Pergamon

PII: S0277-9536(98)00147-6

Soc. Sci. Med. Vol. 47, No. 7, pp. 877–889, 1998
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Printed in Great Britain
0277-9536/98 $19.00 + 0.00

R. D. LAING AND THE BRITISH ANTI-PSYCHIATRY MOVEMENT: A SOCIO–HISTORICAL ANALYSIS

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Abstract—In this paper I present a socio–historical analysis of the rise of the British anti-psychiatry movement. I have three aims. Firstly, to establish what anti-psychiatry was. Secondly, to investigate and explain its emergence. Thirdly, to consider its relationship to other "new social movements". This analysis is important because criticism and opposition, such as that of the anti-psychiatrists, has been an integral element of the psychiatric field since its earliest developments but has seldom been studied by social scientists, particularly in relation to the post-war period. Power and dominant discourses have been the key focus of analysis, to the detriment of a proper consideration of resistance and counter-discourses. This omission is problematic and should be corrected as social movements introduce plurality, dynamism and the potential for change into the psychiatric field, thus contributing quite centrally to its constitution. Anti-psychiatry is, of course, only one of many movements which require analysis in this connection but it was an important movement and we must begin somewhere. In addition, an analysis of anti-psychiatry serves as an important case study for the sociology of social movements, and particularly for the concern with "new social movements" (NSMs). An analysis of it necessarily makes a contribution to our understanding of NSMs. © 1998 Elsevier Science Ltd. All rights reserved

Key words—Laing, anti-psychiatry movement, social movements

INTRODUCTION

They are playing a game. They are playing at not playing a game. If I show them I see they are, I shall break the rules and they will punish me, I must play their game, of not seeing I see their game.Laing, 1970.

In this paper I present a socio–historical analysis of the rise of the British anti-psychiatry movement. I have three aims. Firstly, to establish what anti-psychiatry was. Secondly, to investigate and explain its emergence. Thirdly, to consider its relationship to other "new social movements". This analysis is important because criticism and opposition, such as that of the anti-psychiatrists, has been an integral element of the psychiatric field* since its earliest developments (Scull, 1993) but has seldom been studied by social scientists, particularly in relation to the post-war period [Rogers and Pilgrim (1991) and Sedgwick (1982) are important exceptions]. Power and dominant discourses have been the key focus of analysis, to the detriment of a proper consideration of resistance and counter-discourses. This omission is problematic and should be corrected as social movements introduce plurality, dynamism and the potential for change into the psychiatric field, thus contributing quite centrally to its constitution. Anti-psychiatry is, of course, only one of many movements which require analysis in this connection (Crossley, 1997) but it was an important movement and we must begin somewhere. In addition, an analysis of anti-psychiatry serves as an important case study for the sociology of social movements, and particularly for the concern with "new social movements" (NSMs). An analysis of it necessarily makes a contribution to our understanding of NSMs.

WHAT WAS THE BRITISH ANTI-PSYCHIATRY MOVEMENT?

The term "anti-psychiatry" was coined by Cooper (1967) to designate a critical train of thinking within psychiatry, which he himself subscribed to. Since then the term has been more widely used to designate the growth of criticism of psychiatry which emerged in Britain, and elsewhere, during the 1960s and 1970s. These uses, including Cooper's own, are too loose to facilitate historical analysis, however, and we must therefore begin by specifying

*I use the term "field" in the technical sense developed by Bourdieu (Bourdieu and Wacquant, 1992). The concept is better suited than the Foucauldian concepts of "technology" and "apparatus" or "dispositif", which are more usually used in sociological studies of psychiatry, to capture the fluidity, dynamism, competition and conflict that characterises the social space around psychiatry. Strictly speaking the term "psychiatric" is inappropriate to describe the eighteenth century as it did not come into currency until the nineteenth but the earliest beginnings of what was to become the psychiatric field do date back to the eighteenth (Porter, 1986; Scull, 1993).

more precisely what anti-psychiatry actually was. This exercise necessarily involves a nominalist element. There is no pregiven line of demarcation around anti-psychiatry for us to discover. We must draw it. This is not an entirely arbitrary procedure, however. As Cooper's text indicates, anti-psychiatry, as a movement, existed *for itself*. It enjoyed a reflexive awareness of itself qua movement. And though this reflexive awareness, as expressed in various texts, is vague and inconsistent, it nevertheless provides the baseline against which we can develop our own, more analytically useful definition of anti-psychiatry.

One way of defining "anti-psychiatry" is simply as a movement of criticism, focused on psychiatry. This definition lacks specificity, however, as psychiatry has been an object of criticism and contestation throughout its history. Adding a date helps; anti-psychiatry was the criticism of psychiatry that emerged in the 1960s and 1970s. Moreover, we can list the key British critics: e.g. R. D. Laing, David Cooper, Aaron Esterson, Leon Redler, Morton Schatzman and Joseph Berke. This begs the question, however: what was so significant and different about "anti-psychiatry" that we need to label it separately? The answer to this question, in part, is radicalism. Anti-psychiatrists, in contrast to previous and many subsequent critics, did not question *particular* treatments or policies, nor did they *simply* argue for a more humane psychiatry. As I show below, they questioned the very basis of psychiatry itself: its purpose, its foundational conception of mental illness and the very distinction between madness and sanity itself (see also Tantam, 1991). Moreover, they examined and criticised the social control function which it performs within society, arguing that even those techniques of psychiatry deemed more humane, such as psycho-analysis and psychotherapy, may in fact be subtle control mechanisms. This is not to deny that the anti-psychiatrists offered their own treatment alternatives, including both individual therapy and therapeutic communities. The point is, however, that these alternatives were not premised on the notion that they could better, that is, more effectively or humanely, achieve the goals of conventional psychiatry: i.e. to cure sick individuals. Rather, they questioned those goals and advocated radically opposed notions of treatment. At one stage in the development of anti-psychiatry, for example, "schizophrenia" was conceived as a voyage into "inner space" and its "treatment", at the Kingsley Hall therapeutic community, consisted in supporting the voyager through their voyage, rather than attempting to "cure" them of it (Schatzman, 1969; Barnes and Berke, 1973; Kotowicz, 1997). Furthermore, the anti-psychiatrists questioned whether the "adjustment" that professionals and lay members alike take to be central to "mental health" is not ultimately more harmful to human potentialities and more "false" than the distortions of personality and falsifications of self that psychiatrists claim to find in their patients.

There was a great deal of disagreement between the aforementioned authors of these ideas. Each developed, added to and combined them in different ways and some, including the key figure, R. D. Laing, actually disowned the label "anti-psychiatry". Nevertheless, it was these ideas that provided the intellectual core of anti-psychiatry. Moreover, it is important to note the central role which Laing assumed as the acknowledged architect of most of them. Though he was only one of a number of writers who worked on these ideas, he was the first to publish them and his publications were a central reference point for those who followed.

