THE INVENTION OF *NON-PSYCHIATRY;* *BY* DAVID COOPER

AS FEATURED IN SEMIOTEXT(E) SCHIZO-CULTURE

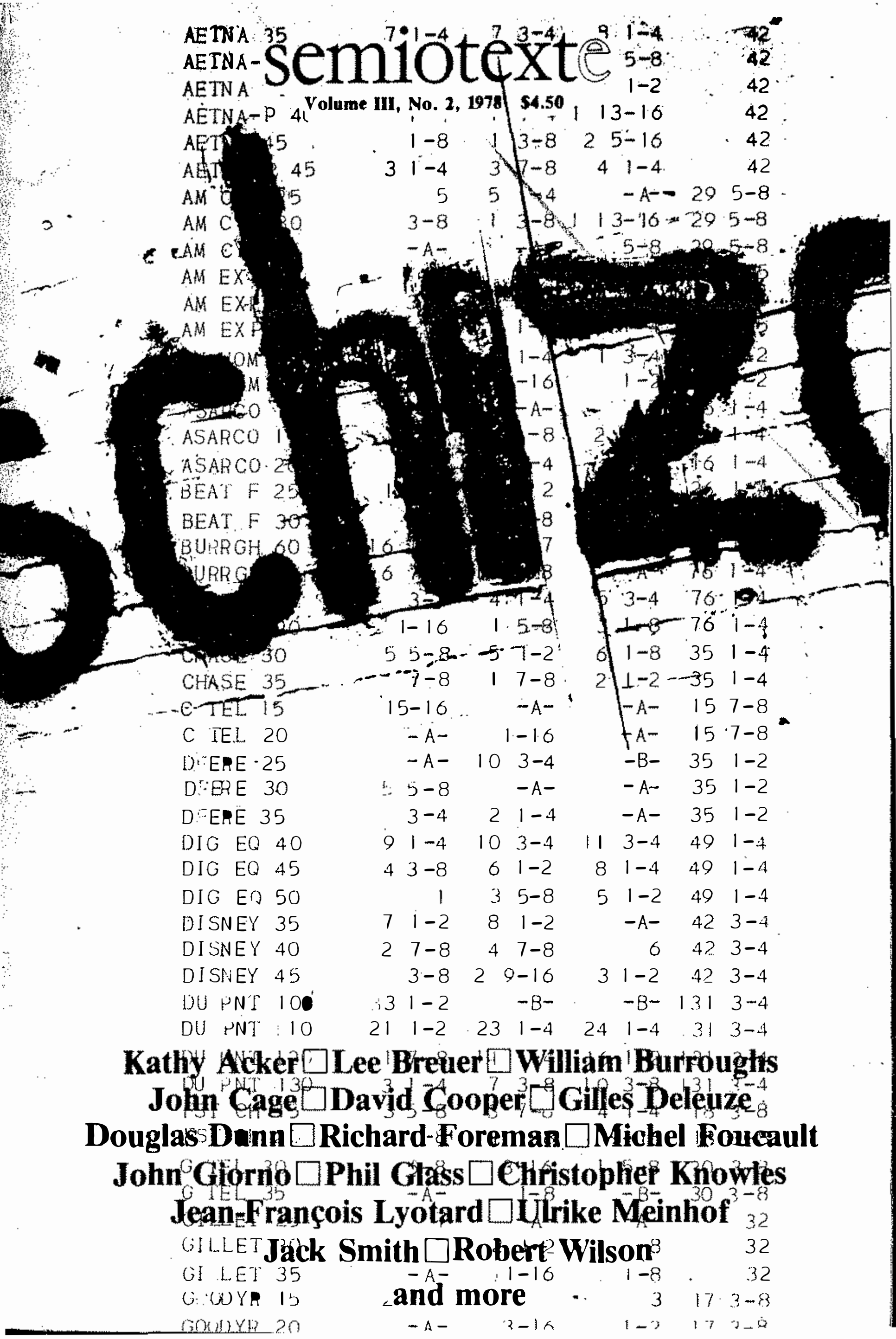
ALSO INCLUDING

VIOLENCE TO THE BRAIN

BY ELI C. MESSINGER

BROUGHT TO YOU BY
VISCERA PRINT GOODS & EPHEMERA
PROVIDENCE, R.I.
2018

♦



semiotext(e)

