

July 9/72

The Human Potential Movement: Liberal Therapy for the Leisure Class

By: Lanny Beckman

If you've been feeling particularly freaked out lately, chances are you'll soon find yourself in some sort of therapy group. Most of these groups are part of the Human Potential Movement, a development which has grown out of Humanistic Psychology in reaction to the alienating techniques of straight therapy. The Human Potential Movement encompasses a wide diversity of orientations including existential psychiatry, gestalt therapy, primal therapy, sensitivity and encounter groups, bio-energetics, Rolfing etc. Most of these approaches are blended with and sympathetic to various methods and ideas connected with Oriental religions. They mainly attract the hip, alienated sector of the middle-class, people who are seeking quick and costly paths to either enlightenment or the jet set. A trivial and essentially accurate depiction of the Human Potential Movement can be found in such instances of kitch kulture as Bob & Carol & Ted & Alice, a movie about four members of the leisure class who enter therapy in order to find themselves, and in the last reel do so (in bed with each other).

Humanistic Psychology is liberal in that it apparently stands against the authoritarian ethics of corporate capitalism, ethics which form the philosophical basis of mental hospital and most private psychiatric therapy. In theory, it harbours contempt for the conformism and sterility which characterize life in technological society. In promoting the goal of individual freedom, this movement, which is touted as such a remarkable advance in the psychiatric business, is generally viewed as progressive.

The values upon which the movement is built, however, harken back to the outmoded ethics of entrepreneurial capitalism--individualism and idealism--and are thus essentially regressive. More so than reactionary psychiatry, Humanistic Psychology glorifies the privatistic and individualistic goal of independence. It thoroughly lacks a social,

collective or political view of human life. Reflected in its theory and practice, humanistic therapy is permeated by the hip, romantic and petite-bourgeois idea that the fully-realized man is he who can navigate single-handedly in the disastrous world outside. He is the rugged individualist of pre-monopoly capitalism, the omnipotent God-cum-man who alone is responsible for creating his world.

Gestalt therapy, for example, extends individualism virtually to the point of solipsism. All experiences, however beautiful or alienating, are self-created. Barry Stevens, a disciple of Fritz Perls (the father of gestalt therapy), says, "No one else confuses me. I do it myself." In political terms, the oppressed class is responsible for its own oppression. The goal ^{of} ~~is~~ gestalt therapy is to instill this awareness in the individual and to have her accept responsibility for the entire scope of her encapsulated experience. The external world evaporates in a mist of false consciousness.. Therapy aims to help the person transcend feelings of objective, material oppression through the individualist mystification of her identity. The outcome is the experiential isolation of the person.

Success is given the name "maturity," that most-esteemed state, which is continually hitched to notions of self-reliance, responsibility to oneself, and independence; in Perls' words: "the transfer of dependency from the environment to the self." Expressed in the actual practice of therapy, the aim of creating independence regularly produces frustration in the group members. While the group setting stimulates the hope of forming communal bonds, the actuality of therapy is to separate people. As Perls says on a hippie poster that seems to appear wherever incense can be smelled: "If we find each other, it's beautiful." The following sentence, which is significantly left off the poster, says: "If not, it can't be helped." This defeatist indifference to "finding each other"

typifies the practice of these types of therapy. They do not even propose an apolitical basis for community.

The Human Potential Movement achieved popularity as part of the hippie rebellion of the mid-sixties. Through their common concern with intrapsychic and mystical matters, neither rebellion represents a threat to the bourgeois organization of society. Both, in fact, strengthen that organization by de-fusing and re-channeling alienation. The hedonism they espouse are rooted in mechanisms of repressive desublimation.

The leisure class needs an outlet. In providing one that relates only to the symptoms of alienation rather than to the societal infrastructure, Humanistic Psychology is liberal and reformist in the worst sense. The ruling class is totally unthreatened by the introversion and hedonism of a group of people who are not needed in the process of production. To the extent that the Human Potential Movement offers an outlook which is antagonistic to political theory or action--and this it clearly does--it coordinates perfectly with the needs of corporate capitalism.