A further distinguishing feature of the anti-psychiatric critique is its rootedness in a wider critique of society, which, it was argued, is oppressive and requires the distortion and repression of human potentialities for its effective functioning. This wider societal focus linked the anti-psychiatrists, conceptually, to other political movements of their time and these conceptual links were often consolidated through more practical cooperation. The famous "Dialectics of Liberation" congress is a good example of this. Organised by Cooper, Laing, Berke and Redler, it covered a wide range of political issues, in addition to psychiatry, and was addressed by radicals from divergent struggles: e.g. Herbert Marcuse, Stokely Carmichael, Paul Goodman and Paul Sweezy (Cooper, 1968; Berke, 1969). Indeed, it was deemed by some to have been one of the major events of the late 1960s (Green, 1988: 208–10).

This degree and form of criticism of psychiatry is, I suggest, historically unique and is thus partly definitive of anti-psychiatry. Or rather, it is if we add that anti-psychiatry posited its critique at a time when psychiatry itself was relatively well established; when there was a psychiatry to be "anti-" towards. This latter point allows us to differentiate anti-psychiatry from various nineteenth century critiques (Porter, 1986; Scull, 1993). Some of these critiques overlap thematically with anti-psychiatry, at least in the sense that they involved a questioning of the medicalisation of madness, but they are quite distinct by virtue of their historical vantage point. They occurred at a time when medics had not yet achieved their hegemony in what was to become the psychiatric field, when they were still struggling for it, where anti-psychiatry was precisely a revolt against such hegemony.

It is important to add to this definition that anti-psychiatry was a "revolt from above"; that is, a revolt within the ranks of psychiatrists themselves. The key ideologues (i.e. Laing, Cooper, Berke, Schatzman, Redler) were all psychiatrists and were all networked with each other. This differentiates anti-psychiatry from two other critical currents. Firstly, the "revolt from without", constituted by

the attacks on psychiatry made by the Church of Scientology between the 1950s and 1980s (Crossley, 1997). Secondly, the "revolt from below" constituted by the growth of the user/survivor movement, which began, in Britain, with the formation of the Mental Patients Union in 1973 (Crossley, 1997). There was considerable overlap and interaction between each of these revolts but they were distinct. The scientologists were distinct if only by virtue of their religious beliefs and the user movement must be distinguished because, qua identifiable movement, it emerged slightly later: Cooper's *Psychiatry and Anti-Psychiatry* was first published in 1967, for example, the same year as the Dialectics of Liberation conference, and many of Laing's most radical pronouncements were made earlier than this (1964 was a key year), but the Mental Patients Union did not form, as I have said, until 1973. This is not to say that users, or patients as they still identified themselves at that point, were not involved in the anti-psychiatry movement. They were. It is important to grasp, however, that anti-psychiatry was an impetus which emerged from above, directed by psychiatrists and their views, where the user movement was directed by an impetus from below, stemming from the ranks of those on the receiving end of psychiatry.

Defining British anti-psychiatry in this way may appear to narrow the phenomena down to the point where it can be identified with individuals, rather than a movement. Indeed Laing himself questioned whether there was or ever had been an anti-psychiatry movement on precisely these grounds (Mullan, 1995: 279–280). I want to defend the idea that anti-psychiatry was a movement however. It is true, I concede, that anti-psychiatry was strongly focused around ideas and studies produced by a handful of individuals. Laing in particular was a charismatic counter-cultural guru and he and the others I have mentioned formed a nucleus of "movement intellectuals" (Eyerman and Jamison, 1991) around which the anti-psychiatry movement was formed. Their texts, particularly Laing's, were central elements in the movement and their public appearances and lectures attracted enormous crowds. Indeed, Laing could still pull an enormous crowd in the 1980s, as the Professor of Psychiatry at Sheffield University was to find out when he invited him to lecture (Jenner, 1997):

> ... when we had the meeting of Ronnie Laing on one of the Tuesday [seminar] evenings they actually called the fire brigade out because — we had it in the big lecture theatre in the medical school — so many people had come. They turned two or three hundred people away. They were sitting in the aisles... there was not a space. The police and the fire brigade said it was dangerous to have so many people.

As this quotation suggests, however, Laing *et al.* were only a nucleus, which centred a much wider network of enthusiasm and activity which, in turn, constituted a movement and, indeed, centred them as the nucleus of that movement. In their own right, for example, Laing and his colleagues joined with others to form a number of associations, such as the Institute for Phenomenological Studies (IPS), Philadelphia Association (PA) and Arbours Association (AA), which organised meetings and events and, in the case of the latter two, founded a number of therapeutic communities including, most famously, Kingsley Hall (Schatzman, 1969; Barnes and Berke, 1973). These associations and communities all constituted "social movement organisations" (SMOs) and, as such, helped to give the movement an existence independent of that of Laing and his immediate contacts (see McAdam *et al.*, 1988 on SMOs). The movement extended wider than the activities of these organisations and their members too, however. In the first instance, there was at least some support for and appropriation of anti-psychiatric ideas and practices within the mental health professions. Many members of the traditional old guard in psychiatry opposed Laing strongly but the same was not necessarily true of the younger generation. Popular psychiatrist, Anthony Clare, claims that Laing "...influenced a whole generation of young men and women in their choice of psychiatry as a career" and reports that *The Divided Self* "...made an immense impact upon me" (Clare, 1992). This influence is evidenced by the emergence of a number of Laingian type projects within psychiatry during the sixties and seventies* and by later organisations, such as the British Network For Alternatives to Psychiatry, which included colleagues of Cooper amongst their founders (Ticktin, 1997). Moreover, there is considerable evidence that Laing found strong support amongst psychiatric patients, a fact which disturbed some psychiatrists as strongly as it impressed others (Siegler *et al.*, 1969, p. 947):

> Bright young schizophrenics, like bright young people generally, are interested in reading about their condition. From the vast and varied selection of literature available to them, they appear to show a marked preference for R. D. Laing's *The Politics of Experience* (1967). The present authors, like other members of the "square" older generation, are of the opinion that they know what is best, and that this book is not good for these patients.

and (Jenner, 1997)

> ... I think I got very impressed by him [Laing] because a lot of the patients had read it [*The Divided Self*] and I think that most of the psychiatrists were telling them not to and I was impressed by them saying "he understands me, you don't". The patients liked him.

