's important about the SPK militants, and not whether they are mixing up social and individual alienation or whether their therapeutic methods are questionable. . . . Like March 22 at Nanterre, the SPK rallied forces for a real fight—and the forces of repression were ready, they saw things for what they were![8]

Guattari and Deleuze went to Heidelberg for the trial in 1972. Pierre Blanchaud, one of Deleuze's students from Vincennes, was in the square facing the university, having come to Heidelberg when he was nineteen to escape from his studies in classics and enjoy the aftermath of 1968. On that particular day he thought he was seeing a ghost: "I could see Deleuze and Guattari right there in front of me! So I shouted, "Deleuze, what on earth

are you doing here?" He replied, "Chance!"[9] This was a joke, obviously, because the militant goal was important enough to bring Deleuze, who hated traveling, from Paris. In reality, Deleuze and Guattari, along with a group of Dutch, Italian, and French psychiatrists, were making a show of solidarity with the SPK. On a whim, Pierre Blanchaud followed them to the campus, where a group of students from the far left were calling for mobilization against repression. Pierre Blanchaud admitted to Deleuze that he was having some financial problems—he was living in near poverty in Heidelberg.

> Deleuze asked me, "Do I need to leave you some money, then?" And he left me four hundred francs, which was a lot at the time. I lived on it for two weeks. He said to me, "You can give it back to me when you are rich." Many years later, when I got a teaching assistant's job in Germany in 1983, I wrote him and offered to reimburse him, but he said, "No, listen, it's a souvenir of my travels, seeing as I don't travel very often."[10]

The "antipsychiatric moment" found supporters in Italy, England, and Germany but not in France. This exception is certainly due to French progress in the psychiatric sector, the introduction of theories from institutional psychiatry, and clinics such as La Borde. Several groups in France were advocating antipsychiatry, such as the Asylums Information Group (GIA), which wanted to unite psychiatric patients and their families against the psychiatric apparatus: "In our view there is no good, Left-wing psychiatry, unlike bourgeois psychiatry. . . . There are only different degrees of repressing, marginalizing, stupefying, privatizing and medicalizing madness."[11] Many other small groups arose during that period, such as "Notebooks for Madness," "Guard Rails," "The Margin," "Solongaswe'rehealthy," "Breach," "Vouvray," "Psychiatry let loose in Saint-Dizier," or "Itch,"[12] but they all remained marginal.

At the beginning of the 1970s while traveling in the United States, Guattari met Mony Elkaïm, a Moroccan-born psychiatrist who had acquired an international reputation for his work in noninstitutional family therapy. Elkaïm had organized open rehabilitation centers in the South Bronx, one of the most depressed neighborhoods of New York City. In particular, he worked with the United Bronx Parents, an association founded in 1966 by the parents of Puerto Rican school children who were protesting discrimi-

nation. In the same neighborhood, revolutionary militants decided to occupy a floor of the Lincoln Hospital to begin what they called the Lincoln Detox Program for drug addicts. Rather than being given doses of methadone, they received acupuncture and were sent to attend political consciousness–raising seminars. The Lincoln Detox Program believed that the authorities were distributing methadone intentionally to quash revolutionary zeal. The programs initially aroused the suspicion of official institutions, but they were ultimately accepted and helped financially.

Mony Elkaïm was interested in the relationship between mental-health issues and social problems and was working in this area in the United States when he first met Guattari: "I met him at the home of some friends who were living in Manhattan. He was with Arlette at the time and we got along extremely well. I immediately invited him to stay in my apartment in the Bronx State Hospital and I moved elsewhere."[13] Lying on a table in the apartment was an article by Mony Elkaïm, "Antipsychiatry: For an Epistemological Revision," in which Elkaïm criticized the simplistic viewpoint where family and society were by default the cause of mental illness. "Félix said to me, 'You know, our views are quite similar even though we come from very different backgrounds.' At which point he went straight away to the French bookshop in Manhattan, bought *Anti-Oedipus*, and gave it to me."[14] Both men discovered that they saw psychiatric issues as mainly political; their shared perspective ultimately led them on an international adventure.

At the time, Mony Elkaïm was working to make family therapy less strictly familialist by putting it in relation with the social setting, especially in New York, where he was liaising with revolutionary groups such as the Black Panthers and the Young Lords. He was in charge of a group of professional psychiatrists, psychologists, and social workers, but he also recruited people off the street by chance and trained them on the job, thanks to federal funding. Guattari was won over by his new friend and his pioneering work and came back to New York several times to discuss their experiences and visit Manhattan jazz clubs.

The Alternative to Psychiatry Network

Before going back to Europe in 1974 and 1975, Mony Elkaïm organized a major conference in the Bronx on the theme of "Training Mental Health Workers in Urban Ghettos," with the intention of bringing together different