Holding nothing but scorn for politics (which it explains away through naive psychological reductionism), Humanistic Psychology produces a form of therapy that cannot relate to the needs of poor people, i.e., most mental patients. Not surprisingly, it is poor and working class people who break down most frequently and seriously under the strains of life in bourgeois society. Human potential therapy does not serve these people; in fact, most therapists refuse to work with people who have "serious psychological problems." The poor are sent--in most cases against their will--to mental institutions where they are re-cycled into functional automatons. In mental hospital therapy, the objective is to adjust the patient to life at the bottom of society. In human potential therapy, to life at the edge. Both lubricate the established political machinery by blocking the patient's understanding

of the social causes of her/his alienation. Humanistic Psychology does so by promoting the illusion that, while society is fucked up, it is possible for the individual to achieve an independent and meaningful life through withdrawal from the dominant culture. An undialectical relationship is proposed between the personal and the social. Through mystification, the macro-political foundations of personality are simply denied, and the possibilities of effective rebellion eradicated.

There is more to be said politically about the failings of the Human Potential Movement, especially since it superficially represents such a tempting alternative to the behaviouristic, computer mentalities of the other forms of therapy. One "humanistic" value which deserves criticism is its pervasive anti-intellectualism: the usually mindless exaltation of feeling over intellect and the corresponding animosity to rational thought. Perls' slogan, many of which have been easily integrated into advertising hype, goes: "Lose your mind and come to your senses." As Marcuse contends, it is precisely the rational faculties which permit us to imagine the possibilities of liberation and political change, and again it is these faculties upon which political organizing and discipline depends. The valued supremacy of feeling usually reduces to a self-indulgent hedonism which can bear only a hostile relationship to the fact that most of the world's population have little access to pleasure, to say nothing of an adequate diet. The liberating illuminations offered by the Human Potential Movement translate, upon examination, into liberal illusions.

Its formula, which defines maturity as the transfer of dependency from the environment to the self, rests upon a fundamentally alienated conception of social relationships. Those who can cheerfully bear this estranged independence are the alienated robots of whom Mills speaks. The practical goal set by all forms of therapy is to transform those of us who break down

under conditions of intolerable independence into these self-sufficient robots. By endeavouring to bolster the patient's independence, therapy reinforces the fabric of bourgeois values.

People ought not to be made more independent. On the contrary, most of us in capitalist society are already far too independent. In fact, it is this very independence, and the inability of the human constitution to endure it, which are responsible for the misery that leads us into mental hospitals and other forms of therapy. The fact is that we have no one to depend on. The goal of therapy should be to create residential communities within which people can learn to be dependent and dependable.

In a recent conversation with a devotee of gestalt therapy, when I suggested that therapy should ~~task~~ teach people how to be dependent, he asked with incredulity whether I would want to be continuously dependent on a group of people. The fact is that prior to contemporary monopoly capitalist society, virtually every human being has lived under precisely those conditions. It is only through the most twisted notions of individual freedom that any other alternative can be entertained as possible, let alone desirable.

If therapy is to be located in the spatial context of a residential commune, what then is to be its temporal context? By viewing intense alienation ("mental illness") as a deviation rather than as a natural outgrowth of polluted social conditions, all schools of bourgeois therapy believe that treatment ought to be a short-term process. The patient is to be patched up so that (s)he can return as quickly as possible to the world which initially drove her/him crazy. Extended dependence on the therapeutic milieu is viewed as undesirable.

A political theory, on the other hand, which fixes the causes in the social conditions must view therapy as a long-range or indefinite venture.

This necessitates a basic change in the structure of the therapeutic context. Obviously, it is not sufficient to meet once a week to discuss or act out one's problems. Organizations must be, and are being, developed within which the prospect of a total and ongoing life change is made possible. There is no end to therapy. The destruction ingrained by decades of oppression cannot be eradicated through the pathetic alternatives of psychiatry, in whatever form currently purveyed.

Many patients experience feelings of guilt or failure (usually projected by the shrink) when they do not surmount their problems in the brief course of therapy. What is currently called therapy (in its best sense, the open verbal and emotional interchange between two or more people) is pitifully limited, and can never hope to touch the major problems it purports to solve. Invariably the problems are embedded in the political organization of society and are thus problems of political oppression. They include inadequate housing, insufficient food (it is amazing how common this is among "mental patients"), alienating jobs, unemployment, poverty, dehumanized family relationships, loneliness, discrimination etc. etc. Dealing with these issues in the insular context of an encounter group, shrink's office or mental hospital is ludicrous.

Therapy must be structurally extended to embrace action in the real world. This means establishing organizations within which people voluntarily and democratically band together with the aim of: 1) creating ongoing residential communities; 2) increasing the number of these communities; 3) creating interdependency within and between them; 4) establishing collective job projects to supply their material needs; 5) carrying on educational programs regarding the exploitative role of the mental health industry within capitalist society; and 6) working toward the political transformation of the madness-producing society in which the communities

must be located.

