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Re-Coopering anti-psychiatry: David Cooper, revolutionary critic of psychiatry

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Abstract

This article offers an introduction to David Cooper (1931–86), who coined the term ‘anti-psychiatry’, and, it is argued here, has not so far received the scholarly attention that he deserves. The first section presents his life in context. The second section presents his work in detail. There follows a section on the critical reception of Cooper, and, finally, a conclusion that sets out ways in which he might be interesting and useful today.

Keywords

psychiatry; anti-psychiatry; mental health; David Cooper; R.D. Laing

Life in context

David Cooper was born in 1931 in Cape Town, South Africa. He graduated in medicine from the University of Cape Town in 1955. The son of a chemist, he never wanted to become a doctor and was probably responding to family pressure in becoming one. In South Africa, he was the lover of Ros de Lanerolle, who would later be a founder of the Anti-Apartheid Movement in Britain and would set up the Women’s Press publishing house in London. In his home country, Cooper was involved in underground resistance to the Apartheid regime. According to the radical Scottish psychiatrist R.D. Laing (whom Cooper met when he was working at the Seamen’s Hospital in South London, having come to England to train in psychiatry after university in Cape Town), Cooper had been a member of the then-outlawed Communist Party of South Africa (Mullan, 1995: 194), but he may not actually have held a party card. He did, however, spend time in China for political education (probably in the mid-1950s). Later, Cooper would travel to Cuba in the early days of the revolution.

Debts to Marxism are evident throughout his work. For instance, in his first book, *Psychiatry and anti-psychiatry* (Cooper, 1967), he argues for a dialectical methodology in studying families, and in his last book, *The language of madness* (Cooper, 1980), he draws on the work of the Marxist Hungarian philosopher Ágnes Heller to think through the nature of radical needs. In his debt to Marx, we can draw a contrast with R.D. Laing, for whom Marxism was never a significant influence. In his more radical outlook, Cooper had affinities

with the *Psichiatria Democratica* (Democratic Psychiatry) movement in Italy, of which Franco Basaglia was the key voice. Basaglia's English biographer, John Foot (2014: 238), argues that the Italian's political formulations could be rather crude, with him making, for instance, rather simplistic contrasts between the poor and the rich in thinking about mental health. Cooper's linking of mental health with wider contexts could also lack nuance at times, and tend towards sloganeering (eg 'The bourgeois state is a tranquillizer pill with lethal side-effects' [Cooper, 1974: 35]). Nevertheless, Cooper always insisted on the need to understand the symptoms of the individual not simply in terms of individual psychology or family dynamics, but also in terms of broader social, institutional and economic forces, and, for him, Marx was a key starting point in doing so.

His Marxism was far from that of the orthodox ('Tankie') or Eurocommunist member of the British Communist Party. Nor was he aligned with far left groups such as the International Socialists (later the Socialist Workers' Party) or the International Marxist Group. He was very much a New Left countercultural revolutionary. This meant that the terrain of everyday life was as valid a region of political struggle as the factory or office, and sex and drugs went together with revolution. He was fond of the Belgian situationist Raoul Vaneigem's line (quoted in Gale, 2001), popular during the May 1968 events in Paris: 'He who speaks of revolution without living it in their daily life speaks with a corpse in his mouth.' At one time, Cooper placed these words on a placard above the fireplace in his consulting room (Gale, 2001). Love, revolution, the need to overcome limits: Cooper's politics were explicitly countercultural and he historically belongs to the 1960s (the 1960s, that is, as an historical period running at least up to the mid-1970s).

His focus on love and on what goes on between people in households (especially in *The death of the family* [Cooper, 1974] and *The grammar of living* [Cooper, 1976]) involved him in both an appropriation of and a critique of psychoanalysis. However, unlike Laing, Cooper never trained in psychoanalysis. He trained in psychiatry in England in the 1950s and held several hospital appointments before leaving the National Health Service (in 1966) after his time at Shenley Hospital in Hertfordshire. He underwent two periods of psychoanalysis (with different therapists), both brief, and one of which was with the South African Kleinian analyst Leslie Sohn. In *The death of the family* (Cooper, 1974: 134), Cooper writes scathingly of one analyst (probably Sohn), claiming that he was jealous of his patient's freedom in moving from commune to commune.