Volume III, No. 2, 1978 $4.50

Kathy Acker □ Lee Breuer □ William Burroughs
John Cage □ David Cooper □ Gilles Deleuze
Douglas Dunn □ Richard Foreman □ Michel Foucault
John Giorno □ Phil Glass □ Christopher Knowles
Jean-François Lyotard □ Ulrike Meinhof
Jack Smith □ Robert Wilson

and more

The legendary 1975 “Schizo-Culture” conference, conceived by the early Semiotext(e) collective, began as an attempt to introduce the then-unknown radical philosophies of post-’68 France to the American avant-garde. The event featured a series of seminal papers, from Deleuze’s first presentation of the concept of the “rhizome” to Foucault’s introduction of his History of Sexuality project. The conference was equally important on a political level, and brought together a diverse group of activists, thinkers, patients, and ex-cons in order to address the challenge of penal and psychiatric institutions. The combination proved to be explosive, but amid the fighting and confusion “Schizo-Culture” revealed deep ruptures in left politics, French thought, and American culture.

The “Schizo-Culture” issue of the Semiotext(e) journal came three years later. Designed by a group of artists and filmmakers including Kathryn Bigelow and Denise Green, it documented the chaotic creativity of an emerging downtown New York scene, and offered interviews with artists, theorists, writers, and No Wave and pre-punk musicians together with new texts from Deleuze, Foucault, R. D. Laing, and other conference participants.

Eli C. Messinger

Violence to the Brain

David Cooper

The Invention of Non-Psychiatry

The theories and technology of medicine and psychiatry have long been used to buttress the views of, and to maintain social control by those who hold political power. The technical means have changed from one historical area to the next. The more important techniques now in use include psychoactive drugs, brain surgery, behavior modification techniques and electroshock therapy.

The theory that personal violence is due to brain dysfunction and that it should be treated by brain surgery is presented by Vernon Mark and Frank Ervin in *Violence and the Brain.*[1] They recommend the development of mass screening and treatment programs for individuals prone to violence because of brain dysfunction. The pseudo-scientific arguments they advance are not unique. A theory of brain dysfunction has been advanced to explain the so-called hyperactivity of childhood. Both theories attribute behavioral problems solely to an organic cause: in both cases, the treatment is organic. While brain surgery for behavior control is not common at this time in the United States, several hundreds of thousands of American

Eli C. Messinger, M.D., is a Child Psychiatrist at the Metropolitan Hospital in New York City.

Non-psychiatry is coming into being. Its birth has been a difficult affair. Modern psychiatry, as the pseudo-medical action of detecting faulty ways of living lives and the technique of their categorization and their correction, began in the eighteenth century and developed through the nineteenth to its consummation in the twentieth century. Hand in hand with the rise of capitalism it began, as a principal agent of the destruction of the absurd hopes, fears, joys and despair of joy of people who refused containment by that system. Hand in hand with capitalism in its death agonies, over the coming years (it might be twenty or thirty years), psychiatry, after familialization and education, one of the principal repressive devices (with its more sophisticated junior affiliate psychoanalysis) of the bourgeois order, will be duly interred.

The movement, schematically, is very simple: psychiatry, fully institutionalized (put in place) by a state system aimed at the perpetuation of its labour supply, using the persecution of the non-obedient as its threat to make 'them' conform or be socially eliminated, was attacked in the year 1960—by an anti-psychiatric movement which was a sort of groping anti-thesis, a resistance movement against psychiatric hospitals and their indefinite spread in the community sectors, that was to lead dialectically to its dialectical issue which we can only call non-psychiatry, a word that erodes itself as one writes it.

