

RADICAL PSYCHIATRY

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Radical Psychiatry holds that all functional psychiatric difficulties are forms of alienation resulting from the mystified oppression of people who are isolated from each other.

People's alienation is the result of power abuse and is therefore a political matter. Any person in the practice of psychiatry (Greek; psyche=soul, iatria=healing) becomes involved in the personal politics of those he or she attempts to help, either as an ally or as an oppressor; there is no chance of neutrality for a person with power, in an oppressive situation. In order to be helpful, any person who claims to practice soul healing needs to become an ally against the oppressive influences in the lives of those he or she is attempting to help.

Radical Psychiatry is a political theory of psychiatric disturbance and a political practice of soul healing.

HISTORY

I first heard the term "Radical Psychiatry" at the 1968 American Psychiatric Association meeting in Miami, Florida, where a group of young residents, outraged by the ways in which the psychiatric profession was aiding and abetting the Vietnam War, called for a Radical Psychiatry as an alternative to their profession.

At the time, I was a clinical psychologist attending the psychiatric convention with Eric Berne and others to present a panel discussion about Transactional Analysis.

Prompted by a growing awareness of psychiatric power abuse and by some crystallizing, radicalizing experiences in Florida, I returned to Berkeley, California, where I was practicing Transactional Analysis, and began to teach a course called Radical Psychiatry at the Free University at Berkeley. This course resembled in format a number of other courses being taught at the Free University, all of which dealt with the patterns of power abuse in industry, the arts, commerce, the healing sciences, the law, institutions, the media, and so on. The Radical Psychiatry course focused on the oppressiveness of the practices of psychiatry, psychology, psychotherapy, and allied "helping" professions. Over the next year I taught several of these courses to small groups of Berkeley students and residents.

In September 1969 a coalition of women, homosexuals, mental patients, and others who felt oppressed by psychiatric practice organized to disrupt the American Psychiatric Association's conference meeting in San Francisco. I prepared the Radical Psychiatry Manifesto, which follows, to be distributed at the conference.

RADICAL PSYCHIATRY MANIFESTO

1. The practice of psychiatry (from the Greek: soul healing) has been usurped by the medical establishment. Political control of its public aspects has been seized by medicine and the language of soul healing has been infiltrated with irrelevant medical concepts and terms.

Psychiatry must return to its non-medical origins since most psychiatric conditions are in no way the province of medicine. All persons competent in soul healing should be known as psychiatrists. Psychiatrists should repudiate the use of medically derived words such as "patient," "illness," "treatment." Medical psychiatrists' unique contribution to psychiatry is as experts on neurology, and, with much needed additional work, on drugs.

2. Extended individual psychotherapy is an elitist, outmoded, as well as nonproductive form of psychiatric help. It concentrates the talents of a few on a few. It silently colludes with the notion that people's difficulties have their sources within them while implying that everything is well with the world. It promotes oppression by shrouding its consequences with shame and secrecy. It further mystifies by attempting to pass as an ideal human relationship when it is, in fact, artificial in the extreme.

People's troubles have their cause not within them but in their alienated relationships, in their exploitation, in polluted environments, in war, and in the profit motive. Psychiatry must be practiced in groups. One-to-one contacts, of great value in crises, should become the exception rather than the rule. The high ideal of I-Thou loving relations should be pursued in the context of groups rather than in the stilted consulting room situation. Psychiatrists not proficient in group work are deficient in their training and should upgrade it. Psychiatrists should encourage bilateral, open discussion and discourage secrecy and shame in relation to deviant behavior and thoughts.

3. By remaining "neutral" in an oppressive situation, psychiatry, especially in the public sector, has become an enforcer of establishment values and laws.

Adjustment to prevailing conditions is the avowed goal of most psychiatric treatment. Persons who deviate from the world's madness are given fraudulent diagnostic tests, which generate diagnostic labels that lead to "treatment" that is, in fact, a series of graded repressive procedures such as "drug management," hospitalization, shock therapy, perhaps lobotomy. All these forms of "treatment" are perversions of legitimate medical methods, which have been put at the service of the establishment by the medical profession. Treatment is forced on persons who would, if let alone, not seek it.

Psychological tests and the diagnostic labels they generate, especially schizophrenia, must be disavowed as meaningless mystification & the real function of which is to distance psychiatrists from people and to insult people into conformity. Medicine must cease making available drugs, hospitals, and other legitimate medical procedures for the purpose of overt or subtle law enforcement and must examine how drug companies are dictating treatment procedures through their advertising. Psychiatry must cease playing a part in the

oppression of women by refusing to promote adjustment to their oppression.