Cooper was in analysis with Sohn while he (Cooper) was working at Shenley Hospital as Senior Registrar. There, he set up an experiment in ward democracy in a wing for male adolescents and young men. The Villa 21 experiment, however, which began in 1962, moved far beyond the then-popular idea of the therapeutic community (associated with Maxwell Jones) and proved unsettling for the hospital authorities, who closed the ward in 1966. Cooper soon came to reject both psychiatry and psychotherapy. In 1965, though, he set up the mental health charity the Philadelphia Association (PA) with R.D. Laing and others. The PA established a therapeutic community (outside state mental health provision) at Kingsley Hall, East London (1965–70), but Cooper showed little interest in the project. He left the organisation in 1971 in protest at the PA's beginning of a formal training programme in

psychotherapy. From his point of view, this smacked of failure to recognise the wider political nature of distress.

As a member of the London-based Institute of Phenomenology, Cooper was instrumental in setting up the Dialectics of Liberation conference at the Roundhouse in North London. This event focused on the nature of violence and the possibility of liberation, and included presentations from Herbert Marcuse, Stokely Carmichael, Allen Ginsberg, Gregory Bateson and others, including Laing and Cooper. In his introduction to the book of the event, Cooper (1968a: 7) presents the therapists involved in the conference as ‘anti-psychiatrists’. Despite Laing’s objections, and despite very few other therapists ever identifying themselves as anti-psychiatrists, the term caught on in the media and among scholars of mental health. The conference is notable today not only as a high point of 1960s’ radicalism in the UK, but also as an example of the male focus of 1960s’ counterculture. One of the very few women to take part, the artist Carolee Schneerman, has spoken to me of the opposition to her involvement that she encountered from male participants (R.D. Laing and Paul Goodman in particular). Cooper, however, she remembers as supportive, someone with “no machismo about him”.

Jean Paul Sartre was to have been the key speaker at the Dialectics conference but could not attend. Radical psychiatry in the long 1960s often drew on existentialism and phenomenology, and Cooper, like Laing, as well as Basaglia in Italy and Frantz Fanon in Algeria, was very influenced by Sartre. With Laing, Cooper (1964) wrote an introduction to Sartre’s later work, *Reason and violence*, and offered English-speaking readers ways into reading *Critique of dialectical reason* (1976), the first volume of which would not be translated until 1976. Cooper also wrote an introduction to *Madness and civilisation* (Foucault, 1967), the first English version of Michel Foucault’s *Folie et déraison* (1961). Madness, Cooper claimed, represents ‘a kind of lost truth’ (Foucault, 1967: vii). Through his work introducing English readers to the work of Foucault and Sartre, Cooper played an important part in mediating mid-20th-century French philosophy.

Education was important to Cooper, who was involved in the Anti-university of London (1968–71), a radical educational initiative that, prior to the establishment of the low-cost, open access Open University and the expansion of adult education, offered very cheap courses to all-comers. Along with Cooper, teachers included Laing and the psychotherapist Joseph Berke, as well as Stuart Hall, the author Alexander Trocchi, the anthropologist Francis Huxley, the artist Jeff Nuttall and the feminist Juliet Mitchell. More than just a low-cost form of education, however, the Anti-university aimed to question the division between teacher and student, and to orientate study explicitly to personal and political development. The putting into question of ‘the rules of the game’ was (as Cooper says on a news clip about the Anti-University) key to the meaning of the ‘anti-’ in education and other contexts – including, of course, psychiatry (Dorley-Brown, 2010).