Non-psychiatry means that profoundly disturbing, incomprehensible, 'mad' behaviour is to be contained, incorporated in and diffused through the whole society as a subversive source of creativity, spontaneity, not 'disease'. Under the conditions of capitalism, this is clearly 'impossible'. What we have to do is to accept

this impossibility as the challenge. How can any challenge be measured by less than its impossibility. The non-existence of psychiatry will only be reached in a transformed society, but it is vital to start the work of de-psychiatrization now.

After being sufficiently fed and housed, there is the radical need to express oneself autonomously in the world and to have one's acts and words recognized as one's own by at least one other human being. The total ideal autonomy of not needing one word of confirmation from anyone else remains ideal. While some people certainly find great satisfaction in a certain type of productive work, there are immense needs for confirmed, autonomous expression that exceed such satisfaction. *But* this personal expression becomes increasingly difficult. Madness becomes increasingly impracticable because of extending psycho-surveillance.

Orgasmic sexuality is destroyed by the hours and quality of labour and, at least for the bourgeoisie, is replaced by the passivity of pornographic spectacle or Thai massage. People attend classes or 'therapy' for corporal expression. Universal, popular artistic expression (such as Japanese *haiku* poetry or the formerly universal popular invention of song and dance) is overshadowed by the professionalization and technologization of the specialized art forms deformed by the market.

The key question for revolutionaries is how to avoid the recuperation of people and their autonomous expression (and for that matter, of all new revolutionary ideas) by the state system (as opposed to the recuperation of invalidated persons and ideas by the people). The question within this question centres on the word 'avoid'. Avoiding here involves the systematic abolition of all institutional repression, but we are focusing here on the abolition of all psycho-technology—a wider question than the abolition of psychiatric institutions inside and outside hospitals by the forms of non-psychiatric action.

One should understand by psycho-technology not only psychiatry, psychology, psychoanalysis and alternative therapy, but also the mystifying techniques of the mass media (one has only to follow the desperately, and accelerated, mystifying 'moral' convolutions in the editorials of the capitalist press from day to day). Then reward and punishment doctrine (or bribery and blackmail) of Kissinger-type foreign policies. The use of psycho-technology in law courts, prisons, and by the military. Technology is for things, not people.

In a bookshop in now fashionable Cannery Row in California I found, after an ironic display of all the works of Steinbeck, the department of best-selling technology. The books (and I'm certainly not implying that they are on the same level) included treatises on

school-age children have been diagnosed as having minimal brain dysfunction (MBD) and are treated with stimulant drugs: amphetamines, Dexedrine and Benzedrine, and methylphenidate or Ritalin.

MBD: MEDICAL DISEASE OR SOCIAL STRATEGY?

True medical diseases are defined on anatomical, biochemical or physiological grounds. They exist independently of the social setting. Diabetes, for example, is defined by abnormalities in glucose metabolism. While the diabetic's social environment can influence the course of the disease, the abnormality in glucose metabolism, rather than the diabetic's social behavior, indicates that diabetes is present. In contrast, most behavioral syndromes, including MBD, are diagnosed by a physician because of the subject's dissonance with the social environment.[1] This explains the puzzling observation that the "symptoms of MBD" commonly subside during vacations from school ...

The data used to establish the diagnosis of MBD are highly subjective. The judgment by a teacher or parent, for example, will depend on his/her criterion for hyperactivity and the social setting where the activity was observed. Even the direct observation of a child is influenced by the clinician's skill and experience, the meaning of the examination to the child, the physical setting, and the child's physical and mental state at the time of the observation.

The following list of "symptoms" appears in a pamphlet written for teachers, doctors and counselors prepared by Dr. James Satterfield, director of the Gateways Hospital Hyperkinetic Clinic:

Overactivity: unusual energy, inablity to sit still in the classroom and at mealtime, talking out of turn in the class, disrupting the class.
Distractibility: not getting work done in school, daydreaming in the classroom, tuning out teachers and parents when they try to give directions, being unable to take part in card games and other games such as Monopaly.