The idea for which I am arguing here is that therapy must equal permanent interdependence within a network of small-scale democratic communities. It must include as central the learning and sharing of basic survival skills-- e.g., shopping, cooking, cleaning, laundry, managing money (all of which should be communalized) etc. The sharing of these tasks means that they must be distributed on a non-sexist basis. The communities should be founded on principles of mutual responsibility which take into account that people's strengths and weaknesses vary from one time to another. Expectations placed on individuals should be correspondingly modified. While many of the residents of these communities will be in emotionally weakened conditions, especially during the early phase, the model being proposed does not segregate ex-mental patients as requiring special forms of molecular social organization. These are principles which ought to govern the functioning of any community. In general terms they suggest a framework for establishing a communal life-style in which the weaknesses of any member provoke concern and support rather than ostracism. To give this life-style the name "therapy" is to adhere to an outdated terminology. From a political perspective, the entire lexicon of psychiatric terms and the practices to which they refer are rendered irrelevant.

Certain of the methodological advances of the Human Potential Movement (group-work procedures) can be usefully employed in the context proposed here. However, their implementation and the theory governing it will have to be adapted from an individualist to a socialist set of values. The new objective should be to produce strong, politically conscious communities rather than strong, socially isolated individuals.

The Human Potential Movement: Liberal Therapy for the Jet Set

R by Lanny Beckman

If you've been feeling particularly freaked out lately, chances are you'll soon find yourself in some ~~xx~~ sort of therapy group. Most of these groups are part of the Human Potential Movement, a development which has grown out of Humanistic Psychology IN Reaction to the alienating techniques of straight therapy. The Human Potential Movement encompasses a wide diversity of ~~different~~ orientations including existential psychiatry, gestalt therapy, primal therapy sensitivity and encounter groups, bio-energetics, Rolfing etc. Most of these approaches are ~~sympak~~ blended with and are sympathetic to various methods and ideas connected with Oriental religions.

The Human Potential Movement, or Humanistic Psychology, encompasses a large number of different therapeutic orientations including existential psychiatry, gestalt therapy, ^{and Gestalt therapy} sensitivity and encounter groups, bio-energetics, Rolfing, ^{blended with} and various disciplines connected to oriental philosophy. ^{They} ~~It~~ ^{mainly} attracts ^{the} mainly hip, alienated sector of the middle class ^{people} who are seeking quick and costly paths to ^{with} enlightenment. A ^{or the jet set.} ~~trial~~, though accurate, ~~XXXXXXXX~~ depiction of the human potential movement can be found in ~~XXXX~~ such instances of kitch kulture as Bob & Carol & Ted & Alice, a movie about four members of the leisure class who enter therapy in order to find themselves, and in the last reel do so (in bed with each other).

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The values, ^{however} ~~however~~, upon which the movement is built ¹ harken back to the outmoded ethics of entrepreneurial capitalism ~~XXX~~--individualism and idealism--and are thus essentially regressive. More so than reactionary psychiatry, humanistic psychology glorifies the privatistic and individualistic goal of independence. It thoroughly lacks a social, collective or political view of human life. Reflected in its theory and practice, humanistic psychology and therapy are permeated ~~with~~ by the hip, middle class and romantic idea that the fully-realized man is he who can navigate single-handedly in the disasterous world outside. ~~He is a mixture of the rugged individualist of pre-monopoly capitalism and the neurotic housewife of the~~ ^{the} ~~XXX~~ nouveau leisure class. He is the rugged individualist of pre-monopoly capitalism, the omnipotent God-cum-man who alone is responsible for creating his world.

^P Gestalt therapy, for example, extends ~~XX~~ individualism virtually to the point of solipscism. All experiences, however beautiful or alienating, ^(the father of Gestalt therapy) are self created. Barry Stevens, a disciple of Fritz Perls, says, " No one else confuses me. I do it myself." In political terms, the oppressed class is responsible for its own oppression. The goal of gestalt therapy is to instill this awareness in the individual and to have him accept responsibility for the entire scope of his ^{encapsulated} experience..

