

From Anti-Psychiatry to Critical Psychiatry

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There is a crack in everything.

That's how the light gets in.

Leonard Cohen. Anthem.

The term anti-psychiatry was coined in the '60's probably by David Cooper in his books *Psychiatry and Anti-Psychiatry* (1967) and *The Dialectics of Liberation* (1967). Laing, Szasz and others were associated with it but many were uncomfortable with this label, notably Laing who rejected it (*Mad to be Normal* p. 356). However it was a provocative title and for some years stuck to a motley group of critics of psychiatry. To David Cooper and some others it meant a psychiatrist who thought psychiatry had become a tool of capitalist imperialism; they were dedicated to creating a revolutionary role to psychiatric patients so that they would throw off their oppressors and be in the vanguard of a revolution. At the other extreme was Szasz, a libertarian whose primary value is personal responsibility. He argued that most contemporary psychiatry and psychoanalysis is based on an ideology of medical-therapeutic paternalism. He advocates that psychotherapy be recognised as a secular 'cure of souls' and that it be freed from state control and be recognised as a confidential, secular, and trustworthy setting for people, if they so wish, to look into their hearts and souls and, perhaps, make themselves better persons.

The trouble with the term 'anti-psychiatry' is that it is too general. As I have indicated it covers a wide spectrum of opposing political positions but it also is too general about a psychiatrist's job. Even a psychiatrist that gives E.C.T., a technique that most anti-psychiatrists abhor, does more than give E.C.T. all day long. Psychiatrists nowadays are mostly servants of the state and are responsible for arranging for places for disturbed people to stay, supervising the care of the increasing number of people suffering from some form of dementia and so on. Also a psychiatrist may investigate and diagnose physical disorders such as brain tumours presenting as psychiatric syndromes.

Another problem with the term anti-psychiatry is that most of its adherents tended to make massive claims not merely against psychiatry but the social situation in which it is practised. Thus Cooper and many others blamed capitalism, Laing blamed our secular world with its abdication from ecstasy and its mystification of experience (Laing 1967 p.108-119), Szasz the ideology of medical-therapeutic paternalism (Szasz 1999). But psychiatrists can hardly be held to be entirely responsible for the society in which they practise and the subsequent demands made on them. Anti-psychiatrists themselves were obvious products of the very society which they blamed for the frequency of mental illness. They were part of an ideology common to America and Europe during the 1960-70's which was not confined to psychiatry. Although they tended to put themselves in an authoritarian and exclusive position by taking a stand which appeared to be outside the society to which they belonged, they were part of a movement within it.

For these reasons I prefer the term 'critical psychiatry'. This has the advantage of being associated with the tradition of critical philosophy as practised by Socrates, the Greek skeptics, Kant, and Wittgenstein. It is also continuous with R.D. Laing's 'provisional skeptical' strand of anti-psychiatry (Mullan 1995 p.310). These critiques spend a good deal of time analysing and condemning the incoherence and futility of their respective disciplines.

Both emphasize the limits of science and scientific explanations and that our human form of life requires understanding our natural history.

Liberation

A frequent cry of anti-psychiatry is for liberation, perhaps best encapsulated in the famous *Dialectics of Liberation Conference* organised in London in 1967 by David Cooper and Ronald Laing. The question of the nature of human freedom is very basic and there is a vast literature on it which indicates that it is a subtle and vital question. It almost defines man, as we usually do not consider other mammals as free and responsible for their actions. We may free a tiger from a cage but this is negative freedom, freedom from the cage. But of course there is no such thing as complete independence either for tigers or for us; we are completely dependent on 'nature' for food, air, and so on as well as on our physiological processes.

Positive freedom is being 'free for or being open for'. Kant calls it the 'power' of man to 'determine himself from himself' (Kant 1998, A534, B562). Thus you can decide to go on reading this or to throw it away, you are responsible for whether you go on reading or not; if you are bored then you as well as I bear some responsibility for it. Freedom in this sense contrasts with causality, we cannot alter causal laws although we may alter their effects, as in the drug treatment of many diseases.

It is common in anti-psychiatry to understand freedom in negative terms. It is assumed that there is a basic human nature which is good but that economic, social and historical forces have concealed and imprisoned it by some repressive mechanism. According to that hypothesis it would suffice to throw off or at least loosen these repressive chains so that humankind would become free to be herself and once again restore a full relationship to herself.