**Although it's slightly more complicated than that, Minimal Brain Dysfunction can be thought of as a historical antecedent to what is now known as Attention Deficit Hyperactivity Disorder (ADHD).*

Impulsiveness: being unable to save up money for something that is badly wanted, blurting out secrets or things that are known to be tactless, saying sassy things to teacher just to show off.
Excitability: getting very wound up and overexcited and more active around groups of children or in stimulating new situations.[3]

It is clear that this is really a list of behavior considered unacceptable to teachers, parents or other adults. The child who is at odds with the educational system is sent to the medical-psychiatric system. There a classroom behavior or learning difficulty is diagnosed as MBD; the difficulty is re-defined as a medical or psychiatric problem. The child is returned to the classroom with a diagnostic label, and frequently with a chemical control agent.

EARLY DETECTION

Early detection of disease is a valid principle in medicine. However it lessens accuracy in diagnosis. Mark and Ervin wrote their book for the general public because they wanted public support for the establishment of early detection programs:

We need to develop on "early warning test" of limbic brain function to detect those humans who have a low threshhold for impulsive violence, and we need better and more effective methods of treating them once we have found out who they are. Violence is a public health problem, and the major thrust of any program dealing with violence must be toward its prevention—a goal that will make a better and safer world for us all.[4]

They urge programs to identify persons "as being potentially violent."

The reductio ad absurdum of this reasoning is the theory that "hidden brain disease" can cause violence:

All the persons we have described thus far were known to have brain disease, which, as we have shown, proved to be related to their violent behavior. But what of those individuals who are uncontrollably violent but do not have epileptic seizures or other obvious signs of brain disease?.... is it possible that they, too, are suffering from an

T.A. (Transactional Analysis), T.M. (Transcendental Meditation), E.S.T. (Erhard Seminars Training, not exactly electro-shock, E.C.T.), Creative Fidelity, Creative Aggression, Provocative Therapy, Gestalt Therapy, Primal Scream, Encounter Therapy, the conducting of three-day 'Marathons', a form of deep massage, Bio-energy, Japanese Hot Tubs (you take off your clothes and enter them *en groupe* as part of liberation). Then, 'Behaviour Mod' (the new generation Skinner) on how to toilet-train your child in twenty-four hours—and then on the next shelf another book advertising a method of toilet-training your child in *less* than twenty-four hours! I've no doubt that after some of these experiences some people feel better, or begin to 'feel', or feel more 'real'—or whatever the ideals of capitalism prescribe for them.

One day the United States, together with the European countries of 'advanced liberal democracy' (whose fascist nature will more rapidly and nakedly emerge), will have to stand on their own feet rather than sit on the back of the rest of the world, and then there will be another less easy and lucrative sort of 'reality' to face.[5]

In the meantime there is a growing cultural imperialism, by which highly commercialized psychotechniques are being insidiously imported into the poorer but more politically advanced countries of Europe and the Third World by professional liberators who go to the U.S. for crash courses in the latest techniques and return to their countries to reap the cash results. While this development is clearly not on the scale of exploitation by the multinational drug companies with their psychotropic drugs, its ideological content is significant. After psychiatry based on de-conditioning (in fact a sad re-conditioning) or conventional psychoanalysis, there is the 'third force' of 'alternative therapy' to seduce the desperate who shun the first two. The ideology of personal salvation presents highly effective strategies of de-politicization.

Once again, *there are no personal problems, only political problems.* But one takes 'the political' in a wide sense that refers to the deployment of power in or between social entities (including between the parts of the body of a person which incarnate certain social realities). Personal problems in the commonest sense reduce the political to things going on between one person and a few others, usually on an at least implicit family model; problems of work, creativity and finding oneself in a lost society are clearly political problems. Therapies and conventional psychoanalysis reinforce 'oedipian' familialism and, whatever contrary intentions, exclude from the concrete field of action macropolitical reality and the repressive systems that mediate this reality to the individual . . .

