

away from its current articulations. But Chu's conclusions are no different from the 'pieties' she positions herself against, which see the trans subject as always hybrid, always crossing borders, always becoming but never being. Chu reaches the same dead-end of thought, not by particularising sex, gender and transness to the point of meaninglessness, as trans studies indeed tends to do, but by universalising her own hopelessness about transition: not 'always becoming but never being', but 'always not being'. Here trans women are still not women, but we do

get to be 'females' like everyone else – in other words, nothing at all.

A reorientation and revivification of trans theory is certainly necessary at the moment, and it is clearly something many are hungry for, given the attention Chu's work has received. But if *Females* is any indication, Chu will not be among those who manage to stage such an intervention.

Nora Fulton

## Unstable histories

Lucas Richert, *Break on Through: Radical Psychiatry and the American Counterculture* (Cambridge, MA: MIT Press, 2019). 224pp., £22.00 hb., 978 0 26204 282 6

In May 1969, in the plush surroundings of Miami's Americana Hotel, the ordinarily staid annual meeting of the American Psychiatric Association (APA) became the flashpoint for a standoff which had been brewing within the profession for a number of years. The newly-formed Radical Caucus of the APA issued a defiant challenge to the association's leadership, and to the profession as a whole. No longer content with 'hiding behind the couch', its spokespersons argued, it was time for psychiatrists to take a principled stand against the social, political and economic injustices that divided the US. Members distributed pamphlets condemning the medical establishment's endemic racism and sexism, and attacking psychiatrists for their complicity with the American military. They denounced the Vietnam War, called for the decriminalisation of drugs and of abortion, and supported gay rights protestors calling for the declassification of homosexuality as a psychiatric disorder.

*Break on Through* by historian Lucas Richert seeks to offer 'a reinterpretation of medical and mental health knowledge in American society in the 1970s'. This was a decade (give or take a few months) which opened with the formation of the Radical Caucus, and closed with the publication, in 1980, of the third edition of the APA's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III), now widely seen as signalling the triumph of a narrowly biomedical psychiatry. In reality, Richert's book encompasses a longer period, stretching from the late 1950s to the early 1980s, and taking in a wide range of

challenges to mental health orthodoxy. As well as critiques from within American psychiatry, and from the international anti-psychiatry movement, he covers scientific explorations of parapsychology and of psychoactive substances, the development of alternative therapies and grass-roots health activism, and the take-up of mental health issues by various political constituencies.

This was a period which saw both a politicisation of psychology and a psychologisation of politics. Radicals in the 'psy-' professions argued that the problems described as 'mental illnesses' should not be seen in purely medical terms, but instead as the psychological effects of unjust socioeconomic relations. Neither the talking cure of psychoanalysis nor the scientific pretensions of behaviourism, they claimed, were adequate to deal with the challenges posed by contemporary American life. Rather, mental and emotional wellbeing could only be achieved through social transformation. 'Therapy means political change', as one enigmatic slogan of the Radical Caucus put it, 'not peanut butter.'

At the same time, the language of psychiatry – of madness, alienation and paranoia – was infiltrating Cold War discourse in the United States and Europe at a variety of levels. For an iconoclastic new left in the 1960s, the irrationality of a 'sick society' was evident in everything from racial segregation to the Cuban Missile Crisis. What was the 'delusion' of a psychiatric patient who believed the atom bomb to be inside of her, asked the Scottish anti-psychiatrist R.D. Laing, compared to the madness

of political leaders willing to trigger nuclear apocalypse? At the same time – perhaps paradoxically – a romanticised idea of madness could also represent the possibility of liberation from society’s repressive norms: the ‘half-chosen, half-compelled’ rebellion that Laing’s associate David Cooper identified in the schizophrenic, the ‘psychopathic personality’ of Norman Mailer’s hipster, or the ‘systematic derangement of the senses’ pursued by the followers of William Burroughs.