Acts of liberation may well be necessary; a colonial people may free itself from the coloniser, women may get to vote, gay people no longer be persecuted, the mentally ill be allowed to have more choice in what treatment they receive or whether they should have any 'treatment'. But no act of liberation is sufficient to establish the practice of freedom, as a knowledge of history shows us. The quest for freedom easily gets diverted into a series of illusory liberations from repression. Revolutions can result in an even greater tyranny than they replace; gay people, like heterosexuals, may be 'free' but deeply unhappy; we can talk 'freely' about sex and watch people on television having sex daily but whether our erotic, loving, passionate relationships are happier than before is doubtful.

Foucault (1981 & 1988) has particularly insisted that the practice of liberty is more important than the repetitious affirmation that people, sexuality, and desire, must be set free; and the consequent claim by politicians, bureaucrats, and certain professionals that they can set them free. Is it obvious that by having one's desires liberated one will necessarily behave ethically and so pleasurably in relationships with others? We need to examine the ideas of domination and power and the role of others in the practice of our own freedom. Ethics is the deliberate form assumed by liberty.

Second nature

An important way that psychiatry can block the practice of liberty is by reducing human nature and experience to the purely natural-scientific attempt to explain it. The natural

scientific understanding of nature is a disenchanting conception of the natural world whose intelligibility is exhausted by causal laws. The mind is conceived as being wholly continuous with physical stimulations. Its cognitive capacities and abilities pick out entities that can be identified in a way that shows how they can be fitted into a single connected causal system. So all our beliefs, thoughts, feelings, experiences, etc. are ultimately part of a physical causal system. This leads to the belief that the brain is the cause of all our beliefs and feelings. So it seems reasonable enough to treat what a lay person would call a disorder of the mind, or perhaps person, as 'really' a disorder of the brain. Hence the therapeutic use of drugs, psychosurgery and other physical methods as fundamental in the treatment of psychosis and neurosis.

There is a huge literature criticising this picture which I cannot attempt to summarise. I mention McDowell's book *Mind and World* as it is a recent work and has been much commented on. (Smith :*Reading McDowell* and volume 31,no3 of JBSP). He recaptures the Aristotelian idea that the normal mature human being is a rational animal, that is our rationality is part of our animal nature but becomes our second nature.

The conception of the natural provided by the natural sciences is a realm of law. That is, the sciences try to explain the phenomena in the world in terms of laws, especially causal laws. So nature becomes a thing wholly apart from human activity and meaning. Thus the laws of the physiology and biochemistry of our brains are wholly apart from us, we cannot disobey them and most of us know little about them. Of course we can alter some of the functions of the brain by means of drugs but these too act purely causally. I cannot alter the serotonin level in my brain directly in the way that I can decide to raise my arm; although of course a suitable drug would alter it.

Our second nature is the realm of reason, decision, enjoyment, and freedom. Neuro-physiologists tell us facts about the brain but it is equally a fact that I can decide to raise or lower my arm, give reasons why I changed my mind about where to go on holiday, be blamed for various faults in this article, enjoy watching a sunset, and so on. The notion of second nature enables us to understand these facts. These are legitimate forms of knowledge and experience that are not further translatable into the causal laws of science. Instead of a belief that flatly imposes human meaning onto the meaningless natural world, the notion of our second nature can be shown to be not reducible to or derivable from law governed nature, but nevertheless it is natural as it is the way we humans come to experience, negotiate, and shape our world.

Our second nature is the way it is because of the potentialities we are born with but crucially because of our upbringing. A chimpanzee brought up like a human infant does not develop a human second nature - it cannot learn a mother tongue which has the potentialities ours has. A human infant that has no connection with other humans - say it is brought up by wolves - cannot develop a human second nature unless rescued when it is still a child. The rich experience of human nature of the mature adult depends on her potentiality and her upbringing, the structure of her brain and how she has been brought up.

It is our up-bringing that moulds our second nature and initiates us into a culture and enables us to develop conceptual capacities which includes a honed responsiveness to other human beings. This up-bringing at first is an initiation, as parents do not teach the child its mother tongue. Rather they respond appropriately to its stage of development and are part of an already constituted culture with a long history and orientation to the world. It is only a fairly

mature child that can be taught a second language for then it can ask questions like ‘What is this called?’