*Jenner (1997), for example, has described the attempt to set up a therapeutic community, modelled on Kingsley Hall, in Sheffield. These attempts are briefly recalled by Laing himself, along with a similar example (involving Ivor Brown) in Dublin, in Mullan (1997), (p. 258). Other examples could be given but these suffice to make the point.

This influence is further attested by the abundant positive references to Laing, in particular, and also to Cooper *et al*. which one finds in early user-voice journals, such as *Asylums* and *PROMPT* (Protection of the Rights of Mental Patients in Therapy). Furthermore, as noted earlier, the influence of Laing in particular extended well beyond the psychiatric field. Sedgwick, a critic of Laing, for example, notes that during the 1960s: "... virtually the entire left and an enormous proportion of the liberal-arts and social-studies reading public was convinced that R. D. Laing and his band of colleagues had produced novel and essentially accurate renderings of what psychotic experience truly signified" (Sedgwick, 1982, p. 6), a view which is illustrated and supported by the fact that it is a book by Laing that is lying around on the floor of Malcom Bradbury's archetypal 1960s radical, Howard Kirk (Bradbury, 1989). Laing's works, particularly *The Divided Self* and *The Politics of Experience*, were campus classics. Indeed, they were central books of their era (Clay, 1996). Finally, Laing's work was the inspiration behind a number of further artistic projects: *Knots* (Laing, 1970), which sold 75,000 copies in its first few weeks of sale in the U.S.A., for example, became a film, a theatre production and a radio play. Likewise the experience of Kingsley Hall's first and most famous resident, Mary Barnes (Barnes and Berke, 1973), was turned into a play by David Edgar and Laing's views on schizophrenia formed the basis for both a TV play (In Two Minds) and a film for cinema (Family Life)*. These artistic appropriations give at least some indication of the status and notoriety which Laingian anti-psychiatry achieved during the sixties and of the way it spread, *qua praxis*, beyond the limited circle of Laing and his immediate colleagues.

It is this wave of influence, interest and excitement, running from the nucleus of Laing as his colleagues, through the doctors and patients who appropriated their ideas, out of the psychiatric field and into the media, arts, political and educational fields that justifies reference to an anti-psychiatry *movement*. A social movement, according to Eyerman and Jamison (1991), creates and consists in an emergent, temporary and ever changing social space, constituted through "cognitive praxes" or "communicative action", where new ideas and identities are generated, contested and transformed. A movement creates a "space for new ideas and relationships to emerge" (ibid:60). By this definition British anti-psychiatry was clearly a social movement, albeit one which was heavily focused upon the cognitive praxes of Laing *et al*. Ideas were exchanged, projects developed and new ways of thinking and acting were generated.

*The former was written by David Mercer, the latter by Ken Loach.

ACCOUNTING FOR ANTI-PSYCHIATRY

Any attempt to account for anti-psychiatry must, I contend, begin with Laing and his work. Not only is he a consistent, identifiable element in an otherwise widely dispersed network of activity, he was also the centre of the centre of anti-psychiatry and its ignition spark. His writings predate even those of the other members of the inner circle of British anti-psychiatry and provide a focal reference point for them. Laing was not the movement, nor was he the only guru or "movement intellectual" around which it was centred, but through an analysis of his work and action we have a good vantage point from which to study it. Focusing upon him and his activities provides a way into the praxes which were constitutive of the wider movement. This analysis must not desituate Laing, however. His ideas were produced in a social–historical context which shaped them to a considerable extent and which highly favoured their positive reception and appropriation. It is this context or rather the interaction of action and context that I will focus upon in this paper. I will argue that it consisted in three overlapping elements: a proto scientific revolution which failed, a shift within left wing politics and the emergence of the 1960s counter-culture.

THE PROTO SCIENTIFIC REVOLUTION

It is possible to identify some of the concerns for which Laing became famous in his earliest papers (see Table 1). On the one hand, for example, in his very first published paper, "Philosophy and medicine", he stressed the important role that philosophy can play in relation to medicine: i.e. offering conceptual tools that it has not developed for itself. On the other hand, in his *Lancet* paper on "Patient and nurse", he discussed an experiment, conducted by himself and a number of colleagues, in which a change in the behaviour of nurses and in the curative environment was sufficient to induce a significant improvement in a number of hospitalised schizophrenics (Cameron *et al*., 1955). There is no indication of any challenge to psychiatry at this

Table 1. Laing's earliest works

1949 —	Philosophy and medicine. *Surgo*.
1950 —	Health and society. *Surgo*.
1953 —	An Instance of the Ganser Syndrome. *Journal of the Royal Army Medical Corps*.
1955 —	Patient and nurse. *The Lancet* (with Cameron and McGhie)
1957 —	An examination of Tillich's theory of anxiety and neurosis. *British Journal of Medical Psychology* 30, 88–91.
1958 —	The collusive functioning of pairing in analytic groups. *British Journal of Medical Psychology* (with Esterson).
1960 —	*The Divided Self*. Tavistock, London.
1961 —	*Self and Others*. Tavistock, London.

stage however. Laing's interaction study was not out of keeping with other work being conducted in (social) psychiatry at the time and his philosophical interest, whilst divorced from the mainstream of psychiatric research, was acceptable within psychiatry. These early writings, which include the first editions of both *The Divided Self* and *Self and Others*, were guided by clinical and academic rather than emancipatory or oppositional interests. They argued for new ways of understanding and working with the mentally ill and embodied the assumption that this would be of interest and relevance to a professional audience. Indeed, Laing was careful to disclaim any potential for critique which may have been discerned in his writing, as the following extract from his paper on Paul Tillich indicates (Laing, 1957, p. 88):

> Tillich is not interested in making a destructively critical attack on our theories based on clinical experience, but rather to contribute to their clarification. We must all agree that the basic assumptions of our work are not as explicit as we would like them to be. Tillich believes that such clarification must come from an awareness of our ontological assumptions about man. By this...

Reference to "our theories", "our work" and what "We must all agree" in this passage positions Laing squarely within and on the side of psychiatry and he clearly removes the sting out of any radical criticism that may be discerned in Tillich's work.