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The external world evaporates in a mist of false consciousness. The outcome of therapy is the experiential isolation of the individual. It aims to help the person transcend feelings of objective material oppression through the individualist mystification of his identity. *Success in this endeavour is given the name "maturity."*

~~find~~ ^{which} Maturity, that most esteemed state, is continually hitched to notions of self-reliance, ~~responsibility~~ ^{responsibility} to oneself, ~~and~~ ^{independence} in Perls' words: "the transfer of dependency from the environment to the self." ~~The finding~~ ^{ed} expression in the actual practice of therapy, ~~this~~ ^e aim of creating independence regularly produces ~~increased~~ frustration in the group members. While the group setting stimulates the hope of forming communal bonds, the actuality of therapy is to separate people. AS Perls says on a hippie poster one can find plastered over walls wherever incense can be smelled: "If we find each other it's beautiful." The following sentence, which is significantly left off the poster, says: "If not, it can't be helped." This defeatist indifference to "finding each other" permeates the practice of these types of therapy. *They do not even propose an aplitical basis for community.*

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Holding nothing but scorn for politics (which it explains away through naive psychological reductionism) humanistic psychology produces a form of therapy that cannot relate to the needs of poor people, ^{i.e.}, most mental patients. ~~Beyond the means of all but the middle and upper classes,~~

Not surprisingly, it is poor ^{and working class} people who break down most frequently and seriously under the strains of life in bourgeois society. Human potential therapy does not serve these people; in fact, most therapists refuse to work with people who have "serious psychological problems." The poor are sent--in most cases against their will--to mental institutions where they are re-cycled into functional automotons. (sp?). ~~The objective of mental hospital therapy is to adjust the poor patient to life at the bottom.~~ In mental hospital therapy, the objective is to adjust the patient to life at the bottom of society. In human potential therapy, to life at the edge. Both lubricate the political machine by blocking the patient's understanding of the social causes of her/his alienation. Humanistic psychology does so by promoting the illusion that, while society is fucked up, it is possible for the individual to achieve an independent and meaningful life through withdrawal from the dominant culture. An undialectical relationship is proposed between the personal and the social. ~~One's segregation from the social milieu is predicated~~

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The macro-political foundations of personality are simply denied through mystification, and the possibility of effective rebellion, ~~is~~ obliterated.

There is more to be said politically about the failings of the human potential movement, especially so since it superficially represents such an attractive alternative to the behavioristic, computer mentalities of ~~the~~ other forms of therapy. One "humanistic" value which deserves criticism is its pervasive anti-intellectualism: the usually mindless exultation (sp?) of feeling over intellect and animosity to rational thought. (As Marcuse contends, it is precisely the rational faculties which permit us to imagine the possibilities of liberation and political change, and again it is these faculties upon which political organizing and discipline depend.) The valued supremacy of of feelings usually reduces to a self-indulgent hedonism which can bear only a hostile relationship to the fact that most of the world's population have little access to pleasure, to say nothing of an adequate diet.

Perls'" slogan, many of which have been easily integrated into advertising hype, goes: "Lose your mind and come to your senses."

The liberating illuminations offered by the human potential movement translate, upon examination, into liberal illusions.

The formula which defines maturity as the transfer of dependency from the environment to the self rests upon a fundamentally alienated conception of social relationships. Those who can cheerfully bear this estranged independence are the alienated robots of whom Mills speaks. The practical goal set by all ~~three~~ forms of therapy ~~discussed above~~ is to transform those of us who break down under conditions of intolerable independence into these self-sufficient robots. By endeavouring to ~~strengthen~~ ^{bolster} ~~but also reinforces~~ the patient's independence therapy upholds the fabric of bourgeois values.

People ought not to be made more independent. On the contrary, most of us in capitalist society are already far too independent. In fact, it is this very independence, and the inability of the human constitution to endure it, which are responsible for the misery that leads us into mental hospitals and other forms of therapy. The fact is that we have no one to depend on. The goal of therapy should be to create ^{residential} communities within which people can learn to be dependent and dependable. [This goal can never be attained by focusing treatment on the individual outside her/his ~~living~~ everyday milieu.]

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In a recent conversation with a devotee of gestalt therapy, when I suggested that therapy should teach people how to be dependent, he ~~was~~ asked with incredulity whether I would want to be ~~dependent~~ continuously dependent on a group of people. The fact is that prior to contemporary monopoly capitalist society, ~~every~~ virtually every human being has lived under precisely those conditions. It is only through the most twisted notions of individual freedom that any other alternative can be entertained as possible, let alone desirable.