The word 'therapy' had better be banished because

of its medical-technical connotation. But people still seem, non-'radically', to talk with articulated words. But it should not take many hours to say the few things that matter in one's life if the other person unstops his ears. Listening to someone in 'full flight of delusion' one can effectively stop one's ears by trying to interpret the 'content' of the words, or by the ridiculous attempt to speak in the same language. The words attempt to express the inexpressible which is never the content of the words but always in the very precise silences formed in a unique way by the words. So, unblocking one's ears, one listens to the silences in their preciseness and their specificity. There is never any doubt that the 'deluded one' will know whether or not one's ears are unblocked. Beyond that, with 'paranoia', there is always the practical task of ascertaining the real past and present forms of persecution. Psycho-technological training, to fulfil its social purpose of mystification, tends to blind and deafen people to what should be obvious.

Franco Basaglia and his associates recently set up a centre at Belluno, in a large country house in the Dolomites, to receive people from the psychiatric hospital at Trieste who live for varying periods in a relatively de-institutionalized setting. One day while I was living in the house a man who had been a hospitalized withdrawn 'chronic schizophrenic' for over twenty years smashed the television set in the middle of a football match, and then three windows (to see the world 'outside' rather than the world 'in the box' etc. etc.). The point was that in the group situation of anger and fear he was not immediately 'dealt with' by a large injection of a neuroleptic drug (costing much more than occasional broken windows) but was taken on one side by one of the staff, who made no comment but opened his ears while the patient with great feeling told the history of his life for two hours. Of course the problem remained of finding a mode of insertion in the outside world after twenty years of systematic institutional incapacitation, but the point was that 'chronic schizophrenia' was abolished by the conjunction of a more reasonable context, one or two acts, and a few more words and a lot more feeling —and by the personal 'policy' on the part of someone to have 'open ears' rather than just the simple mystification of 'open doors'.

So now one says that psychiatrists have one option —either they kill themselves or we assassinate them—metaphorically of course.[2] What does that mean? It means that one recognizes just how difficult it is for someone formed, preformed, deformed as a professional psycho-technologist principally in the medical policing racket of psychiatry but also in the areas of psychoanalysis and psychology, social psychology, 'socio-psychoanalysis' and so on, to change their life structures, which entail gaining money as part

abnormality of the limbic system?[5]

Pressure is also put on the practising physician to diagnose MBD early. The "symptoms" of MBD are very common, particularly in younger elementary school-age children. In a study of the entire kindergarten through second-grade population of a Midwestern town, teachers were asked to rate the frequency of 55 behaviors.[6] In boys, restlessness was found in 49 percent, distractibility in 48 percent, disruptiveness in 46 percent, short attention span in 43 percent, and inattentiveness in 43 percent. Should nearly half the boys in the first three grades of a public school system properly be considered suspects for the designation MBD?

THE NUMBERS GAME

Another maneuver used by those who propose a medical model for violence and hyperactivity is to exaggerate the magnitude of the problem. Mark and Ervin studied only a small number of patients with limbic brain disease. They stretched the significance of their limited clinical experience by referring to a pool of many millions of Americans with brain disease who might be violence-prone, an implication that is clinically false. In a parallel fashion, millions of children are said to have MBD. When Lauretta Bender surveyed the admissions to Bellevue Hospital's children's psychiatric service, she found that only 0.14 percent suffered from post-encephalitic behavior disorders, one of the few conditions in which brain injury directly causes disordered behavior.[7] Estimates of the incidence of MBD in the school-age population, however, run as high as 5 to 10 percent. Paul Wender, a prolific writer on the subject, would apply that diagnosis to almost any child who has the misfortune of being taken to a child guidance clinic:

With no further knowledge, any preadolescent child admitted to a child guidance clinic is most probably in the category until proven otherwise. If, in addition, one knows that a child is not bizarre or retarded and has not been recently disturbed by a presumably noxious environment,

one can make the diagnosis with some certainty. This diagnostic technique lacks subtle nicety but is quite effective.[8]