All psychiatric help should be by contract; that is, people should choose when, what, and with whom they want to change. Psychiatrists should become advocates of the people, should refuse to participate in the pacification of the oppressed, and should encourage people's struggles for liberation.

Paranoia is a state of heightened awareness. Most people are persecuted beyond their wildest delusions. Those who are at ease are insensitive.

Psychiatric mystification is a powerful influence in the maintenance of people's oppression.

Personal liberation is only possible along with radical social reforms.

Psychiatry must stop its mystification of the people and get down to work!

(Readers might find a handful of extreme statements in the above manifesto, it was after all meant to be provocative. Worthy of note, however, is the fact that many of the above notions have become commonplace in USA psychiatry today.)

During 1969 I joined the Berkeley Free Clinic, an organization started by a group of Vietnam paramedics and antiwar medical professionals to start a psychological counseling section, the Rap Center (Radical Approach to Psychiatry). We offered drug, welfare, and draft counseling services, group psychotherapy, and some individual one-to-one therapy to the young people who were crowding the streets of Berkeley. Many of these "street people" were involved in the student revolt and participated in the riots against the Vietnam war and in support of People's Park that took place in Berkeley during that period.

In the course of 1969 a number of people joined the Rap Center, notably Hogie Wyckoff and Joy Marcus, who soon added their imprint on our work. It can be said that Radical Psychiatry today is a product of my initial impetus plus the many contributions of a large number of people who have practiced and taught Radical Psychiatry in the last decades. Rebecca Jenkins, Darca Nicholson, Beth Roy, and Robert Schwebel deserve special credit for their extensive involvement and contributions.

CURRENT STATUS

Important in the development of Radical Psychiatry was the publication, starting in 1969, of the magazine *The Radical Therapist*, which encouraged our early writings by publishing them. Eventually the workers of *The Radical Therapist* declared their opposition to any psychotherapy practice, which they regarded as inevitably oppressive and in support of the establishment, and repudiated our point of view. Therefore, we started another publication, *Issues in Radical Therapy*, to publish papers that shared with Radical Psychiatry the belief that psychotherapy is a valid political activity.

There are currently about 20 who, by virtue of their training, can legitimately call themselves radical psychiatrists. A radical psychiatrist is a person who has been personally, intensively trained by another radical psychiatrist. Intensive training is unfortunately almost completely unavailable at this time.

Since 1980 when this chapter first appeared, much of what was pioneered by the Radical Psychiatry movement has become common understanding in modern psychiatry in the US and, to different degrees, around the world. Consequently the radical somewhat incendiary nature of the pronouncements herein may seem outlandish and outdated. Mental patient rights movements, feminism, the movements for healthy food and physical fitness, the improved understanding of the dangers of abusing over the counter and prescription drugs have all improved the performance of the psychiatric profession.

In addition the principles of equality and cooperation have penetrated institutions, corporations and the media making the working environment generally more humane and without doubt less alienating.

Still, as I review this chapter there is very little that I would take back, though I feel that much of it is taken for granted and it might seem to some US and European readers that I am beating a dead horse. But world wide, power abuse and oppression continues and psychiatry continues to serve the powerful at the expense of the powerless. Alienation continues apace, depression is becoming epidemic, teenage suicide is at an all time high. Any one who is practicing the art of soul healing whether a physician social worker psychologist, psychiatric nurse, counselor or correctional worker would do well to give these words serious consideration.

THEORY

At the core of Radical Psychiatry is a theory of alienation drawn from the writings of Karl Marx, Wilhelm Reich, Herbert Marcuse, Franz Fanon, and R. D. Laing.

The Theory of Alienation

People are, by their nature, capable of living in harmony with themselves, each other, and their environment. To the extent that they succeed in this ideal, they feel, and are, powerful; to the extent that they fail, they are alienated. People's potentials are realized according to the conditions that they are born into and continue to find during their lives.

Clearly, different people have different innate strengths and weaknesses; however, these do not, by and large, account for the large differences in well-being we find among people. Rather these differences are explained the material conditions of their lives.

Conditions of oppression directly affect people's power, and since conditions vary immensely for different people across the world, it follows that the development of people's potential will vary greatly as well. To the extent that a person's potential for a harmonious life is not realized, his or her state of being can be considered to be alienation, or powerlessness; to the extent that it is realized, the state is one of power in the world.