A critical element of our second nature is the notion of freedom. The concept of freedom does not apply to the processes studied by the natural sciences, biochemical processes do not choose but are explained in terms of causal laws. But our second nature is intimately concerned with freedom and spontaneity because it is partly constituted by rules we can choose to obey or disobey; we can be held responsible or asked to account for the way we follow or refuse to follow certain rules. We can act spontaneously in rule following, or feel that some rules are a burden and limit our freedom. Thus we can enjoy a game of chess, which has many rules, but feel the rules of taxation are a burden. Our notions of the norms of reason and the structures within which meaning comes into view are all part of our second nature as is our ability to create the natural sciences. Both the neurophysiologist and the schizophrenic have a basic nature describable in causal terms and a second nature.

One of the interesting points of psychiatry is that it spans the two natures of human beings. It is concerned with some disorders of the brain and sometimes other parts of the body where the laws of causality reign. But it is also concerned with our second nature because our initiation into it may be far from perfect. Our second nature develops best when we are loved, or at least respected, by those responsible for our initiation into culture. This often does not happen with resulting conflict and confusions. Psychotherapy is an attempt to clarify these.

But psychiatrists find it difficult to live with duality. So either our second nature is ignored and all disorder is explained in terms of brain processes. Or an extreme idealism is embraced, as in much psychoanalysis, where all disorders are explained as being at root caused by unconscious mental processes. It is one of the tasks of critical psychiatry to clarify the differences in specific cases; to differentiate and respect those conditions where there is a failure of causal mechanisms from those where there have been failures in the initiation and development of second nature.

Kant gave a vivid description of the response of our second nature:

Suppose someone asserts of his lustful inclination that, when the desired object and the opportunity are present, it is quite irresistible to him; ask him whether, if a gallows were erected in front of the house where he finds this opportunity and he would be hanged on it immediately after gratifying his lust, he would not then control his inclination. One need not conjecture very long what he would reply.
(Kant 1997 p.27)

Brain processes are determined by causal mechanisms and according to psychoanalysis mental processes are equally determined by unconscious forces. The person ‘can’t help it’. Kant’s example shows, however, that our second nature enables us to make decisions, the man who would decide not to indulge his lusts under these circumstances is not equally a causal mechanism.

An urgent task for critical psychiatry is to attend to the practice of liberty and respect its place in our natural history as most of the problems met by psychiatrists are those of our second nature.

Parrhesia

There were some fundamental texts that were vital to the thinking of David Cooper, Laing, and myself which we often discussed. Sartre's *Transcendence of the Ego*, the writings of Dionysius the Areopagite, Kierkegaard's *The Sickness unto Death*, some Buddhist texts, and for me Wittgenstein's *Tractatus* were amongst them. These texts are difficult and cannot be understood discursively in a few readings. They are not informative as is the literature of psychoanalysis and psychiatry. But this was their importance for a critical psychiatry. For they are not geared towards any manifest content that one can grasp and communicate as truths which can become a dogma. Their insights can only be rediscovered from one's own standpoint; one has to think through the gaps as they appear in the frustrations of reading them. It is the lines of force and intensity that need to come to light as they demand a transformative experience.

Sartre (1957) wrote of a pre-personal transcendental field producing the ego. Laing (1967) tried to give 'a feel' of 'it' in his chapters on the schizophrenic and transcendental experience and the ten day voyage. But mostly it has only been read as a description. Perhaps some insight might be gained from discussing *parrhesia*.

This is the word used by Foucault to focus his thought on the practice of freedom (Foucault 1988 & 2001). It is an ancient Greek word and is translated as 'free speech' and was much discussed by the ancient Greek dramatists and philosophers. The *parrhesiastes* is someone who opens his heart and mind completely through his discourse, so he is truthful about what he thinks and feels. *Parrhesia* refers to the relationship between the speaker and what he says. Someone may report a lot of truths - she might rattle off truths about the anatomy and physiology of the brain but she is not necessarily practising *parrhesia*. She may be concerned to show off, to pass an exam, to act professionally and so on. Her relationship to the truths that she states is not her concern; she reports truths but is not truthful. The *parrhesiastes* avoids rhetorical devices which may influence her mind or the minds of her audience but which at the same time comes between them. Instead she shows as directly as possible what is on her mind.

There are two types of *parrhesia* which were distinguished. There is the pejorative type which refers to the endless babblers whose 'chattering' consists in saying everything he has in mind without qualification, who was especially criticised by Plato as being stupid and potentially dangerous (Foucault 2001, p.13). Then there is the positive type which is to tell the truth of what one thinks; this involves a risk as she exposes herself to the person to whom she speaks who may become angry, shocked, sneering, patronising, etc. and so may obtain power over her. It involves political freedom, as under a tyranny it may be fatal to state frankly what one thinks to anyone.