This was a complex and unstable exchange, and neither appropriation of psychological vocabulary nor condemnation of orthodox psychiatry were limited to the political left. Probably the best known ‘radical psychiatrist’ in twentieth-century America, Thomas Szasz, was a fervent right-wing libertarian. Szasz argued – with increasing vitriol over his career – that medical psychiatry and ‘the therapeutic state’ functioned to pathologise undesirable behaviours, preventing individuals from accepting responsibility for their own actions and creating dependency. Other prominent critics of psychiatry in the post-war period would include the anti-communist John Birch Society – for whom the psy-disciplines represented a Soviet-Zionist conspiracy – and L. Ron Hubbard’s Church of Scientology. At times, *Break on Through* struggles to contain these contradictions, and Richert’s impulse to treat ‘radical psychiatry’ as a consistent or discrete phenomenon risks flattening out some of the complexities inherent in the era’s volatile psychopolitics. While it is undoubtedly the case that a wide range of people came to criticise psychiatry and its institutions in the 1960s and 1970s, whether as a group they shared much else in common, politically or culturally, is less clear.

For the majority of the book, Richert’s focus is on militancy within the psy-professions – those ‘agitators and radicals’ who challenged the assumptions of their disciplines and put forward revolutionary new models of mental disorder and its treatment. Yet one of the more striking aspects of the story told in *Break on Through* is the extent of productive exchange and interaction between this ‘radical fringe’ and the ostensible mainstream. The pioneers of ‘humanistic psychology’, Carl Rogers and Abraham Maslow, managed to challenge orthodoxies while at same time holding numerous prestigious professional appointments, while facilities such as the Esalen Institute – the California birthplace of the ‘human potential’

movement – provided a lively interface between the countercultural avant-garde and the scientific establishment. Exploration of the therapeutic effects of psychoactive substances such as LSD and MDMA, in treatments of schizophrenia and in end-of-life care for geriatric patients, was a serious research enterprise rather than a crank pseudoscience, and its legitimacy was threatened more by the political climate of Nixon’s ‘War on Drugs’ than by any opposition within the psychiatric profession.

While the APA’s Radical Caucus undoubtedly styled themselves as renegades and trailblazers, many of the positions they advanced in the 1970s actually had a much longer pedigree. The thrust of much recent scholarship on anti-psychiatry movements has been to stress the extent of continuity between the politicised, social models of mental health of the kind explored in *Break on Through*, and an already-established liberal tradition within the psychiatric profession. In the US, the Group for the Advancement of Psychiatry (GAP), founded in 1946, was typical of this approach, eschewing political neutrality and espousing a variety of social causes. Two decades before the Radical Caucus’s emergence, a 1950 statement by GAP on the ‘social responsibility of psychiatry’ had made clear the Group’s ‘conscious and deliberate wish to foster those social developments which could promote mental health on a community-wide scale.’ Similarly, the origins of the democratically-run ‘therapeutic community’ were not to be found at Esalen, or in the radical circles around Laing and Cooper in 1960s London, but in experiments taking place in British military hospitals during the Second World War.

Arguably the more interesting problem for historians is not the prevalence of these ideas in the 1960s or 1970s, but the reasons for their ultimate co-option or defeat by the 1980s. The reassertion of a biological and hereditarian essentialism in psychiatry, assisted by the lobbying power of the pharmaceutical industry and codified in DSM-III, is one aspect of this story. Another is the corporate, business school co-option of concepts and techniques – human potential, mindfulness, the encounter group – which had once held utopian promise for a generation of radicals as a means to transform both interpersonal and societal relationships. While it is tempting to see such projects as corrupted from the start – naïve in their prizing of immediate experience, nascently individualistic in their focus on personal growth, oriental-

ist in their selective appropriation of Eastern philosophy and religion – it is also worth considering the emancipatory ways of thinking that their eclipse may have shut down. In this view, the decline of radical psychiatry begins to look like just one aspect of a greater exorcism of that spectral freedom which Mark Fisher identified in sixties radicalism more broadly – the process of reclamation through which ‘those aspects of the counterculture which could be appropriated have been repurposed as precursors of the “new spirit of capitalism”, while those which were incompatible with a world of overwork have been condemned to so many idle doodles.’

Some of the most illuminating sections of *Break on Through* are the short passages which look at the emergence of what is now called the psychiatric survivor movement (Richert’s claim that such groups have been well-served by existing historiography is puzzling). Grass-roots demands for ‘mad liberation’ from patients and ex-patients both exposed tensions within radical psychiatry and generated new contradictions of their own. While often inspired by the anti-psychiatric writing of figures like Szasz and Laing, activists in groups such as the Insane

Liberation Front and the Network Against Psychiatric Assault questioned the possibilities for genuine emancipation within a movement dominated by a few ‘hip professionals’, most of whom continued to work within the psychiatric system. While some groups campaigned for a more humane and democratic approach to treatment – demanding an end to involuntary hospitalisation, electroshock therapy and psychosurgery – others questioned whether the existence of any kind of therapeutic intervention at all was compatible with liberation. The demand for a transformed psychiatry co-existed uneasily with convictions that only a wider, revolutionary, social transformation could address the problems that psychiatrists claimed to treat. Ultimately, from the 1980s onwards, the more radical elements of patient-led activism also proved co-optable. Demands for greater democracy in treatment could be subsumed within a commercialised model of user feedback and consumer rights, collective self-empowerment diverted into privatised self-help, while more militant groups struggled for resources in the face of cuts to public funding.