Locating therapy in a communal context raises the issue---

If therapy is to be located in the spatial context of a ~~commune~~ residential commune, what then is to be its temporal context? By viewing intense alienation ("mental illness") as a deviation rather than as a natural outgrowth of polluted social conditions, all schools of bourgeois therapy promote the notion that treatment ought to be a short-term process

of finite duration. The patient is to be patched up so that (s)he can return as quickly as possible to the world which initially drove her/him crazy. ~~To return to an earlier concept,~~ Bourgeois therapy views dependence on the therapeutic milieu as undesirable. ^{extended}

A political theory, on the other hand, which fixes the causes in the social conditions, must view therapy as a long-range or indefinite venture.

This necessitates a basic change in the structure of the therapeutic context. Obviously, it is not sufficient to meet once a week to discuss or act out one's problems. Organizations must be, and are being, developed within which the prospect of a total and ongoing life change is made possible. There is no end to therapy. The destruction ingrained by decades of oppression cannot be eradicated through the pathetic alternatives offered by psychiatry, in whatever form it is currently purveyed. Many patients experience feelings of guilt of failure (usually projected by the shrink) when they do not surmount their problems in the brief course of therapy. What is currently called therapy (in its best sense, the open verbal and emotional interchange between two or more people) is pitifully limited and can never hope to touch the major problem it purports to solve. Invariably the problems are embedded in the political organization of society and are thus problems of political oppression. They include inadequate housing, insufficient food (it is amazing how common this is among mental patients), alienating jobs, dehumanized nuclear family relationships, loneliness, (unemployment, poverty) etc. etc. ^{loneliness, discrimination} Dealing with them in the insular context of a shrink's office or mental hospital is ludicrous. Therapy must be structurally extended to embrace action in the real world. This means establishing organizations within which people democratically and voluntarily ~~and~~ band together with the aim of creating ^{democratic} ongoing residential communities, of increasing the number of these communities, of creating interdependency within and between them, of establishing collective job projects to supply their material needs, of carrying on educational programs regarding the exploitative role of the mental health industry within capitalist society and of working toward the political transformation of the madness-producing society in which the communities must be located.

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The idea for which I am arguing here is that therapy must equal permanent interdependence within a network of small-scale, ~~xxxxxxxxxxxx~~ democratic communities. It must include as central the ~~xxxxxxxxxxxx~~ learning and sharing of basic survival skills--e.g., shopping, cooking, cleaning, laundry, managing money (all of which should be communalized) etc. The sharing of these chores means that they must be distributed on a non-sexist basis. The communities must be founded on a notion of mutual responsibility which takes into account that people's strengths and weaknesses vary from one time to another. Expectations placed on individual members should be correspondingly modified. Obviously, the model being proposed does not ~~xxxxxxx~~ segregate mental patients (people who are particularly freaked out) as requiring unique forms of molecular social organization. These are principles which ought to govern the functioning of a ny community. In the most general terms they suggest a framework for establishing a communal life-style in which the weaknesses of any member provoke concern and support rather than ostracism. To call this life-style therapy, is to adhere to outdated terminology. Placed in a political perspective, the entire lexicon of psychiatric terms and practices to which are rendered irrelevant.

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loneliness, unemployment, poverty etc. ~~Naturally~~ Dealing with them in the insular context of a shrink's office is ludicrous. Therapy must be structurally extended to embrace action in the real world. This means establishing organizations within which people band together to find and establish ^{in group residences} houses to live in, to create collective job projects, to educate themselves regarding the exploitative role of the mental health industry within capitalist society and to struggle for ~~changes~~ radical change within and beyond the field of mental health. The organizations must be open, i.e., ~~continually~~ provide a context within which new members can be assimilated. ~~has~~ the network of houses and centers should be always expanding. When a group reaches a certain level of strength and solidarity, there is a danger of its becoming ^{complacent} ~~lethargic~~ and closed. At this point it ^{must} ceases to ~~identify itself~~ ^{view itself as belonging to} ~~itself~~ as a class which includes oppressed people outside the organization and thus ceases to be political. It is crucial that the group struggle against this tendency. Admitting new members will always incur certain levels of disruption, but if the group is to be more than merely a liberal social service agency, the links between members and outside oppressed people must be borne constantly in mind.