Karl Marx used the term "alienation" when he spoke of people being separated from their human nature, especially when they became estranged from a major aspect of their lives: their work and the products of their work.

The term "alienation" is used in a similar manner in Radical Psychiatry. We have

observed that alienation tends to affect certain specific sources of individual power: our hearts, our minds, our hands, and our bodies. It also affects collective power, that is, people's capacity to live, love, and work together.

Alienation from Our Hearts, or our Love.

We become alienated from our hearts, or from our capacity to relate to each other in a satisfying way. Our natural tendencies to love, appreciate, cooperate, and help each other are thwarted from early on. We are taught the rules of the Stroke Economy, which effectively reduce the amount of strokes or positive human interaction and follow a set of rules I call stroking that occurs among people.

The Stroke Economy is a set of rules supported by strong internal and social sanctions that reduce the exchange of "strokes" between people young and old, married and unmarried, men and men, women and women, and so on. In addition the Stroke Economy enjoins people not to give strokes that they want to give, not to ask for or accept strokes they want, not to reject unwanted strokes, and not to give themselves strokes.

As a consequence the exchange of strokes; human affection and loves is severely reduced. We feel unloved and unlovable, incapable of loving, sad, isolated, and depressed. We don't love humankind and fail to act in each other's behalf. We learn that we cannot allow someone else to become close or to trust others with our hearts, and we fail to learn how to deal with the normal ups and downs of our relationships.

Alienation from Our Minds, or from the Capacity to Think.

We all have the capacity to understand the facts and workings of our world, to predict the outcome of events, and to solve problems. This capacity has been developed to a large degree by some people but has become unavailable to others who, in their alienation from their minds, are incapable of thinking in an orderly way.

Because of the way people are treated from early childhood on, some grow up unable to use their minds effectively. They cannot keep thoughts fixed in their consciousness long enough to combine them with other thoughts so as to derive logical conclusions. At the same time, they cannot exclude from their minds chaotic thought patterns and emotions. Complete confusion and the utter terror of mental breakdown are the extreme form of this kind of alienation, which tends to be misdiagnosed by the psychiatric establishment as "schizophrenia." Those who suffer from mind alienation are singled out for the harshest and most unjust treatment.

Tranquilizing medication, shock therapy, imprisonment, padded cells, straitjackets, hot and cold water treatments, forced feeding, experimentation with dangerous drugs, and brain surgery have all been applied over the last century on people who have shown extreme forms of alienation from their minds. These methods, whose principal effect is to terrorize people into submission causing them to temporarily conform to the expectations of their "helpers," have proven, one by one, to be totally ineffectual in anything but sweeping the problem under the rug. Recently, mental patient's right groups in some parts of the world have succeeded in curbing some of these abuses, but there is no doubt that the mistreatment of the "mentally ill" continues.

Alienation from our minds is a result of systematic, lifelong lies and discounts. A discount occurs when another person denies the content of our experiences. If, in addition to being told that our experiences aren't valid, we are also fed false information in the form of lies, the combined effect is an interference with our thinking functions, which eventually can lead to total mental breakdown.

One particular well-known form of alienation is known as "paranoid schizophrenia"; here the natural intuitive perception of the facts of our persecution, which some become keenly aware of, are systematically discounted by others who also often lie to explain away their oppressive behavior. People's budding perceptions of oppression, persecution, and abuse are most often effectively squelched and ignored; but for others, these perceptions can evolve into large-scale obsessions that develop into systems that, when elaborated, become fantastic and unreal, at which point they are called "paranoid delusions." Radical Psychiatry holds that paranoia no matter how fantastic, are always based on a kernel of truth, and that is why we say that "paranoia is a state of heightened awareness." Consequently, we encourage the expression of people's "paranoid fantasies" by willingly searching for the grain of truth in them and validating whatever aspect of them that may be realistic.

Alienation from Our Bodies, or from Our Feelings.