Richert is surely right in seeking to situate the battles over American psychology within a wider cultural field. In many ways ‘radical psychiatry’ and ‘American counter-culture’ were inseparable. As well as Rogers and Maslow, Esalen could count among its guests and residents the likes of Ken Kesey, Buckminster Fuller, George Harrison, Joni Mitchell and Bob Dylan. The patients’ liberation movement exploited the networks of the underground press and drew on a repertoire of activist and protest techniques – such as the consciousness-raising group and the sit-in – developed in civil rights and women’s liberation movements. Yet the definition of ‘counterculture’ offered by Richert – ‘theological, political, attitudinal, or material positions that departed from common or accepted standards’ – is so capacious as to be almost evacuated of any analytical utility. Too often, cultural historical detail is deployed as mere background colour, the superficial set-dressing for a nostalgic period drama set in a television producer’s idea of the sixties and seventies – a time of hippies and punks, lava lamps, roller skates and disco. At certain points, this appears as unintentionally comic non-sequitur, crowbarred in like clumsy expositional dialogue. The pioneer of LSD therapy Ronald Sandison writes to R.D. Laing in June 1970, we’re told, ‘a moment when the Beatles “The Long and Winding Road” and Jerry Mungo’s [sic] “In the Summertime” were wafting over the airwaves and Myra Breckinridge and Catch-22 were showing in theaters.’ The somewhat rushed feeling these insertions give to the book is not helped by an accumulation of minor factual or typographical errors: the opening of Laing’s community at Kingsley Hall is wrongly dated to 1964 rather than 1965; a takeover of mental health facilities by workers at Lincoln Hospital in the South Bronx also has the wrong date (it was 1969, not 1968), and is erroneously attributed to the Black Panthers (perhaps being confused with a later action at the hospital led by the Puerto Rican Young Lords); the important newspaper of the early survivor movement, *Madness Network News*, is referred to as *Madness News Network* throughout.

The countercultural engagement with psychiatry – both in the United States and in Europe – was wide-ranging, often ambivalent and politically confused.

A July 1969 special edition of the London underground newspaper *International Times*, for example, placed side-by-side an interview with R.D. Laing, an article on the unorthodox early twentieth-century psychologist Georg Groddeck (interspersed with quotations from Laing, the I Ching, Shakespeare and Jimi Hendrix), an extract from L. Ron Hubbard’s *Dianetics*, and a call to action from the activist-therapy collective People Not Psychiatry. A more sustained and serious engagement with these broader anti-psychiatric networks might have allowed Richert more fully to come to terms with the tangled web of contradictory impulses, inconsistencies and reflexive critiques which in many ways defined the psychiatric radicalism of the period.

Half a century on, radicals in the mental health field are confronted with a much-changed system. While the Victorian asylums which dominated mid-century psychiatric care have largely been emptied, the reality of deinstitutionalisation in the US and the UK has been an abandonment by the state of those who most need assistance. ‘Community care’ – always largely euphemistic as a policy proposal – has left people isolated in the absence of properly funded support, and decarceration has in many cases meant emancipation into addiction, homelessness and the criminal justice system. Prescriptions for psychiatric medications (in particular antidepressants) have increased exponentially, as have the profits of pharmaceutical companies, while biomedical hegemony has been consolidated. In the context of relentless cuts to mental health provision, the instincts of the left have often, understandably, been defensive – to fight to keep the services we have, and to expand them to more people. Revisiting the liberatory experiments of the 1960s and 1970s can allow us to think again about how our communities might be served not just by an extension of medical psychiatry, but by a fundamentally transformed conception of illness and what it means to be well. For today’s radicals and activists, at a time when mental health and illness are becoming newly politicised once more, it will be equally important to learn from their failures.

**Steffan Blayney**