It is also evident, from the reviews of *Self and Others* that appeared in both *The Lancet* and the *British Medical Journal*, that no threat was perceived in Laing's work, by the medical establishment, at this time. Both reviews expressed doubts about the relevance of the book but each also recognised some virtue in it (The Lancet 7/7/62):

> The book is difficult but peculiarly fascinating in that it enables the reader to share what may be termed the poetic insight of a scientifically educated mind. If the psychiatrists neglect it, the novelists will not.

and

> Some of its theories, such as that of the breakdown of the self by non-confirmation through other people, may appear fanciful, yet this theory is closely akin to the hypothesis that schizophrenic breakdown may be caused by sensory deprivation, an aspect of the subject which is being assiduously studied by physiological methods today. Though most psychiatrists will find the author's approach uncongenial and unhelpful therapeutically, they will recognise and even defend it as one possible way of viewing and describing mental disorder. (British Medical Journal 19/5/62):

Laing's interest in philosophy stemmed from his youth. He had been educated at a grammar school which specialised in classics and humanities, and he had taught himself philosophy; he was particularly interested in Kierkegaard, then later Heidegger and Sartre (Clay, 1996). Furthermore, when studying medicine at the university he had set up his own philosophical debating society, inviting Bertrand Russell to be its president. Russell accepted. In this respect we might say that he had acquired a philosophical *habitus**, in the sense of Bourdieu (1992), which set him apart from many other medics of his generation. Moreover, it is evident that the focus on classics and arts at his grammar school had been at the expense of any proper scientific education, a fact which made his experience of medical school difficult (Clay, 1996; Laing, 1985). Again this, along with his working class background, set him apart from his peers. He did not acquire the scientific *habitus* of the medical profession with the quite the same ease as others, nor the *illusio*† of the scientific game‡. Bearing this in mind we might read Laing's early work as an attempt to play to his strengths; to carve out a niche within the psychiatric field where he, by virtue of his *habitus* and specific *cultural capital* (i.e. his philosophical and classics background), enjoyed an advantage. As I have said, however, there is no indication of a challenge to psychiatry in this work, nor is there any obvious political content. He was playing to his strengths within the psychiatric game but not challenging the game as such.

The challenge and political edge first emerge in 1962. Up until then Laing had exclusively published in medical journals (see Table 1), but in 1962 he published for the first time in the political journal, *New Left Review*, publishing again in that journal in 1964 and (in the same year) also in *New Society* (see Table 2). I will examine this shift shortly, but first it is important to identify another train of development which becomes evident at this point: Laing's identification and synthesis of a range of studies which were to become central texts in the discourse of anti-psychiatry, including the paper of Bateson *et al.* (1956) on the double-bind theory of schizophrenia, Szasz (1972) *The Myth of Mental Illness* and *Asylums* by Goffman (1961). The impact

*The habitus is defined by Bourdieu as a system of dispositions (preferences, assumptions, know-how, ways of seeing) which are formed within specific fields and become incorporated into the agent qua embodied being.

†"Illusio" is a term which Bourdieu uses to denote a belief in the game in which one is involved, where "game" means a specific arena of social life or, to use Bourdieu's own terminology "social fields". Participation in any social field requires some form of subscription to its illusio for Bourdieu.

‡There is further evidence in Laing's own autobiographical work (Laing, 1985), as well as that of his son (Laing, 1994) and more recently John Clay (1996). There is Laing's own admission that he found medical school and the scientific basis of medicine difficult to learn, given his classics background, and we might note, for example, that he failed his medical examinations first time round; or again, there was an incident at medical school where Laing and one other were the only 2 out of 200 students who objected to the use of wartime Nazi footage as a teaching aid — everybody else went along or was taken along. They subscribed to this particular *illusio* where Laing did not.

of these studies on Laing's own work is most evident in a (celebrated) article published in *New Society* in 1964, entitled "Schizophrenia and the family". This article was partly based upon *Sanity, Madness and the Family*, the book which Laing had just published with Esterson (Laing and Esterson, 1964), and it clearly expressed some of the ideas that were to make Laing infamous: e.g. the idea that schizophrenia is a label and that the peculiar behaviour it refers to should be attributed to a family, rather than an individual. What is perhaps most interesting about the paper, however, is that these ideas were not posited against psychiatry, nor in a politically critical way. They were posited as scientific developments, partly from within psychiatry itself, which Laing believed would revolutionise psychiatry. One of the key advantages of Bateson's work, in Laing's view, for example, was that "... it is cast in a form which is, as our American friends say, eminently researchable ..."; that is, it is the type of idea which belongs in a scientific field such as that of psychiatry. Moreover, he concluded his article on the following, optimistic, note (Laing, 1964a, p. 17):

> I have given a glimpse of a revolution that is currently going on in relation to sanity and madness, both inside and outside psychiatry. Modern psychiatry came into being when the demonological point of view gave way 300 years ago to a clinical view-point. The clinical point of view is now giving way before another point of view that is both existential and social. This shift, I believe, is of no less radical significance.

What Laing was identifying and advocating at this point, I suggest, was not a revolt against psychiatry, less still a social or political revolution, but a "scientific revolution" or "epistemological break" of the type that we today would associate with the work of Kuhn (1970) and Bachelard (1984). He could sense the assumptions of psychiatry crumbling and a new approach, a new paradigm, emerging.

This was an optimistic view of things, however. Too optimistic. Other psychiatrists did not share Laing's enthusiasm for the new theories and he had not anticipated the resistance that scientists exhibit when their paradigm assumptions are challenged - not least because of the material investments that they have in the field (Kuhn, 1970). As one former head of an MRC psychiatric research unit, who was similarly enthused by philosophical and social perspectives, put it (Jenner, 1997):

> ... it also then struck me that the politics of research was very much influenced by the fact that, however much I was thinking like that, if I changed direction everyone would lose their jobs. Because then, you know, they backed the director of the unit, the research unit and everyone had complicated contracts and ...

Moreover, the evidence was not as good or as incontrovertible as Laing suggested. Although there were studies which supported these ideas to some extent, there was a great deal of evidence which did not. In short, the scientific revolution that Laing believed himself a part of failed, leaving him out on a limb.

Having said this, it is important to emphasise that the developments that Laing had identified were not figments of his imagination which he constructed *ex nihilo*. New ideas about social interaction were emerging at this point and although much of this innovation was in sociology and anthropology, rather than psychiatry, some did emerge within the latter. In particular the mental hygiene movement had identified the family as a determinate of poor mental health, and there was a growing emphasis upon the importance of the social environment for the preservation and restoration of good mental health (Crossley, 1998). Laing's work of this period, particularly his collaborative studies *Sanity, Madness and the Family* and *Interpersonal Perception*, can be situated in this intellectual current. He drew from it, mixing it with his own philosophical interest in existentialism. Furthermore, there were new, progressive trends in psychiatry at the time, which were challenging rigid distinctions between mental health and illness, arguing instead for a continuum, and which were both questioning the therapeutic value of the hospital and suggesting alternatives (Prior, 1993). These trends, at the very least, opened the door for some of the more radical ideas of Laing and his colleagues. My point is only that Laing was wrong to think that this new intellectual current would revolutionise psychiatry from within. He saw a new paradigm where many of his colleagues saw, at most, a set of sometimes quite weak secondary hypotheses.