Our intimate relationship with ourselves, that is, with all parts of our bodies, is interfered with by a number of alienating influences. We are told that our minds or spirit are separate from our body or flesh and that one or the other is, in some manner, the lesser of the two. We are told that those who use their minds rather than their bodies are the ones who really deserve power. We are encouraged to ignore our body's perceptions of dis-ease resulting from abuse, especially at the workplace, and to deal with them through drugs that temporarily eradicate the symptoms of dysfunction. We learn to deny our bodily experiences, including our emotions, whether they be positive or negative. We eat adulterated food without nutritional value and ignore its side effects. Eventually this systematic attack creates an alienation that puts our body's function and its experiences beyond our control. Our bodies, which are the vessel, the matrix of our aliveness, become complete strangers to us and seem to turn on us through illness, addictions to harmful amounts and kinds of foods and drugs, and through unexplained and seemingly perverted needs over which we have no control. We may come to feel that we are dead, or that everyone around us is dead, or that we deserve to die. We commit slow or sudden suicide.

Alienation from Our Hands, or from Our Work.

People have a natural desire for and capacity to enjoy productive labor. The pleasures of productive activity are lost in two major ways. People are separated from the products of their labor when they are forced to work at a small, seemingly meaningless portion of the product that they are creating. In addition, many are separated from the value of the product that they are helping to create by those who employ them and who eventually profit disproportionately from their own participation in the product's creation. To add insult to injury, those profits are used to further separate the worker from their products and the means to produce them. This is done through strike breaking, automation, and the creation of multinational corporations that import and exploit third world labor and set worker against worker.

The result is a population-wide hatred of work, lack of productivity, job-related illness and accidents, and a loss of awareness of the joys of work that are people's birthright. Consequently, people resign themselves to being unhappy at work and seek pleasure through recreation, which has in itself been taken over by an exploitative industry. Our labor, or the creative and productive capacity of our hands, is lost to us, and we come to feel that we are unproductive, bored, without goals in life, lazy, and worthless failures.

These four forms of alienation account for most of the expressions of human unhappiness described in the psychiatric texts as "functional" psychopathology. Neurosis, addiction, depression, character disorders--anxiety disorders, a great deal of psychosis are forms of alienation. Alienation, as described in the above examples, is always the result of some form of oppression or abuse, combined with a set of lies and mystifications that supposedly legitimize that abuse. Oppression and mystification combine with physical and personal isolation of people from each other to create alienation:

ALIENATION = OPPRESSION + MYSTIFICATION + ISOLATION

Oppression

The oppression that is a prime cause of alienation comes in the form of various systems that attack specific subgroups of people: the poor, workers, people of color, women, old people, children, gay people, fat people, short people, and so on. As a rule, oppression, and therefore alienation, is greatest for people who are most dispossessed.

Workers, more often than not, are oppressed by their employers. People of color are oppressed by white people. Women are taken advantage of by men. The rights of young and older people are usurped by and taken away by the middle-aged. The healthy and attractive dismiss the unhealthy and unattractive. We live in a society in which competition and the use of power are taught and valued as ideals. Most people automatically will take advantage of their positions of power, whether based on their wealth, their ownership of land or a business, or whether their power is based on their race, their gender, or their age. People almost unwittingly infringe on the rights of those who are less powerful, with full sanction of those around them.

Oppression is accomplished through a wide variety of manipulative power plays that are taught to people, ranging from the very crude, physical ones to the very subtle, psychological ones. Power play transactions are designed to cause people to do what they would not do of their free will. The study of power and power plays is an essential aspect of understanding oppression and alienation. Power plays can be detected, analyzed, and classified through the application of transactional analysis.

Mystification

The perpetration of abuse and oppression upon others is usually accompanied by some kind of explanation, which supposedly justifies it. Corporations explain the disproportion of their profit by pointing out that the corporation (or its owners) did, after all, invent the process or own the machinery or pay the overhead that is essential for the manufacture of their product and ignore the essential contribution to the process made by the workers.

Rich people assert that everyone has equal opportunities in this land of plenty, so that those who don't succeed are responsible for their failures and overlook the advantages that they are privileged to. Landowners mystify peasants by claiming divine or private property rights to the land. White people claim that people of color are less intelligent, less creative, less productive, lazy, and slow, and thereby try to explain their own unequal access to privilege. Men justify their privilege over women with sexist arguments.

Children are told that they are not complete human beings, and that they must obey grownups who know best. Old people are mystified with notions of aging and loss of vitality and productivity. Gay people are told they are depraved and sick. Single people are made to feel that their singlehood is neurotic. Each system of oppression has a set of mystifications that justify the power abuse perpetrated on its victims.