In the year and a half of MPA's existence, we have grown from an original group of ~~about~~ 12 to a current membership of about 400. WE now operate three centers, two of which are owned ^{+ rented to MPA} by ex-patients. One center functions as a 24 hour drop-in/crisis center as well as providing 10 beds for residents. The other two centers ~~are~~, one of which is situated on a farm 40 miles from Vancouver, are exclusively ^{used} as residences. Another residence will be opening in the near future and will accommodate the residents of the drop-in center. Several co-op houses of ex-residents of the centers have been established

within the domain of medicine. One objective of mental patients ~~own~~ groups ought to be to raise consciousness about the fact that the causes which drive people into mental hospitals are social, political and economic. The remedy likewise must lie in these areas and not in medicine, which is in almost all cases totally irrelevant. A measure of the success of mental patients liberation groups will be reflected by the abolition of the term mental patients and likewise of mental hospitals.

The impression is often given by those who are critical of the medical model that severe emotional problems do not exist in capitalist societies (this belief is sometimes exemplified in the romantic and false notion that it is pleasant to go crazy). Another common impression is, even given the existence of these severe problems, *that* they ought to be dealt with on an individual basis rather than through collective political organizing. This latter idea is especially prevalent in Szasz's work. His orthodox adherence to an individualist philosophy and his devoted refusal to consider the political origins and solutions of human distress leave one with the idea that once institutional psychiatry has been abolished the problems ~~will~~, if they do exist, will disappear or else ought to be left to the individual to solve. This is not to disparage the invaluable contribution that Szasz, like ~~many~~ *in many other fields,* single-issue liberals, has made to ~~the~~ our understanding of the cruel and repressive role of institutional psychiatry.

No one knows better than mental ^{patients} that profound emotional turmoil does exist. Furthermore, the establishment of mental patient liberation groups testifies to the recognition that collective solutions are necessary. The medical model, along with mental hospitals, should be abolished, but they must be replaced by ^{a political theory of psychological disturbance} people's groups designed ^{and democratic} to deal in a human, ^{and} supportive way with the shattered lives wrought

by capitalist society. These groups ;and the facilities they operate must be controlled by those who use them, not by ~~the~~ ^{professional} overpaid handmaidens of the status quo ^{by the status quo} hired to do the dirty work of keeping mental patients in the vague limbo between ~~death~~ ^{suicide} and conformity.

MPA was founded on the premise that therapy must be political. An ~~inevitable~~ ^{invariable} feature in the lives of mental patients is total powerlessness. Mental hospitals, ^{most} of which are run along the lines of feudal prisons, reinforce the powerlessness and ~~is~~ in the majority of cases ~~the therapy consists~~ ^{now equate} successful therapy constitutes the patient's acceptance of her/his impotence. Once the major strains of rebelliousness have been obliterated thru drugs electricity and other punishments, the patient is permitted to ~~to~~ return to the inhuman and exploitative environment ludicrously called the "community." The medical model is by its very nature individualistic. Since ~~the problems are located~~ ^{it locates the problems} in the ~~person~~ ^{individual} rather than in the social milieu the focus of psychiatry is on changing the person rather than ^{the goal of therapy thus aims to re-establish in the patient a state of stable alienation} social conditions. This point has been made many times of course.

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This is true of psychiatry as an institution since it is an inextricable component of a society founded on the values of alienation. The statement is true of almost all individual therapists -- no matter how decent and human Their personal motives -- ~~maybe~~ ^{might} -- since they ^{is and induces} alone are powerless to transform the social realities outside their offices. In the absence of ^{radical} social change, the patient's only hope of survival ^{depends} rests on the reinforcement of her/his armour, alienation +

Colloquial
glebelic
humanistic

independence. The unarmed person soon perishes in battle.

There are, of course, many forms of therapy & thus many paths to the re-establishment of "brilliant" alienation. The following is a somewhat simplified schemata for conceptualizing psychiatric approaches

1) Reactionary therapy. The practices which occur in mental hospitals typify this approach. The dominant philosophy is authoritarian and behavioristic. Its objective is the re-molding of the ^{and generally ineffective} individual - through inhuman, physical methods - of the individuals into compliant, passive and unthreatening automatons.

Mental hospital therapy intensifies the cruel, anti-social conditions ~~the free~~ forces at work outside the hospitals.

The cruelty and ^{the} unfreedom which exist outside the hospital. The ^{unsuccessfully} rehabilitated patient has been ^{functionally} anesthetized from her/his own misery. Insofar as uncapitulation is the motive force of all rebellion (the will to say "no") the hospital attempts to indoctrinate the patient into the belief that things are not as bad as they seem. ~~It~~ In fact, they are worse.