THE NEW LEFT

In 1962, two years prior to the *New Society* article, Laing wrote an article criticising the then dominant genetic theories of schizophrenia. The article, which can be read as an integral element of Laing's contribution to the aforementioned proto scientific revolution, was turned down by four journals, including *The British Journal of Psychiatry*, and also by the Tavistock press: Bowlby, at the Tavistock, was concerned that the paper was too polemical and not clinical enough (Clay, 1996). This was an early indication that Laing's ideas and writing style were ceasing to be acceptable within the field of psychiatric research —although much of his early work was turned down by the *BJP* (Mullan, 1995, p. 355) and we must therefore question the extent to which his work was ever fully accepted. His potentially scientifically revolutionary ideas were contravening the censorship, usually self-regulated by way of the *habitus*, which characterises all social fields, limiting what can be said and defining the way in which things must be said if they are to be deemed legitimate (Bourdieu, 1993, 1996). As

Table 2. Laing's publication outlets 1962–1964

1962 —	Series and nexus in the family. *New Left Review*.
1964 —	*Reason and Violence: A Decade of Sartre's Philosophy*. Tavistock, London (with David Cooper).
1964 —	What is schizophrenia? *New Left Review*.
1964 —	Is schizophrenia a disease? *International Journal of Social Psychiatry*.
1964 —	Schizophrenia and the family. *New Society*.
1965 —	Results of family-oriented therapy with hospitalised schizophrenics. *British Medical Journal* (with Cooper and Esterson).

a consequence he was being marginalised and even excluded from the field.

If this field was closing down for Laing, however, effectively pushing him out by excluding his ideas from consideration, another field was beginning to open up where his ideas were favoured, thus creating new opportunities for him and a considerable pull or lure. The culture of left wing politics in Britain was undergoing a shift during the late fifties and early sixties. The narrow economistic focus that had once dominated was giving way to a new interest in both philosophy and culture. In this new context, Laing's work on Sartre, families and schizophrenia was of considerable interest. Laing found an outlet for his ideas in the newly founded *New Left Review* and an audience who not only read but celebrated and appropriated his work (Sedgwick, 1982; Mitchell, 1990). Laing wrote two articles for *New Left Review* in the early sixties (see Table 2). The first, which applied the Sartrean concepts of "series" and "nexus" to the study of the family, did not involve any obvious political element. The concepts were taken from Sartre's (1960) attempt to fuse existentialism and Marxism, *Critique de la Raison Dialectique*, a work which Laing and Cooper later explicated in detail in their joint authored *Reason and Violence* (Laing and Cooper, 1964), but there was nothing obviously Marxist about the article except for this source. Laing's second *New Left Review* article, published in 1964, the same year as the above-mentioned *New Society* article, was far more political and critical however. To some extent Laing drew off the same set of thinkers as in the *New Society* article but he now made more of Goffman and the institutional processes of psychiatry, and he introduced a new conception of schizophrenia as a voyage into "inner space". Moreover, there was a much stronger critique of psychiatrists in this paper. Laing accused them of being "so possessed" by their belief in an "entirely hypothetical pathological process" that they were no longer able to see that it is hypothetical, and he argued that recent critiques of genetic explanations (including, assumedly, his own unpublished paper*) had brought the discipline right back to square one. Referring to the labelling process, he suggested researching a new mental illness: "psychiatrosis". With these comments Laing distanced himself from psychiatry, constituting it as "other" and as an object of critique, thus creating an oppositional identity for himself. Furthermore, his critique had a political aspect. In a section of the paper entitled "A political event" he wrote (Laing, 1964b, p. 64, emphasis in original):

> I do not myself believe that there is any such "condition" as "schizophrenia". Yet the label is a social fact. Indeed this label as social fact, is a *political event*. This political event, occurring in the civic order of society, imposes definitions and consequences on the labelled person.

Later in the paragraph Laing spelled out exactly what he believed these consequences were:

> After being subjected to a degredational ceremonial known as a psychiatric examination he is bereft of his civic liberties in being imprisoned in a total institution known as a "mental" hospital. More completely, more radically than anywhere else in our society he is invalidated as a human being.

And he outlined the implications of this view for the future of his own work (Laing, 1964b, p. 65, Laing's emphasis):

> ...this work must now move to further understanding, not only of the internal disturbed and disturbing patterns of communication within families, of the double-binding procedures, the pseudo-mutuality, of what I have called the mystifications and the untenable positions, but also the meaning of all this within the context of the civic order of society, that is, of the *political* order, of the ways persons exercise control and power over one another.

Following this paper, in 1965, *The Divided Self* was reissued with a new preface which clearly indicated the political metamorphosis that Laing had undergone. The preface to the first edition (Laing, 1960), which had only sold 1600 copies by 1964, mainly amongst psychiatrists and other mental health professionals (Clay, 1996), played down any radical significance which the book might have and explicitly pointed to its rather limited aims (Laing, 1961, p. 9):

> ... no attempt is made to present a comprehensive account of schizophrenia. No attempt is made to explore constitutional or organic aspects. No attempt is made to describe my own relationship with these patients, or my own method of therapy.

In the second edition (Laing, 1965), however, Laing's preface framed his account in a very different way. He both began and ended with a disclaimer which distanced him from the author of *The Divided Self*: "One cannot say everything at once. I wrote this book when I was twenty-eight", "This was the work of an old young man. If I am older I am also now younger". The book has the merit of examining madness in its context, he argued, and of examining the power situation in the family -in fact the word "power" is not used in either edition, with the exception of this prefatory remark — but the

*The paper was published in 1976 in Evans, R. (1976) *R. D. Laing: The Man and his Ideas*, New York, E. P. Dutton.

book still falls in to a "trap": "I am still writing in this book too much about Them, and too little of Us" (Laing, 1965). This comment was followed up, firstly, by a brief comment on the repressive nature of civilisation and "one dimensional men", making reference to both Freud and to the writer who was at the centre of left politics and the counter-culture at the time, Marcuse, and secondly, by a challenge to the conventional distinction between madness and sanity which was clearly political and linked to counter-cultural themes of the era, such as the nuclear threat (Laing, 1965):

> ... a little girl of seventeen [sic] in a mental hospital told me she was terrified because the Atom Bomb was inside her. That is a delusion. The statesmen of the world who boast and threaten that they have Doomsday weapons are far more dangerous, and far more estranged from "reality" than many of the people on whom the label "psychotic is affixed.