Eventually the oppressed actually come to believe the lies used to justify their oppression. When a person has incorporated in his or her own consciousness the arguments that explain and make legitimate his or her oppression, then mystification and alienation are complete. People will no longer rebel against abuse, but instead will blame themselves for their failure, accept it, and assume that they are the source and reason for their own unhappiness. In addition, they will apply their internalized oppression to everyone around them and enforce others' oppression along with their own.

This is where psychiatry has traditionally come into the picture: to reinforce the mystification that is the source of alienation. Again psychiatric attitudes in some parts of the world have improved; any person who holds him- or herself out as a psychiatrist or soul healer and is offered the power of giving counsel to an alienated person has one of two choices:

(1) demystifying the real causes of alienation: sexism, racism, class **prejudice**, and all the other oppressive systems and institutions; or

(2) reinforcing mystification of oppression and alienation by ignoring these oppressive influences and looking for the reasons of the alienation within the person, whether it be through Psychoanalysis, Transactional Analysis, Gestalt Therapy, Primal Therapy, or any other conventional system of psychotherapy. When it is applied in this mystifying manner.

The portion of our mind that accepts the mystifications of our oppression is called, in Radical Psychiatry, the "Pig" or the "Enemy." The Enemy is like a prison warden who stands guard over our actions and feeds us messages to bolster and reinforce our alienation. The Enemy tells us that we are not okay: that we are bad, stupid, ugly, crazy, and sick and that we deserve, and are the cause of, our own unhappiness. The Enemy is an internal obstacle toward the achievement of people's power and the recapturing of our capacities to work, love, think, and be at home in our bodies. It is the internalization of oppression and its mystifications.

Isolation

Being isolated from, and unable to communicate with, each other is essential to alienation. By ourselves, without the aid of others who are in similar

circumstances, we are powerless to think through our problems or do anything about them. It is part of the American Dream that people should achieve and do what they must do as individuals in isolation. Only those achievements that we can claim entirely for ourselves are thought of as being worthy. As a consequence, we erect barriers of competition, secrecy, and shame between each other. When we are together we do not trust each other, we do not share our thoughts and feelings with each other, and we go at the tasks of our lives as separate individuals, each one with separate projects, living quarters, transportation, and nuclear families. The cult of individualism is an important source of our isolation and alienation.

METHODOLOGY

The opposite of alienation is being powerful in the world. The task we as radical therapists set for ourselves is to aid people in reclaiming their alienated human powers. This is accomplished by fighting each element of alienation in turn. It is because of this that we say that power in the world equals contact to deal with isolation, awareness to deal with mystification, and action to deal with oppression:

POWER = CONTACT + AWARENESS + ACTION

Contact.

To combat isolation it is necessary for people to join hands and gain the power of working together and supporting each other in their common goals through cooperation. The concept of cooperation is central to the methodology of Radical Psychiatry. We seek to establish cooperative relationships by establishing a cooperative contract with everyone we live or work with. The cooperative contract specifically defines a relationship in which everyone has equal rights and which is free of power plays in particular, lies and secrets, and Rescues.

By no lies or secrets we mean not only that we do not lie to each other by omission or by commission, but also that we do not keep hidden any of what we feel, or fail to ask for all of what we want. We share our feelings our wishes and our paranoid fantasies.

By not using power plays we mean that we do not coerce others into doing what they would not otherwise do.

By not Rescuing each other we mean that we do not give or do more than what is fair and that we do not do anything we don't want to do. Rescue is one of three alienated game roles that people alternate between. The three roles are Rescuer, Persecutor, and Victim, and by remaining in these three constricting roles people never deal with each other as equals in a spontaneous, intimate, or aware manner.

We pursue cooperation for what we need without being Victims, by helping others without being Rescuers, and by expressing our feelings of anger without being Persecutors.

Only when we work cooperatively in an organized, coherent effort is it possible for us to make true progress in the fight against alienation. No one person can accomplish power in the world as long as he or she stands by him- or herself, whether alone or in a crowd. That is why Radical Psychiatry focuses so intensely on group process.

The practice of Radical Psychiatry occurs primarily in three types of groups: problem-solving groups, body- work groups, and mediations.

A problem-solving group is a group of seven or eight people, all of whom have an individual problem-solving contract and all of whom share a "cooperative contract" as defined above. The group works with a trained radical psychiatrist as a facilitator; additionally, there may be one or two observers in training. The group meets continuously weekly for two hours, and whenever a vacancy occurs it is filled with a new person.