The individual who accurately perceives the corruption in society will be driven to suicide, insanity or politics. These states of mind are increasingly threatening to the status quo in the order listed. As one of its most oppressive institutions, the mental hospital is designed to re-induce false consciousness, individual repression and alienation in the most expedient and economical manners.

Finally, it should be stated that most people who receive hospital treatment are involuntary patients and come from the working or lower classes. The benign jargon of 20th century

medical terminology cannot disguise the fact the most oppressed sectors of society continue to be controlled through the same old repressive measures.

2) Voluntary private therapy.

2) Middle of the road therapy. The procedures used in this category occur primarily in voluntary, private psychiatric settings, usually in a one patient-one therapist context. The theoretical ~~focus~~ bases of this approach are not as homogeneous as are those of mental hospital therapy. ^{the majority of} ~~most~~ private psychiatrists (most of whose patients come from middle & upper middle class backgrounds) use an eclectic model relying heavily drawn from ^{and a common sense understanding of the bourgeois norms of middle class life} behaviorism ~~or~~ psychoanalysis, (In the past decade ^{outlets} ~~of~~ ^{existential or} humanistic psychiatry ^{has} achieved a more prominent, ^{though still} ~~second~~ place in private therapy.) Whatever orientation is emphasized all are ~~rooted~~ philosophically rooted in bourgeois idealism (& of course individualism.) As an institution, psychiatry is established to reinforce material, social conditions, ^{through} using ^{idealist propaganda} as its means idealist procedures. Insofar as ^{the practice of} psychiatry, as practiced, militates against any effective intervention in the material and class conditions responsible for the patient's alienation, the effect of therapy can only be to mystify the nature and causes of ~~the~~ personal problems. Dealing in an exclusively verbal manner with conditions which are at root material can serve either to frustrate the patient (and many quit therapy for this reason) or to adjust her/him to the prevailing alienation. This latter ^{rather} usually means numbing the alienation to the point where it is possible to ^{thus enabling the resumption of} ~~take up~~ ^{re-assume} a functional social roles.

(middle-class)

The majority of private psychiatric patients are women

The majority of private psychiatric patients are middle-class women. In these cases the ~~aim~~ therapeutic aim amounts to the re-establishment of submissive sexist attitudes, not uncommonly through a romantic involvement with the therapist.

To call this type of psychiatry voluntary is, to a large extent, fraudulent. People who are freaking out seek this form of "help" readily because there are simply no others available. Whether recovery is defined as adjustment (which it usually is) or change, private psychiatric sessions are notoriously ineffective. As ~~xxx~~ studies have shown, recovery rates, however defined, are no higher among private patients

Psychiatrists find themselves in the impossible, though well-paid, position than among untreated control groups. The arsenal of psychiatry cannot begin to countervail the massive alienation-producing conditions which drive people into therapy. IN fact, ~~it~~ ^{they} does not even attempt to address ~~itself~~ ^{themselves} to these conditions; rather, ~~it~~ ^{they} tries to re-hypnotize the patient into an acceptance of the immutability of the ~~xxx~~ prevailing social conditions. (of trying to perform major surgery with a safety-pin.)

It is the recognition of the futility of this task, I suspect, which accounts for the exceptionally high suicide rate among psychiatrists.

3) Liberal therapy. In this category we find the various approaches which fall under the banner of the Human Potential Movement, including existential psychiatry, gestalt therapy, sensitivity and encounter groups, bio-energetics, Rolfing etc. The appeal of these ~~xxx~~ orientations to the ~~popular~~, middle-class imagination is exemplified in instances of popular culture ~~such as~~ ^{such} Bob & Carol & Ted & Alice.

~~These approaches are liberal in the sense of elevating the~~

The human potential movement is liberal in ~~the sense~~ that it stands authoritarian against the totalitarian ethics of corporate capitalism, ~~which~~ ^{ethics} which form the philosophical basis of mental hospital and most private psychiatric therapy. In promoting the goal of individual freedom, this movement, which is touted as such a remarkable advance in the ~~psychiatric~~ ^{psychiatric} business, is generally viewed as progressive.