Looking at "us", in this context, clearly meant turning the focus away from those deemed mad to focus upon those "one dimensional" individuals who aren't distressed by the way of the world, who get on with living in it or who have the power to allow it to continue. There was a more specific sense of "us" in the preface too, however. Laing posited a strong, if brief, critique of psychiatry (Laing, 1965):

> Psychiatry could be, and some psychiatrists are, on the side of transcendence, of genuine freedom, and of human growth. But psychiatry can so easily be a technique of brainwashing, of inducing behaviour that is adjusted, by (preferably) non-injurous torture. In the best places, where straightjackets are abolished, doors are unlocked, leucotomies largely forgone, these can be replaced by more subtle lobotomies and tranquilizers that place the bars of Bedlam and the locked doors inside the patient. Thus I would wish to emphasise that our "normal" "adjusted" state is too often the abdication of ecstasy, the betrayal of our true potentialities, that many of us are only too successful in acquiring a false self to adapt to false realities.

This paragraph bears all the marks of anti-psychiatry, as I have defined it. Laing no longer subscribes to the *illusio* of the psychiatric field. He identifies psychiatry as an institution of social control which concerns itself with those who are not adjusted to society. Moreover, he is clear to point out that he is as much concerned with its subtle mechanisms of control, as with its more obvious technologies of restraint. There are resonances of both Foucault's (1965) critique of moral treatment and the observations of Kesey (1962) on the "Cuckoo's Nest" in this passage; both had been published in the period between the first and second editions of *The Divided Self*. The way in which psychiatrists attempt to restore sanity is less of an issue than the very fact that they make this attempt and the sane state that they attempt to restore. Chains and straightjackets are far less effective than an internalised locus of control in an adjusted-adjustable self.

It was not just the content of Laing's ideas that was changing at this time. He had begun to experiment with form too. His early works, as many commentators have pointed out, read like traditional presentations of case materials. Moreover, at the peak period of his "scientific revolution" he had devised a graphic transcription system for mapping interpersonal relations which bears all the hallmarks of scientific rhetoric (Laing *et al*., 1966). By the time of *The Politics of Experience*, however, his style had relaxed, becoming almost "flow of consciousness", with hints of the poetic format which was fully adopted in *Knots* and *The Facts of Life*. This shift indicates as clearly as anything else that Laing was no longer fighting a scientific revolution, or indeed fighting in the scientific field at all. He was aiming his message elsewhere, to an audience who appreciated a different form of rhetoric.

These various changes in Laing's position did not happen all at once and were not strictly linear, at least not in the order that they were published. Throughout the period 1964–1967 Laing's work veers between that of the scientific revolutionary, working in psychiatry, and the political revolutionary who attacks psychiatry from without. The publication of *The Politics of Experience* in 1967 (Laing, 1967a) was something of a watershed, however. This text, which expanded considerably upon the ideas outlined in the second of the two *New Left Review* papers, provoked a critical response from Laing's fellow psychiatrists and finally pushed him beyond the bounds of their acceptance. Many felt that he himself had finally gone mad and one, in the U.S.A., even got a Federal grant to study the language of *The Politics of Experience* as a way of researching that possibility (Mullan, 1995: pp. 271; 333). Laing had reached the point of no return.

THE COUNTER-CULTURE

I have suggested that Laing's work started as a scientific development within the psychiatric field which, having become increasingly less acceptable therein, was appropriated and centralised by the New Left. The censorship mechanism of the psychiatric field constituted a push factor, reducing Laing's opportunities for action, whilst the transformation of the left provided a pull factor, drawing him in by virtue of the opportunities it afforded. Moreover this shift clearly had an effect upon his work; writing in a new field, for a different audience, he had new censorial expectations to fulfill. In particular his work assumed a more political dimension and he took on a more political role. Whilst the New Left was an important and appreciative audience for Laing, however, it is important not to overstate the influence which it had upon him. He was never a Marxist and Left politics, even as redefined by the New Left, were never a great inspiration to him (Clay, 1996; Kotowicz, 1997;

Jenner, 1997). We get a sense of this if we compare his version of anti-psychiatry with those of the SPK in Germany (Spandler, 1992) or *Psichiatria Democratica* in Italy (Ramon, 1988; Donnelly, 1992). The use of Marxist ideas in these movements makes all the more evident their absence in Laing's work. Laing's work *was* politicised and radicalised during the period that I have been examining, as I have shown and as some of his book titles (e.g. *The Politics of Experience* and *The Politics of the Family*) clearly indicate, but his concern was never with the big "P" politics that concerned the Left. His concern was with politics in the wider, less doctrinal and party based sense; that is, in the sense of the sixties counter-culture. We must examine the counter-culture, then, if we are to arrive at a full understanding of Laing's politicisation.

The 1960s counter-culture has been the subject of much nostalgic myth making. There is good sociological research, however, which indicates very strongly the changes of the time and the fact of counter-culture as praxis. *Ecstacy and Holiness* by Musgrove (1974) is important in this respect. Musgrove conducted a survey of student attitudes and lifestyles in Britain in the early sixties, just before the emergence of the counter-culture (Musgrove, 1964); when the counter-culture emerged, therefore, he was in an excellent position to return to the field to gauge the differences. This he did and he found strong evidence for the emergence of a counter-culture (Musgrove, 1974).

Musgrove and others date the emergence of the counter-culture between 1964 and 1969, just about the time that Laing was moving away from psychiatry and towards the New Left and anti-psychiatry. The links between Laing's radicalism and the counter-culture ran deeper than mere temporal coincidence, however. At one level he was very interested in the counter-culture and eager to become involved with its charismatic "stars". In 1964, for example, he made a visit to the U.S.A., where he met up with both Allen Ginsberg and Timothy Leary (Clay, 1996). Moreover, in addition to such formal and overt contacts, of which there were many, there was a deeper thematic fit between Laing and the counter-culture; the ideas that he had been thinking about in relation to psychiatry emerged as major concerns in the counter-culture, thus allowing him, by way of a subtle switch, to become a "counter-expert" (Eyerman and Jamison, 1991) and guru within it. Alienation and love were two key themes of his early work, for example, and both became key issues in the counter-culture (Musgrove, 1974). Likewise with personal relationships and self-development, and again with the critique of science and technology. It was only a short step between Laing's early academic-clinical interests in these issues and the more radical interest of the counter-culture, and it was one which both Laing and the counter-culturalists were seemingly prepared to make. Laing championed the ideas of the counter-culture, lending them the symbolic power that his cultural and symbolic capital, *qua* trained medical doctor, generated.