A bodywork group is a group of five or more people, led by a radical psychiatrist trained in bodywork, who come together once or regularly on a weekly, every other week, or monthly basis for two or more hours with one assistant for every two or three people. Bodywork is designed to break down the person's alienation from the body and its feelings. This is accomplished through relaxation exercises, deep breathing, and other techniques designed to bring about emotional release and centering.

A mediation is a meeting of two or more people who have experienced conflict with each other in their working or personal relationships, and who come together with a trained radical psychiatry mediator to explore their difficulties and make agreements aimed at resolving their conflicts.

Awareness

The expansion of consciousness, especially one's understanding of the manner in which oppressive influences operate to diminish our power, is the essence of Awareness. Consciousness raising is the accumulation of information about the world and how it functions, and it is an important continuing task in expanding one's power in the world. Awareness of the function of class oppression, racism, sexism, ageism, heterosexism, coupleism, and so on is an essential aspect of consciousness raising. Constructive criticism is a vital consciousness-raising technique. In the constructive criticism process, people will offer information to those who want to hear it concerning their behavior and how it affects others. In addition, a person may offer suggestions of how another person's behavior may be changed and corrected for the benefit of all.

Constructive criticism is greatly aided by self-criticism and assumes willingness in all who participate to accept and learn from other people's critical analyses.

Action

Action is the process whereby our awareness of things that need to be changed is put into effect. Contact alone, or Contact and Awareness, can lead to strong, increased, subjective feelings of power. However, objective power in the world is different from subjective feelings of power and cannot result from Awareness or Contact alone. Awareness and Contact must be translated into some form of Action that changes the actual conditions in a person's life.

Action implies risk, and when a person takes risks, he or she may need protection from the fears and actual dangers that can result from that action. Potent protection in the form of actual alliances for physical or moral support are needed in effective Action

and are an essential aspect of Contact. Action, Awareness, and Contact together are the elements that make it possible for people to reclaim their birthright and become powerful in the world.

APPLICATIONS

Radical psychiatry problem groups have been attended by about a thousand people, between the ages of 16 and 70, almost exclusively white and of all social strata except the rich or very rich. This approach has been especially effective with problems of depression and the difficulties that people have in their relationships. People who have problems with alcoholism and drug abuse and those who have been psychotic have benefited from the method as well. On the other hand, Radical Psychiatry seems to have no particular effectiveness with problems of smoking and overeating. In the 30 years that Radical Psychiatry has been practiced, there have not been any cases of suicide or of a serious malpractice allegation or suit. On the other hand, the majority of the people who have worked in problem-solving groups and participated in mediations and bodywork seem to be pleased with the effects and recommend it highly to others. Because practitioners of Radical Psychiatry are politically aware and socially conscious people, the fees charged for problem-solving groups are modest and affordable by most. The majority of the people seeking help from Radical Psychiatry are referred by satisfied users of our services. We rarely have referrals from mental health professionals.

CASE HISTORY

Initially, John and Mary contacted me to do a mediation for their deteriorating marriage of seven years. I made sure that both were interested in the mediation, by speaking to each of them separately. In this conversation I checked the reasons for their interest and asked them to think about any held resentments and paranoid fantasies that each one had for the other as well as any Rescues that they may have been engaged in. We met, and in the process of trading held resentments, paranoid fantasies, and Rescues it became clear that Mary resented how John reacted to her feelings of anger and hurt and that she had been having sex with him when she really didn't want to. She had a suspicion (or paranoia) that he was unfaithful to her, he confirmed that her suspicion had a grain of truth by acknowledging that he had seriously considered having an affair with a neighbor. On the other hand, John was hurt and angry about Mary's lack of desire for sex and felt victimized by her emotional outbursts. We then agreed on a contract for the mediation: we would establish agreements that would reestablish communication between them.

My initial notes on the couple were as follows.

“John and Mary have two children, 8 and 10. John, a probation officer, smokes, drinks, and eats too much, seems unhappy at home, shows Mary little affection, and is continually harassing her for sex. Mary works part time as a clerk, is depressed, cries a lot, feels guilty about yelling at her children and being 'frigid;' has trouble sleeping, and often thinks of suicide. She made one suicide attempt with sleeping pills but immediately called Suicide Prevention afterward. John and Mary spend most of their time in a polite superficial harmony punctuated by violent arguments, which often end up with Mary crying hysterically and John

leaving the house and returning drunk. Both of them are concerned and would like to change the situation. They feel that they still love each other, and both of them have tried various methods of psychotherapy including some marriage counseling.”