Socrates developed the practice of *parrhesia* as a way of developing the proper care of the self (Foucault 2001 p.91-107), it was a way of transforming the soul. The listener is provoked by the Socratic *logos* to speak of himself. This did not involve a confessional autobiography - this was developed later by Christianity - nor did it involve a narrative of the historical events in his life, but rather he had to show the relation between his rational discourse, the *logos*, and the way he lived; whether there was a true concord between his words and deeds. It was not individual arguments rather particular people and the aspects of their life and personality which made them respond as they did, that Socrates examined. So the uniqueness of each and the resulting interaction was respected.

The sophist can give fine and clever speeches, say on courage, but is not courageous himself. He does not take proper care of himself, although he may think he does and usually has plenty to say about how others should care for themselves. Philosophers have tended to develop a timeless, acontextual notion of reason that ignores its own values, interests, and origins. They tend to lecture, assuming an ahistorical reason that unifies multiplicities which the lecturer assumes he knows; thus they ignore the unique relationship of each person to truth. As Laing (1967 p.39-48) pointed out the metapsychology developed by Freud and his followers does the same. It has no category of 'I' and 'you'; how two mental apparatuses can relate to each other is unexamined, their relationship to truth is ignored.

Socrates acted as a touchstone for people's way of life because he spoke freely and people recognised that what he said was in accord with what he thought and what he thought was visible in his actions. He practised freedom. He did not claim to have any special knowledge or qualification given by some authority. He did not speak according to the dictates of a theory. Truth does not come in the form of a prepared speech. It 'comes out' under its own power, it is artless as if one could speak it not by design or intention but truthfully. It makes no claim for the truth of what it says, there is no guarantor of truth outside of the truth telling. It is the relationship between two human beings which discloses the kind of relation they have to truth. This enables them to choose the kind of life that would be in accord with *logos*, ie. with courage, justice, and truthfulness, so that they would take proper care of themselves and others.

One of the difficulties Foucault discusses is how to recognise a *parhesiastes*, a genuine truth-teller (Fearless Speech p.134-142). This is a matter of great difficulty because our own self-love stands in the way, we are our own flatterers. Because of this we are not interested in recognising a *parhesiastes*, we simply want to bask in flattery. Foucault, following Plutarch and Galen, suggests two criteria. First there is conformity between what the real truth-teller says with how he behaves. Second there is steadiness of mind; a person involved in self-flattery tends to be easily moved by the opinions and feelings of those around him, he tends to gravitate towards the powerful as he feels he can imbibe their power.

Galen, the great physician at the end of the Second Century, in his essay 'The Diagnosis and Cure of the Soul's Passions', after stating that self-love is the root of self-delusion tells us how to recognise someone who might cure us:

When a man does not greet the powerful and wealthy by name, when he does not visit them, when he does not dine with them, when he lives a disciplined life, expect that man to speak the truth; try to come to a deeper knowledge of what kind of man he is (and this comes by long association). (quoted in Foucault Fearless Speech p.140)

In this path of knowing oneself it is important to see that what is at stake is the relation of oneself to truth. If this is so then this truth is not primarily theoretical; it does not depend on a model of the mind. Rather, as Foucault points out, the problem of memory is at the heart of it (Foucault 2001 p.166); we need reminding rather than constructing models. For to the extent that we are involved in self-love we forget our relation between what we say and how we act; we remain enthralled by images. We need to remind ourselves or be reminded of what we have done and thought and so see the lack of harmony between them.

There are two sides to truth. One side is to determine whether our reasoning is correct and the evidence for our beliefs, this is the side that chiefly concerns the sciences. The other side is concerned with our relationship with the truth, the importance of being truthful, the relationship between truth telling and power. It is this that should be a central concern of critical psychiatry, for most people who seek psychiatric help are in various states of illusion or delusion, their relationship to the truth is disordered.

Psychotherapy

It is instructive to compare the practice of *parrhesia* with psychotherapy. I will mostly discuss Freud as he is by far the most influential psychotherapist in the last 100 years. The rule of free association is fundamental to psychoanalytic technique; this appears similar to *parrhesia* in that in both one is required to say freely what one thinks and feels, selecting nothing. Similarly Freud's insight into the importance of slips of the tongue and dreams in understanding mental conflict is relevant to the practice of *parrhesia*. For in both slips of the tongue and dreams we reveal that we have a disturbed relation to truth, we say or think or dream one thing yet our actions are not in harmony with it.