In a slightly different vain, his early (pre-radical) interest in the potentially damaging aspects of family life and his interest and involvement in "Therapeutic Communities", such as Kingsley Hall, were both able to be incorporated into the anti-family and pro-commune aspects of the counter-culture. Therapeutic communities, which often involved an attempt to break down the traditional roles of doctor and patient and to involve patients in decision making, had been experimented with in psychiatry since long before the sixties. Laing's experiments in the "rumpus room", where nurses behaviour was altered to great effect, date back to the early 1950s, for example, and Cooper's villa 21 (Cooper, 1967) dates to 1962, whilst the work of pioneers, such as Maxwell Jones and Wilfred Bion, dates back much further (Hinshelwood and Manning, 1979; Jones, 1968; Clarke, 1996). In this context they were physical embodiments of scientific theories. In the context of the counter-culture and against the background of the critical studies of the family that Laing *et al.* were conducting, however, they acquired a new meaning. Kingsley Hall became, in effect, a show piece commune and a central site of counter-cultural activity (Schatzman, 1969, p. 301):

> The [Philadelphia Association] has sponsored lectures in psychiatry, "anti-psychiatry" and phenomenology at Kingsley Hall, and has arranged seminars and professional meetings there with professional people in many fields [...]. Experimental drama groups, avant-garde poets, artists, musicians, dancers and photographers, social scientists of the New Left, classes from the Anti-university of London, and leaders of the commune movement have met at Kingsley Hall with the residents in the last three and a half years.

Another key link between Laing and the counter-culture was drugs, particularly LSD. Laing experimented a great deal with LSD, both with patients and with friends and he established himself as something of an expert on the subject, particularly in relation to "bad trips", within the counter-culture. One sixties rebel, for example, describes an incident in which his girlfriend had a "bad trip" and he, thinking she may be dying, took her to the only person he thought could help: "... Ronnie was looking after her. The Man. I'd taken her to the Man. I went and lay on the bed and in the end it was the greatest trip I ever took" (Marcuson, cited in Green, 1988). Again this drug link is not unrelated to Laing's genuine psychiatric interests. LSD had been synthesised in 1938, its effects first being noted in 1943, and it had excited psychiatrists, particularly in the U.S.A., as those effects, particularly hallucinations, closely resembled the symptoms of schizophrenia. By the early 1960s the drug was

readily available and it was neither illegal nor frowned up until later in the decade, after it had been appropriated by the counter-culture and as a consequence of that. Whilst it would be naive not to recognise the influence of the counter-culture on Laing's interest in LSD, therefore, it is also important to recognise, at the very least, that his appropriation of the drug within his psychiatric practice was in tune with the scientific interests of some of his colleagues. The basis of his radical influence had been prepared, in a pre-radical phase, for quite different reasons, through his medical research and interests. And it was as an effect of the times that their radical potential was identified and realised.

It is important, in interpreting Laing's relation to the counter-culture, to strike a balance with respect to the significance of his own agency. There is every reason to believe that he, like many other young people in the sixties, was "swept up" by the new and exciting counter-culture and was transformed and influenced accordingly. On the other hand, the above mentioned links between psychiatry and the counter-culture were not given, they had to be made, as did the central place within the counter-culture that Laing was to assume, and on both of these counts we must acknowledge Laing's own agency. I would suggest that we understand Laing's actions, in this respect, much as I suggested we understand his very early philosophical papers on psychiatry. He played the game and believed in it, he appropriated its *illusio*, but he played the game as he played every game, to his own advantage, using whatever trump cards were available to him — in this case a medical background and the cultural and symbolic capital that are attached to it. He was enthused by the new field opening up before him and he wanted to make his mark within it.

THE MOVEMENT

It was between 1964 and the early 1970s, under the impact of the counter-culture, that the anti-psychiatry movement, as such, emerged. Laing's own influence was massive during this period. The (re-issued) *Divided Self*, *The Politics of Experience* and *Knots* were all best sellers and he became a media star (Clay, 1996). But this was also the time when the Philadelphia Association was formed, Kingsley Hall was opened and the Dialectics of Liberation congress was organised. Moreover, other key associates of Laing, who had known him since he moved to London in 1960 and had been influenced both by him and by the same works as him (e.g. Sartre and Bateson), began to publish their own works and to make their own mark. Cooper, for example, published *Psychiatry and Anti-Psychiatry* in 1967 (Cooper, 1967), followed by *Death of the Family* (Cooper, 1971) and *The Grammar of Living* (Cooper, 1974), whilst Berke, who had founded the Free University of New York (FUNY), founded an Anti-University in London and the Arbours Association, and published both his collaborative study, with Mary Barnes, of her time at Kingsley Hall (Barnes and Berke, 1973) and a number of popular works: i.e. *Counter-Culture: the Creation of An Alternative Society* (Berke, 1969), *The Cannabis Experience* and *Butterfly Man* (Berke, 1977). These works and projects were just as much in tune with the counter-culture and the emergence of the New Left as Laing's were. Indeed, in some respects, more so, as Cooper, Berke and Schatzman all had a much clearer identification with politics: as Cooper put it "Laing was on a spiritual trip, I was on a political trip" (Ticktin, 1997). Finally, it is during this period that the appropriation of anti-psychiatric ideas outside of the immediate network of Laing *et al.*, amongst doctors, patients, leftists, academics and artists, is most apparent. The counter-cultural influences that had shaped anti-psychiatric ideas also generated an appreciative audience who "ran with them", making them their own and opening up a space for the new ways of thinking, acting and relating, the "cognitive praxes", that are constitutive of a social movement (Eyerman and Jamison, 1991). The work of Laing and his colleagues gave the counter-culturalists a focus and resonated with the zeitgeist in such a way that it enjoyed massive appeal and appropriation. It is also worth adding here that Laing's prose was remarkably clear and direct, compared to the work of other key intellectuals of the period (e.g. Sartre and Marcuse); this must surely have added to popular appeal.

THE ANTI-PSYCHIATRIC LEGACY

Before I widen the scope of this paper to consider the relation of anti-psychiatry to the emergence of New Social Movements it would be instructive to pause briefly to consider the wider impact of the movement and its ultimate fate. McAdam *et al.* (1988) have argued that the survival of a social movement, beyond the initial burst of enthusiasm which launches it, depends largely upon the formation of more formal "social movement organisations" (SMOs) whose activity establishes mechanisms which keep the impetus alive. In the case of anti-psychiatry, The Philadelphia Association (PA), Arbours Association (AA), Institute For Phenomenological Studies (IPS) and Kingsley Hall all qualify as SMOs. They did not keep anti-psychiatry alive for long, however. In 1970, when Kingsley Hall closed, Laing broke many of his associations with the other organisations, as did Cooper (Ticktin, 1997). He (Laing) headed for Ceylon, where he pursued his interest in Buddhism, whilst the PA and AA, though they continued to provide therapeutic communities, became much less political. Meanwhile the intellectual left and the counter-culturalists moved on and, to the extent that they remained in the politics of psychia-

try, tended to frame their interest in new, more psychoanalytically inspired ways.