During the initial part of the mediation I observed that John repeatedly interrupted Mary especially when she talks about her feelings and that Mary had outbursts of anger and crying that caused John to become afraid, cold, and parental. Only through strict control of their transactions was I able to prevent their discussion from continually escalating into outbursts, accusations, and subtle insults on both parts.

I explained that I thought the problem between them was that they were deeply immersed in a repetitive of interaction pattern in which John discounts Mary's feelings, tries to dominate her behavior, and is unwilling to react to her emotions with sympathy, and in which Mary terrorizes and tyrannizes John with outbursts, which she sees as the only way she can get the faintest resemblance of what she wants from John. I explained my belief that this behavior on both of their parts is founded on stereotyped sexist roles that cause John to avoid feeling and to abuse power to get what he wants from Mary, especially sex, while Mary finds herself unable to verbalize what she wants, ask for it, and take steps to get it. Instead, Mary adapts to and then lashes out at John with her emotions. I explained that her depression and wishes to commit suicide were probably the result of stroke deficit and that John's abuse of alcohol, cigarettes, and food were all attempts to improve his bodily experience, which was one of emptiness, loss, and fear. I explained how their relationship is a faithful reproduction of society's role expectations of people and how John's lack of feelings, sexual obsession, and substance abuse and Mary's lack of control over her feelings and her depression were all the result of the oppression of men and women. I recommended that Mary join a women's group and that John enter a mixed group with me.

Over the next year and a half John and Mary participated in problem-solving groups, and their situation was discussed at the radical psychiatry collective in which I and Mary's group leader participate. Mary learned how to get John to account for her feelings and how to speak clearly, how to ask for what she wanted, and how to implement her desires. She learned how to deal with John's interruptions, and she stopped adapting sexually. Her participation in the women's group gave her a sense of support and confidence that she was able to bring to the relationship and that gave her a sense of power so that she no longer allowed John to push her around. Soon she was no longer depressed or suicidal.

John slowly came to the realization that he was not able to adequately express his feelings, and that he abused her emotionally with his anger for her emotional outbursts and sexual denial. In bodywork he was able to contact some of his other emotions and to allow himself emotional release of sadness, fear, and joy. He developed a good level of emotional literacy, which made it possible for him to understand and respond to Mary's feelings as well as express his own in the relationship. He learned to stop interrupting and discounting, and he learned to stop imposing himself sexually on Mary. Instead he learned to accept her affection and return it and to wait patiently for her desire for sexual intercourse to develop, and to find satisfying alternatives to intercourse in the meanwhile. He made and kept a contract to stop drinking altogether, eventually stopped smoking, and is currently working on life changes including more

physical exercise, a change of job, and a change of diet.

Separately, John and Mary have changed dramatically from how they were when they entered therapy. Their relationship has improved. They had spoken seriously about a separation and a possible divorce but are presently reasonably happy with each other. Mary has allowed John to express his desires for strokes from other women, but this is only in an experimental stage. Mary is fundamentally disinterested in a sexually open marriage at the time. At present they are both considering stopping therapy, as they both feel they have accomplished quite a bit for themselves even though the status of their relationship is still not clear.

Both of them seem happier, more hopeful, healthier, and more alive. They speak very highly of the process of problem-solving groups and have incorporated into their daily lives the principals and guidelines of cooperation, which they use in their relationships with each other, their children, and their friends. They no longer fight, and their relationship is cordial. Though they do not necessarily feel that they are going to remain an intimate couple for the rest of their lives, they love each other and know that they will remain friends and help-mates in raising their children.

SUMMARY

Radical Psychiatry is a theory of human emotional disturbance and a method designed to deal with it. The theory of Radical Psychiatry holds that people's problems are the result of oppressive influences and institutions that are mystified and with which the person colludes, thereby creating a state of alienation and powerlessness. The notion that emotional disturbance is externally caused is not new in psychiatry, but it is certainly not a popular one at this time and is not generally accepted by the psychiatric establishment. Yet many of Radical Psychiatry's precepts have been absorbed by the psychiatric culture across the country and abroad as a theory and practice. Radical Psychiatry is not only a system of psychotherapy; it is also a world-view applicable to institutions and communities, and it represents and proposes a cooperative style of life. We feel it is conducive to well-being and power in the world.

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