But there are radical differences. Psychoanalysis is a technique dependent on structures with which to measure, contain and control human behaviour; it is an exercise of power. So the patient is conceived as an object and told to obey the rule of free association. As it is a rule that is often broken much of the treatment is concerned with explaining these breaks in order to control the patient. It is a rule given by the analyst who remains as anonymous as possible so his power is disguised and not questioned; if the patient does question it then his behaviour is interpreted and so brought into line.

In the practice of *parrhesia* on the other hand, no rule is imposed and there is no place for anonymity. For the *parrhesiastes* does not think that the problem in neurosis is a causal one requiring an expert knowledge of mental mechanisms; rather we are neurotic to the extent that we are driven because we fail to mean what we say. Slips of the tongue and dreams are a vivid example of this. Her job therefore is to be a touchstone for the other and so she must be recognised as a person who genuinely recognises and so practices freedom. It is vital that she is seen to be truthful and not merely believed to be because she has the right qualifications. Authentic power is developed in the struggle against forms of power that try to define human life in terms of facts rather than possibilities. Human beings, as beings who can lose themselves as well as find themselves, are the only beings for whom freedom is an issue. So freedom is always at stake in their living, it can never be a fact that is found once and for all.

To interpret slips of the tongue and dreams Freud created a structure, the psychical apparatus, to explain them in theoretical and causal terms; according to the rules of this structure they are determined by unconscious wishes. He took up the place of the anonymous expert, the one who knows. Now strict impartiality implies that one sees oneself from the outside and so can speak of oneself and the other in the same sense, objectively, as if they were reciprocal. It results in totalising oneself and the other and ignoring their singularity, what singles them outside the categories of the general and particular, their 'self-being' (Laing 1961 p.20).

Freud abstracted the mind from the activities of persons (Laing 1967). He conceived it to be a discrete entity, a machine - the psychical apparatus - which is a purely determined mechanism. He thus could claim that the functions of the mind can be studied objectively like the functions of the liver or brain and so he could claim special expertise on it. Of course his

method of study was different but essentially the patient's words and behaviour were the raw material for the analyst to observe and interpret. He thus separated a person's experience and actions from their ethical content and relation to freedom and so distorted the experience of dreaming, parapraxes and symptoms. As Foucault wrote:

By breaking with the objectivity which fascinates waking consciousness and by reinstating the human subject in its radical freedom, the dream discloses paradoxically the movement of freedom toward the world, the point of origin from which freedom makes itself world. (Foucault 1993 p.51)

The *parrhesiastes* claims no special knowledge of the mind or language and does not abstract them from the activity of persons. She recognises that it is persons that forget, repress, dream, and so on, not minds or the unconscious, so understanding rather than explanations and theories are required. Therefore she recognises that it is not expert knowledge that is answerable to some theory and external authority that is needed but that it is the relation in which she and her patient stand to truthfulness that can disclose truth and so enable understanding to occur.

Freud did not think that the analyst's relation to the truth could be questioned. The analyst was a trained technician and so his qualifications were merely a matter for those who trained him. His interpretations and constructions must be correct as measured by psychoanalytic theory. But correctness is not the same as truth. Freud's qualification for founding this 'science' was his self-analysis; he never discussed this but as he was a 'genius' analyst's rarely question it either, although they mostly believe that self-analysis for ordinary mortals is of doubtful value.

Freud defined the method of psychoanalysis in terms of anonymity, neutrality, confidentiality and the prohibition of personal relationships and his papers are written as if he followed this method. But in an analysis of forty three cases seen by him it was found that he was never anonymous, was neutral 14 per cent of the time and violated confidentiality over 50 per cent of the time. His most important analysis was of his daughter Anna! His most successful cases were patients who idolised him and enabled him to confirm his theories and allowed him to triumph over his rivals Adler and Jung. Patients who openly raised questions about his theories were attacked by interpretations of their motives and as being resistant; usually they had a less successful outcome. (Breger p.370) Clearly a positive response in both patient and Freud depended on what his patient's did for him, whether they touched on his personal history, his need for flattery, his need for confirmation of his theories, and his need for high fees and if possible financial help to the cause of psychoanalysis. Nowhere was his or his patient's relationship to the truth questioned by him.