Effective for whom? The consequences are very serious because Wender prescribes stimulant drugs to all children he diagnoses as having MBD. Ritalin commonly causes loss of appetite, sleeplessness, irritability, and abdominal pain. Long-term use of Ritalin in higher doses, or of Dexedrine at all dose levels, can interfere with normal growth.[9] In rare cases, Ritalin has caused a toxic psychosis marked by hallucinations and bizarre behavior.[10] Ritalin can cause an increase in heart rate and blood pressure. The main psychological hazard of medication for children diagnosed as having MBD is that they often come to view the drug as a magic pill which they feel they need for self-control. Indeed, that is how the drug company portrays Ritalin in its advertisements for physician prescribers:

Here is a child who seems to get very little out of school. He can't sit still. Doesn't take directions well. He's easily frustrated, excitable, often aggressive. And he's got a very short attention span.... He is a victim of Minimal Brain Dysfunction, a diagnosable disease entity that generally responds to treatment programs.[11]

Either millions of American school-age children suffer from a poorly defined and hard-to-diagnose brain disorder, or it is in the interests of the medical profession, the drug industry and the school establishment to convince us that this is so.

The labelling of school children as brain damaged is an example of what William Ryan calls blaming the victim. The individual is blamed for the shortcomings of the social system, here the educational system. The impetus for fundamental social reform is thereby blunted. The only change prompted by the blaming-the-victim ideology is the familiar formula of help for the victim. This is usually garbed in humanitarian terms of remediation, rehabilitation and other compensatory programs. In all cases, the victims are labelled as pathological while the social sys-

of the system. To make a clear enough rupture with the system means risking every security structure in one's life—and one's body and one's mind; family, house, insurance, highly acceptable social identity and highly acceptable means of making enough or more than enough money to live by, all these possessions that one cannot contain in one suitcase (pianos excepted). For some few professionals that has been an historic necessity, for others a temporary historical compromise is possible. We don't all have to have a total destructuring all the time (the 'suicide' of the psychiatrist)—on the same side, and with total solidarity with the other madmen who are murdered. But if psychiatrists don't destructure *enough* of the time they produce the necessity for their 'murder'.

When in the early 1960s, in the course of various polemics in England, I produced finally the wretched and infinitely distorted term 'anti-psychiatry', there was no collective consciousness of the necessity of political involvement. In those years we were all isolated in our national contexts of work. Now there are thousands and thousands of us who begin to recognize a dialectic in our struggle through the growing solidarity of our action.

There is a dialectic that proceeds from psychiatry

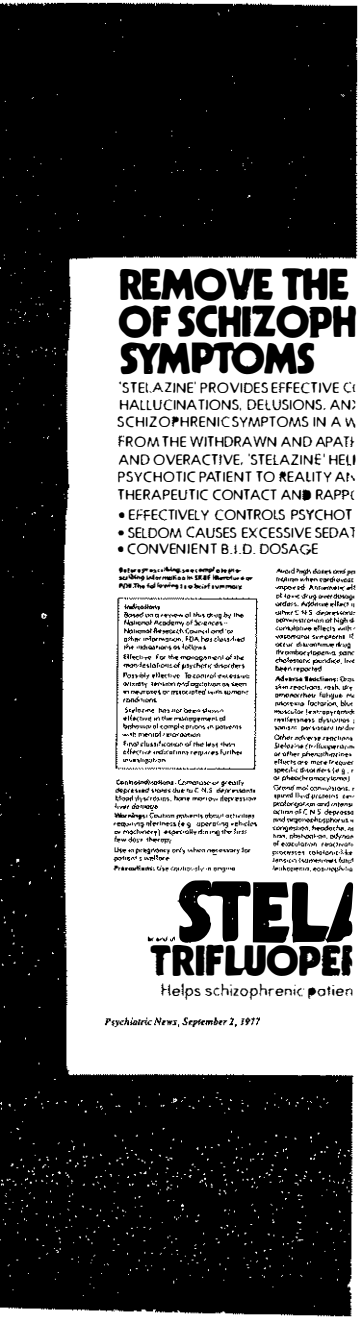
through anti-psychiatry to non-psychiatry (or the final abolition of all psycho-technological methods of surveillance and control). The development of this dialectic is inseparable from the development of the class struggle. It does not, however, follow automatically from the dialectic of the *political revolution* that leads from capitalism through socialism (whether achieved in some cases by the dictatorship of the proletariat, direct seizure of power by the working class with popular elements of the military, in other cases by guerrilla warfare (urban, rural) or in others by using the bourgeois democratic machinery, including turning the mystification of the electoral process against itself) to the classless society of communism that abolishes also the last elements of bureaucratic power. The Anti- non- dialectic does not follow a political revolution because it follows a *social revolution,* against all forms of institutional repression that retains its own, highly variable, momentum. Those things that condition the variability of this momentum are made clear in the concrete struggle for social revolution in each country on the way to its national communism as the base of the only possible internationalism. If anyone finds an idealism or utopianism in this, one can only reflect that it is as utopian as the active aspirations of just about all human-kind. As the political revolution is against class (infrastructural) and national oppression, so social revolution is the struggle against institutional repression as we experience ourselves victimized by it wherever we are, the struggle against the mystification of our needs.