~~It is more accurate, however,~~

The values, however, upon which the movement is built are typical of 19th century industrial capitalism (individualism, idealism and Puritanism) and are thus essentially regressive. More so than reactionary psychiatry, humanistic psychology glorifies the privatistic and individualistic goal of independence. It thoroughly lacks a social, collective or political view of human beings. Reflected in its theory and practice, humanistic psychology and therapy are permeated by the hip, middle-class and romantic idea that the fully-realized man is he who can navigate single-handedly in the ~~the~~ disasterous world outside. He is the rugged individualist of pre-monopoly capitalism. He is the omnipotent, God-cum-man who alone is responsible for creating his world. Gestalt therapy, for example, extends individualism virtually to the point of solipscism. All experiences (however beautiful or alienating) are self-created. Barry Steven, a disciple of Fritz Perls, says: "The world ^{No one else} ~~Confuses me, I do it myself.~~" ^{In political terms, the oppressed class is responsible for its own oppression} ~~Confuses me, I do it myself.~~ The goal of gestalt therapy is to instill this awareness in the individual and to have him accept responsibility for his experience. The outcome of therapy is the experiential isolation of the individual. It aims to help the person transcend feelings of objective material oppression through the individualist mystification of his identity.

nothing Holding ~~xxxxxx~~ but scorn for politics, ~~is~~ ^{which it explains away through psychological reductionism,} ~~is~~ a form of therapy that

^{humanist psychology produces}

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that cannot relate to the needs of poor people (i.e., most mental patients). Its definition of maturity, that most-esteemed state, is continually hitched to notions of self-reliance, responsibility to oneself, independence, etc etc. *The transfer of dependence from the environment to the self* Beyond the ~~xxx~~ financial means of all but the middle and upper class, the human potential movement embodies the core values of liberal bourgeois philosophy. Political concepts of class and collective alienation are alien to its outlook, and certainly to its practice.

There is much more to be said politically about the failings of the human potential movement, especially so since it ^{superficially} represents such an attractive alternative to the behavioristic, computer mentalities of other forms of therapy. Without delving into them here, certain other ~~points which ought~~ ~~to be mentioned~~ "humanistic" values which deserve criticism include: the ^{usually} often mindless exultation ^{of} feeling over ^{intellect} thought and ^{the} attendant anti-intellectualism and animosity to rational ^{thought} processes. (As Marcuse contends, it is precisely the rational faculties which permit us to imagine the possibilities of liberation and political change, and again these faculties upon which political organizing and discipline depend.) The valued supremacy of feelings usually reduces to a ^{self-indulgent} mindless hedonism which can bear only a hostile relationship to the fact that most of the world's population have little access to pleasure, to say nothing of an adequate diet. ^{illuminations} ~~illuminations~~ The liberating ~~points~~ offered by the human potential movement translate, upon examination, into liberal illusions.

14
Having spelled out in some detail the theory and politics which I feel should guide the development ^{of} mental patients liberation groups, let me turn to a description of ~~the achievements~~ of MPA.

In the year + a half since its inception, the group has grown at an incredible pace.

~~At the time~~ In January, 1970 when the original group of about a dozen was holding meetings at The day hospital, a column was run in the daily press, ~~also~~ announcing the formation of MPA + asking interested people,

especially ~~ex-pa~~ patients + ex-patients, to contact us.

~~We received more than 150 calls~~ in response to the column we received more than 150 calls, one of which was from an ex-patient who owned a house he wished to rent ~~■~~ us.

Around this time we received our first grant, \$1,000 from the graduating class of the local university. The money permitted us to rent the house + to begin operation. We took occupancy in February when we held the first general meeting, attended

by more than 80 people of a wide diversity of ages & life styles.
All, however, were working class or poor people.

~~It was very clear that an independent orgⁿ of related to the needs of a broad cross section of patients~~

It was made very clear apparent at the meeting that an independent orgⁿ of patients & ex-patients was desperately needed. The sentiment against mental hospital treatment was unanimous. Here was a long overdue beginning. A number of general principles were agreed upon.

MPA is to be a non-professional group. (Professionals currently working in the "mental health" field are the only people restricted from membership.)

MPA is to be a democratic group. All ^{"official"} positions are to be elected by the general membership. All decisions regarding rules, policies etc are to be made by the group.

MPA is to be an egalitarian group. All members have equal status & voting rights.

MPA is to function as a human alternative to the mental hospital system.

at a more concrete level, there were practical decisions about the use of the center. We agreed that it should function as a drop-in center, a crisis center and a residence for people who were ~~is~~ particularly upset, whether or not they had been hospitalized. Furniture had to be obtained, the entire house needed painting, the basement needed renovating.