Freud claimed that he possessed the truth; thus he formed his famous Committee, a secret group of loyal followers who would protect the fundamental tenets of psychoanalysis - repression, the unconscious, and infantile sexuality; these tenets are now protected by the International Psychoanalytic Association. But there are fundamental differences between truth, belief and knowledge which are ignored by psychoanalysts and many psychotherapists. Beliefs and knowledge imply that there is a reality that is independent of them, after all many of our beliefs and much of our knowledge may be wrong. Both can be possessed but truth cannot. Thus my beliefs belong to me, of course many of them may be shared but some are probably exclusive to me, especially my beliefs about myself - I may believe I am a fine honest person but no one else may think so. Knowledge too can belong to

one person or a small group. Supposing a group of people found a cheap way of turning lead to gold. They might well keep this knowledge to themselves and so possess it. But whether it was true or not that they could make gold would not belong to them, it is independent of them; thousands of chemists could check up on whether it was really gold that they made.

It is the same with psychoanalysis. Freud and most psychoanalysts claim that their method, beliefs, and theories are essential to produce genuine mental health. Other therapies may produce improvement but it is only apparent as it is due to suggestion and so not true. This is an empirical statement but no clear evidence for it is brought. Psychoanalysts ignore the difficulty of enquiries into the nature of human desire and truth and their dependence on culture. They defend themselves from confronting them by theorizing and invoking mechanisms of the mind such as projection which can be described theoretically but are not so easily recognised in action. So their beliefs become banal and reductive and are projected onto their patients. Conflicts become explicable in terms of well known motifs involving childhood, family problems, the Oedipus complex, castration and so on. The patient is subjected to the already-said and the already-thought. There is no place for her to say what has never been said: herself.

Freud's fundamental tenets were 'discovered' in his own analysis. But they were not discoveries of any reality independent of him, they were constructs or stories made up by him to make sense of his own confusions and those of his patients. His notion of the unconscious was no more than a heuristic principle which is assessed according to its usefulness in explaining certain clinical phenomena that interested him. Within his system and judging by his criteria he had good reason to believe in his 'discoveries'. But he never questioned the fixed background of his thoughts and that others might have very different values and forms of life. They were useful to him and to many others who have followed him but that does not mean they are universally true.

Truth is not audience relative, the truth of a statement has nothing to do with whether a given audience will be pleased to hear it or find it helpful in some way or believe it is correct. (Williams p.165-171) This fundamental insight is not acknowledged by psychoanalysts as is illustrated by Kirsner (2000) in his study of psychoanalytic institutes. He studied the most important institutes in the U.S. and showed that they have been largely riven by authoritarian cliques, power struggles and intrigues. This pattern is usual elsewhere. There is no attention to a concord between words and deeds. The psychoanalyst's impatience to 'know' and explain encourages conflict, acrimony and splits instead of free and respectful inquiry into the subtle field of human desire, the practice of freedom, and their relation to truth.

Kafka wrote:

Psychology is impatience.

All human errors are impatience, the premature breaking off of what is methodical, an apparent fencing in of the apparent thing. (Kafka, 1991, p.15)

Cognitive therapy

Cognitive therapy has a very different history to psychoanalysis but it too claims to be scientific. Both depend on the notion that there are inner processes in the mind that act causally to produce memory, language use, beliefs and the like. In cognitive therapy these processes are explained in terms of the storing of representations that can play different

functional roles. It is essential to this model that the mind is conceived as being essentially homogeneous; whether at the level of transducers, input systems, or central systems: 'all systems that perform nondemonstrative inferences, modular or otherwise, fall together as hypothesis projecting/confirming devices'(Fodor 1983 p.121') In other words cognitive therapy, like psychoanalysis, is a totalising system, its theory wipes out all differences between people and is concerned with minds rather than persons.

This picture of the mind has been criticised by Wittgenstein and those influenced by him. (Heaton, Williams, M. 1999 esp p,240-59) This is not the place to state these criticisms in detail. Essentially he showed that understanding, belief, etc. do not make sense if they are assumed to occur in an isolated mind. There is no occurrent state of mind that constitutes meaning or believing. Rather they are states of a person *only within* a practice over time. Without the practice we can make no sense of understanding or belief, no matter what is supposed to be going on in a person's head.

The practice of truth-telling however respects the uniqueness of persons, their freedom and truth. It recognises that persons live within a culture and that it is only within a culture that freedom and truth make sense. So justice is not respected if she thinks she can stand above others and explain them.

The judgement whether someone is living a healthy life, truly caring for herself, is not up to a special professional group such as psychotherapists to decide. There are huge disagreements over what constitutes a healthy life, depending on our culture, religious beliefs, ethics and much else. Systems of psychotherapy develop knowledge but the truth of the system cannot depend on the therapists who know and believe in it but must depend on judgements independent of it.