If we begin to see madness as our tentative move to disalienation, and if we see the most immediately present forms of alienation as arising from the class division of society, there can be no psychiatry in fully developed socialism (i.e. in a society where the gap between political revolution and social revolution has been 'adequately' narrowed) and no form of psycho-technology whatever in communist society. Such, in very crude outline, are the 'hypotheses for the non-psychiatry' and the creation of the non- society. To fill in the outline and make it less crude depends on specific people and groups of people seizing consciousness not only of their oppression but of the specific modes of their repression in those particular institutions in which they live as functioning organisms and strive to keep alive as human beings. The living, palpating and now palpable solidarity that they invent is what brings the vision down to earth. This solidarity as revealer of the concrete is what we witness today in some of the more authentic anti-and non-psychiatric strivings . . .

We may say that anti- and non-psychiatric movements exist, but that no anti- or non-psychiatrists exist, any more than 'schizophrenics', 'addicts',

tems which generate the pathology are left undisturbed.

1. Vernon H. Mark and Frank R. Ervin, *Violence and the Brain.* New York, Harper and Row, 1970.
2. Thomas Szasz, *Ideology and Insanity.* Garden City, Doubleday, 1970.
3. James Satterfield, "Information for Teachers, Physicians and Counselors."
4. Mark and Ervin, op. *cit.*, p. 160.
5. *Ibid,* p. 112.
6. J. S. Werry and H. C. Quoy, "The prevalence of behavior symptoms in younger elementary school children," *American Journal of Orthopsychiatry* 41:136, 1971.
7. Lauretto Bender, "Post-Encephalitic Behavior Disorders in Childhood," in *Encephalitis: A Clinical Study,* ed. J. Neal, Grune & Stratton, 1972.
8. Paul H. Wender, *Minimal Brain Dysfunction in Children.* New York, John Wiley & Sons, 1971, p. 61.
9. Daniel Safer, Richard Allen, Evelyn Barr, "Depression of Growth in Hyperactive Children on Stimulant Drugs," *New England Journal of Medicine* 287:217, 1972.
10. A. Lucas and M. Weiss, "Methylphenidate Hallucinosis," *Journal of the American Medical Association* 217:1079, 1971.
11. CIBA advertisement in *Psychiatric News,* September 20, 1972, p.9.



Psychiatric News, September 2, 1977

'perverts', or no matter what other psycho-diagnostic category. What *do* exist are psychiatrists, psychologists and all manner of other psycho-technicians. The latter exist only precariously; when no roles remain for them to live, their very securizing identity is at stake—*on* the stake waiting to be roasted. Psychiatrists and their associated tribe have cannibalized us too long in the perverse mode of fattening us up for the slaughter with masses of neuroleptics, injections, shocks, interpretations in their masters' voice, and with their projections —of their fear of their madness, their envy of the other's madness and their hatred of the reality of human difference, of autonomy. Now, though fed up, we will de-vow them! Even though they are small fry they fry quicker than quick since they wash whiter than white.