Amongst psychiatrists the picture is even less bright. Anthony Clare, as noted above, has suggested that his generation of psychiatrists were greatly affected in their occupational choice by Laing and that "..everyone in contemporary psychiatry owes something to R. D. Laing". (Clare, 1992, p. 204). It is difficult to find much evidence to support this within the textbooks and research of contemporary psychiatrists, however. Laing is seldom mentioned and Bateson *et al.* are very quickly dismissed on grounds of a lack of evidence (e.g. Birchwood *et al.*, 1988). Laing may have asserted a tacit effect on psychiatrists, making them think, as a profession, in more humane terms about their patients (Tantam, 1991), but their explicit image of him, where such an image exists at all, is of a doctor who was perhaps mad himself, who was struck off the medical register on account of his drunkenness and bad behaviour, and even sometimes, quite unfairly and incorrectly, as the man who, by virtue of his anti-psychiatric rhetoric, led to a situation in which hospitals were closed and seriously ill individuals thrown out on the streets (Tantam, 1991).

Where Laing may have had more of a lasting effect is with the user movement and their SMOs. Laing was, as I noted earlier, seemingly a great inspiration for some users of psychiatric services and his name abounds in the early user journals. Many of these organisations have now become relatively established and as they have done so the references to Laing *et al.* in their literature, whilst still evident, have declined in number. Moreover, other influences and projects, such as the radical psychiatry of Basaglia in Italy (Ramon, 1988; Donnelly, 1992), have assumed an equal if not greater status. Nevertheless, it does not seem too fanciful to posit that the inspiration which Laing and anti-psychiatry provided was a key element in igniting the user movement. Anti-psychiatry provided users with a different discourse which constituted their experience and their identities differently and in a more appealing fashion, as the enthusiasm for them attests. Indeed, some users wrote to Laing claiming that they must have written *The Divided Self*, since it described their experience so perfectly (Clay, 1996). Laing *et al.* questioned the *status quo* within psychiatry and their cultural and symbolic capital lent this questioning the authority it required to be heard and taken relatively seriously. They cleared a space for the user voice. This could not have been achieved in just any context. A receptiveness was necessary, which was provided by the counter-cultural zeitgeist. But Laing provided the spark. Indeed, more than this; he, Cooper and the other anti-psychiatrists effectively politicised the psychiatric field to a degree and in a fashion never before achieved, creating a space within and around it in which subsequent critical projects, such as the user movement, could emerge. In this respect Clare is right; psychiatry never could quite be the same again.

NEW SOCIAL MOVEMENTS AND LIFE POLITICS

It is important to grasp the particularity of anti-psychiatry as a movement. It emerged in the first instance, I have argued, out of scientific and philosophical developments within a highly specific social field (psychiatry) and, had it been more acceptable therein, may, paradoxically, never have happened. Moreover, it was specifically focused upon madness and the various ways it is (mis)understood and treated. On the other hand, however, it is clear from my account that some of its conditions of existence are to be found at a much broader and more general level: the emergence of the counter-culture and the New Left. As such it is clear that anti-psychiatry is part of a wider family of new social movements (NSMs), who emerged from within the same context* and share many features in common with anti-psychiatry. Indeed it is striking just how well the descriptions of new social movements and life politics that one finds in the literature fit with anti-psychiatry. Anti-psychiatry provides an excellent illustration of Habermas' claim that the new politics "... are not ignited by distribution problems but with questions having to do with the grammar of forms life" (Habermas, 1989, p. 392), for example, and also of Giddens claim that life politics "... brings back to prominence precisely those moral and existential questions repressed by the core institutions of modernity" (Giddens, 1991, p. 223). Madness has precisely been repressed or sequestered (in asylums or by way of tranquilizers) in Modern societies and our ways of knowing and treating it, as questioned by Laing *et al.*, are exactly issues concerning the grammar of our forms of life. Moreover, the distance which the anti-psychiatrists put between themselves and big "P" politics and their emphasis upon changes in forms of life and experience (whether through drugs or therapeutic communities) exemplifies well the grassroots and anti-bureaucratic aspect of the new social movements that is emphasised greatly by NSM researchers and theorists (e.g. Scott, 1990; Melucci, 1989, 1996). Anti-psychiatry was thus a very clear, if short-lived, example of a new social movement.

Anti-psychiatry must not be thought of as just another new social movement, however. Insofar as the histories of the new social movements are bound together in an interactive relationship, particularly through the mediation of the New Left

*Eyerman and Jamison (1991) have argued that most contemporary "new social movements" grew out of the political activism of the 1960s.

and 60s political culture (Eyerman and Jamison, 1991), anti-psychiatry must be understood as a contributing element in the history of new social movements generally. The politicisation of experience, personal relations and psychiatry that it achieved was a contribution which it provided for activists in all fields, not only psychiatry — again this is illustrated concretely by such events as the dialectics of liberation congress and the Anti-University. In this respect anti-psychiatry was not just an event in the history of British psychiatry. It was an event in the history of British political culture.

CONCLUSION

This paper has addressed itself to the anti-psychiatry movement which formed around the work of R. D. Laing and his colleagues in the late 1960s. The paper has attempted to show that anti-psychiatry can legitimately be described as a social movement, indeed a new social movement, and to identify what was distinctive about it *qua* movement. In addition it has explained the emergence of the movement and considered its impact and significance, and it has considered its relation both to other new social movements and to the user movement within psychiatry, which followed it.

As a concluding remark it should be noted that British anti-psychiatry was just one national strand of a much wider, international phenomenon, albeit a seminal strand. Much work remains to be done comparing the British experience with that in other countries, such as France (Turkle, 1981), Italy (Ramon, 1988; Donnelly, 1992) and the U.S.A. (Szasz, 1972), and examining the broader, international movement which at least some of these national movements converged to form. This would not only allow us to learn more about British anti-psychiatry, by revealing more clearly its rootedness in British culture, it would also give us a more comprehensive picture of the forces that have shaped resistance to psychiatry in recent years. In addition, and for much the same reason, more work is required both on the user movement and on the various points of convergence and overlap which it has and continues to have with the various national and international strands of anti-psychiatry. Only by extending our analysis in this direction will we fully appreciate the breadth of oppositional forces to conventional psychiatry in the post-war era, and the distinctiveness of the particular strand we have been examining in this paper.

Acknowledgements—This paper is taken from my ESRC funded project "Mental Health Activism in the British Post-War Public Sphere (Ref. R000222187). Thank you to the ESRC for their support and to Trudy Coldwell for her help with the application. Thank you also to Professor Alec Jenner and Dr Steve Ticktin, both veterans in this area, for allowing me to interview them.

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