There is no definition of truth; as has been proved by logicians such as Frege, Bertrand Russell, and Wittgenstein; it is an undefinable concept which if looked at too closely disappears (Williams, B. p. 63-83, Sluga 2002). It is so basic to our understanding that it is impossible to reduce it to more primitive notions. So truth cannot belong to any system or group of people and that includes psychoanalysis. But that does not mean that it is mystical and untrustworthy. Rather it is a widely ramifying concept connected with notions of meaning, reference, correctness, belief, knowledge and so on. Interestingly in archaic languages such as ancient Greek there is no one word for truth, rather a variety of terms are used that imply truth and some that can be translated as 'true'.(Williams p.271-7)But the relation between truth and truthfulness -which is related to fearless speech -was much closer then than it is now. For science and technology enable us to make lots of true statements but are not interested in our own relation to them.

Psychotherapists usually have no interest in their own or their patient's relation to truth. With an extraordinary lack of self reflection they assume that their knowledge of psychotherapy, transference, and the models of the mind on which these depend is necessarily truthful .A more reflective approach to the relationship between assertions of knowledge of the mind and what these assertions represent would reveal that it is impossible for any one person or school to 'have the truth' about psychotherapy. Human confusions and conflicts require genealogical understanding as they depend on the culture in which we are embedded and so it is impossible to stand completely outside them.

Genealogy

Genealogy is a term first used by Nietzsche to describe a critique of illusions; it has been developed by Foucault, Bernard Williams and many others. A good account of Nietzsche's concept of genealogy is in Deleuze 1983. Genealogy is a narrative that tries to make a cultural phenomenon intelligible by describing the way it came about. In contrast to the ordinary historian the genealogist traces patterns of descent from the present backward without seeking their formal beginnings. So he does not construct continuous narratives of the modifications that have led to the present but rather his emphasis is on the erratic and discontinuous path of history. It is intended to serve the aims of naturalism, that is the significance of our non-genetic learning, our second nature and its relation to power and freedom. The relations between culture and psychology and between both of these and biology is its concern.(Williams, B. 2002 p.20-40)Its difficulty is that it holds up before the reader's lens a sign saying that something may be true and then tries to vacate the spot before the shutter clicks.(Williams, B. 2002 p.18-19).This is because the genealogist is aware that both he and his reader are part of the culture he is describing and she is reading; but no culture or member of it is static, they are subject to a multitude of forces many of which we do not understand.

Thus all human beings need to make and listen to music, it is part of our psychological make-up and so we can make generalities about it. But to understand the emergence of total chromaticism in the work of Schoenberg and others in the early 20th Century in Europe requires a study of a particular human culture and the play of forces within it; as well as the genetic forces that enable human beings to create music whereas chimpanzees can only respond to rhythm and sounds. Genealogy tries to account for the actual existence of the historical reality it is exploring.

Genealogy is of great importance in understanding the problematic of 'pouvoir-savoir', power and knowledge in psychiatry as Foucault has shown (Foucault 1967).It can show the way that psychiatry lets itself be driven by the various forces in culture to imagine that a state is objective when it is actually created by cultural forces of which most psychiatrists are unaware.

Take the contemporary problem of personality disorder in psychiatry. We are told that personality disorder is now a major public health problem. It affects a substantial proportion of the population and is a burden on health care, and the social and criminal justice agencies(Tyrer et al. 2003 p.5). How has this problem arisen? Is there an objective condition of 'personality disorder' which requires identification, treatment, and prevention? Should we conceptualise it in the same way as we think of the treatment and prevention of a disease like typhoid?

Human beings have always had to find ways of 'dealing' with people they find difficult to get on with; most societies have created laws to help with this problem. Thus there are laws prohibiting certain forms of violence and nuisance and most of us are aware of these laws, know who can enforce them and the punishment if we disobey them. Most societies do not look at the problem as a personality disorder, that is a disorder confined to an individual.

Now there are big problems with the notion of personality disorder. It is admitted that it cannot be defined and there is little consensus regarding diagnostic instruments. For example is a terrorist suffering from a personality disorder? It depends on the political views of whoever is speaking. It is defined as 'an enduring pattern of inner experience and behaviour

which is inflexible, pervasive, stable and of long duration', yet it is admitted that actually the 'condition' shows major fluctuations and major problems remain as to re-test reliability (Tyrrer et al. 2003). The very concept of personality is controversial and there are many incompatible theories of it; it is unclear precisely what a theory of personality is supposed to achieve. It is known that antisocial personality disorder is usually preceded by persistent conduct problems in childhood but this was known to Aristotle (Sherman 1989) and most ancient thinkers. They concluded that the upbringing of children is very important not only for the child but for society.