There are two things to be done: firstly, the final extinguishing of capitalism and the entire mystifying ethos of private property; secondly, the social revolution against every form of repression, every violation of autonomy, every form of surveillance and every technique of mind-manipulation—the social revolution that must happen before, during and forever after the political revolution that will produce the classless society.

If these things do not happen well within the limits of this century, within the life-span of most of us now living, our species will be doomed to rapid extinction. In such a case, if our species is not extinguished, it should be, because it will no longer be the human species.

It is not true as the philosophers of pessimism say that 'the dreadful has already happened' (Heidegger), but is is true that we are haunted by the dreadful and it is true that there *is* no hope.

There is only incessant, unrelenting struggle and *that* is the permanent creation of the hoped *for* . . .a forgotten intentionality.

After the destruction of 'psychosis' and the depassment of the structures that invented it for their system, we can now consider the abolition of madness, and the word 'madness'. But first let us consider this state of affairs: The madman in the psychiatric situation is faced, in short, by a three-fold impossibility:

1. *If he lies,* enters into a collusive situation of pretense with the psychiatrist, he betrays his own experience, murders his own reality, and it is not likely to work anyhow in a situation where the other (respectable one) is defined by his role as being always 'one up' with regard to reality.

2. *If he tells the truth* he will be destroyed by all the techniques available, because who can dare express things that exceed the wretched limits of normal language imposed by the ruling class and all its psycho-agents. He must be protected from such a suicidal

defiance; he is logically saved from such a suicide by the simple act of murder.

3. *If he stays silent* he will be forced to chatter acceptable nonsense (withdrawal would be seen as katatonic or paranoid, as if there were something to feel suspicious about in the psychiatric, or any of all the other repressive situations surrounding the psychiatric one).

Schizophrenia has no existence but that of an exploitable fiction.

Madness exists as the delusion that consists in really uttering an unsayable truth in an unspeakable situation.

Madness, presently, is universal subversion desperately chased by extending systems of control and surveillance. It will find its issue with the victory of all forms of subversive struggle against capitalism, fascism and imperialism and against the massive, undigested lumps of repression that exist in bureaucratic socialism, awaiting the social revolution that got left behind in the urgency of political revolution, understandably perhaps, though never excusably.

The future of madness is its end, its transformation into a universal creativity which is the lost place where it came from in the first place.

---

1. Even such remorseless critics of psychiatry, from the interior of the establishment, as Dr. Thomas Szasz equate freedom with the U.S. Constitution and bourgeois law. What freedom is it that depends on the enslavement of the rest of the world, particularly the Third World on which capitalism (parasitic even in its origins, the genocide of original people and the destruction of their civilizations and black slavery) depends—and could not survive without. The implantation, the direct and indirect support of fascist military dictatorships by the imperialist countries, neocolonialism and multinational company criminality exist, even though schizophrenia doesn't. Dr. Szasz (who has accused all psychiatrists of crimes against humanity while one mental patient remains compulsorily detained against his will) is far more consistent and honest than most ('Psychiatry is a religion . . . I teach the religion'). In general however, the teaching of psycho-technologies introduces a police operation into the universities and is in contradiction with the celebrated Academic Freedom.

2. Wolfgang Huber (a psychiatrist) and his wife, of the Socialist Patients' Collective (S.P.K.), Heidelberg, were imprisoned for four years for being, very obviously, taken as literal. They wanted to establish an autogestion in the university psychiatric centre. The police, directed by the psychiatric establishment, 'found' guns in their possession. The S.P.K., now resuscitated, had the aim of using 'illness' as an arm against the capitalist system, a method of political education, not therapy.

viscera