To the genealogist the question is how the concept of personality disorder has arisen in the last 100 years or so in Western societies so that it is now taken as an objective given. Of course a thorough answer would be a study in itself; I can only make a few remarks. In the late 19th and the early 20th centuries the success of science and technology was accompanied by a huge growth in professional experts such as probation officers, guidance counsellors, social workers, and psychoanalysts, whose primary job was to advise people on how to control their behaviour. This was marked not merely by rather modest developments in scholarly knowledge but by institutional positions that formalised such expertise and gave the experts a measure of bureaucratic authority. So the expertise was granted not only by what the expert knows, but by the institutional position the expert holds.

When public and personal authority is undermined paid experts emerge to fill the gaps. The decline of the family has been countered by the rise of child-care experts, of marriage by experts on relationships, and so on. Naturally none of these experts are interested in the decline of personal authority as that would undermine their position. Thus in the balmy days of psychoanalysis Freud, Klein, and many other analysts thought that all children should be psychoanalysed and they psychoanalysed their own children, so replacing the authority of parents by the 'science' of psychoanalysis.

Their authority, they claimed, was obtained from science. They mostly had little understanding of the epistemology underlying the practice of the natural sciences but they developed languages that seemed scientific to the naive. Einstein, for example, who had a deep understanding of the nature of the natural sciences, rejected Freud's attempt to get a Nobel prize for science. Nevertheless these experts claimed to have special knowledge and this gave them power and the institutional position to exercise it. The traditional notion that a professional person had special obligations and so should exercise moral authority over what he did was suppressed.

These practitioners developed an objective stance and were spectators whose job was to evaluate others and then devise suitable actions to correct them. They looked on activities from a functional perspective. What is correct functioning on the basis of a recognised knowledge? Was an action useful or harmful? Did it strive towards pleasure or reality? Reality was defined by Freud as what is useful. (Freud, 1911) So they replaced the activities and decisions between persons by abstract forces that were supposed to cause them all. Notions such as libido, instincts, mental processes, neurological processes, replaced attention to real activities such as loving, hating, speaking, disobeying, deciding, dreaming. The language of disease replaced that of health and justice. Discourses that are identified with knowledge claims and institutions seen as powerful replaced the voice of suffering. The moral authority of the traditional professional was replaced by the authority of the state and commerce.

So now almost any human difficulty is subsumed in functional terms. Thus lack of interest in sex in a particular woman at a particular time is 'dysfunctional' and so we develop an epidemiology, diagnosis and treatment for it. Work has always created difficulties for some so we now have a specific disorder 'workplace stress'. We become blind to the mercilessness of 'doing good'. People who already feel helpless and in distress are excluded from their sense of freedom and responsibility. They are told that they do not even know their own mind! The cause of the trouble is in the brain or in the unconscious. Psychoanalysts feel free to use techniques on people, to operate on their minds, without asking their permission and clearly explaining what they intend to do. Thus commonly the analyst may say nothing and keeps an impassive face on being consulted - they are being 'impersonal'. This is a form of mystification (Laing 1961 p.122) that enables the analyst to 'interpret' their 'unconscious'. It is as if the best way to evaluate the powers of a fish is by seeing how long it can live on dry land.

Justice obtains when we see some person being harmed by a third. It involves persons, power and freedom. It depends on the particular culture in which it is being exercised. Psychoanalysis and much psychiatry obliterates their being accountable to justice because they claim to be treating minds, brains, or behaviour rather than persons. If a surgeon operates on a part of the body then whether he performs the operation correctly or not is a technical matter to be judged by those who know. Of course he must obtain permission to do the operation thereby respecting the patient's freedom to decide. If he does not or is drunk or downright incompetent then justice can step in. But psychoanalysts and psychiatrists, by reducing treatment of people to treatment of their minds or brains, prevent any judgement as to whether the person is being treated justly or not, that is whether their freedom is being respected. By treating 'minds' or behaviour or even better 'the unconscious' they can claim that they are purely concerned with whether their technique is being applied correctly and that of course is not a matter of justice but of expert opinion - which is of course their own. So any judgement as to whether the treatment itself is just can be dismissed, provided they are a paid up member of their professional group and have obeyed its 'ethical' code. Justice and professional responsibility is reduced to the mere obedience of a code.

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