He was active not only in education, but also in what might be termed an early form of mental health users’ activism. Cooper met Basaglia at a conference in Portugal in 1974 and was impressed by his *Psichiatria Democratica* movement. The Portugal conference foreshadowed the setting up of the International Network of Alternatives to Psychiatry

(INAP) in 1975, with which Cooper was involved. Following Cooper's suggestion in a 1982 Brussels meeting of the INAP, Stephen Ticktin, who had acted as Cooper's personal assistant and had shared a flat with him in Crouch End, North London, established the British Network for Alternatives to Psychiatry.

Cooper was married to a French-Vietnamese psychiatric nurse, and the two had three children. He left his family, however, and by 1967, was in a relationship with Juliet Mitchell, who had been a patient of his and who would go on to write the influential *Psychoanalysis and feminism* (1974). The two lived for a while in the South of France. Cooper remarked that his *The death of the family* (Cooper, 1974) marked his departure from his own family (Ticktin, 1986: 16). In the book, he alludes to a period of madness (of de- and restructuring) in his own life. At this time, Cooper was practising private individual psychotherapy, and a former patient has written of his therapist's evident distress (Gale, 2001). Cooper left England for Argentina in 1972 in order to promote opposition to psychiatry in the developing world. There he wrote *The grammar of living* (Cooper, 1976), but had little success in developing alternatives to psychiatry. In his later *The language of madness* (Cooper, 1980: 29), written in Paris, where he moved in 1975, he writes of undergoing a period of madness in Argentina.

Although he lived in South America and grew up in South Africa, Cooper was very much a European intellectual and was at home in Paris. There he taught at the University of Vincennes (Paris VIII) and wrote the brief, untranslated, *Qui sont les dissidents (Who are the dissidents)* (Cooper, 1977), an essay composed with the assistance of his lover Marine Zecca. The text focuses on the nature of dissidence and how Western progressives (themselves living in a giant prison, 'le Mega-Goulag de l'Ouest' ['the mega-gulag of the West']) [Cooper, 1977: 33] ought to avoid criticism of the USSR that left the injustices of their own societies unaddressed.

Paris was to be Cooper's last city of residence. He died there in 1986. Like Laing, who also died young (in 1989), Cooper was a long-time heavy drinker – a significant factor in his early death. While he could be riotous when drinking, when he was sober, he was often perceived as the perfect gentleman (although he hated anyone referring to him as such). Stephen Ticktin used to tease Cooper by calling him 'Dr Cooper and Mr Hyde'. Cooper was researching a book to be called *The geometry of freedom* (to be written with Marine Zecca) prior to his death. This was to be a project that moved beyond mental health to consider health needs more broadly in France, Italy and North Africa. I know of no manuscript copy of this last book. Nor do I know of any Cooper archival resources.

Key concepts and interventions

Probably the best reason for remembering Cooper is Villa 21 (1962–66), a residential unit consisting of young working-class men at Shenley Hospital in Hertfordshire, UK. There compulsory treatment was pared down to a daily meeting that included patients, doctors, nurses, social workers and volunteers interested in the project. Cooper's emphasis was on fostering an atmosphere in which people – not reduced to their roles as 'patient', 'doctor', 'social worker' and so on – supported one another, and where the prescription of drugs was

kept to the minimum. Oisín Wall (2013) provides a good basic history of Villa 21 that includes an interview with a former resident. One volunteer was the US author and left-wing activist Clancy Sigal, writer of *Zone of the interior* (Sigal, 2005), a satirical novel about anti-psychiatry based on his own experiences at both Villa 21 and his association with Laing at the much more famous therapeutic community at Kingsley Hall. For Sigal, Villa 21 was a place for those who, unlike the residents of Kingsley Hall, had no class privilege to cushion their voyages into madness and provide a route back into a basically secure world. In an article after Cooper's death, Sigal (1986) argues that Cooper's experiment in dissolving doctor–patient boundaries might not have succeeded, but was at the very least a noble failure. The hospital authorities, disturbed by the physical messiness of Villa 21 (not to say the challenge it presented to their view of mental health care), closed down the experiment after four years. Cooper came to believe that the future of radical psychiatry was beyond the hospital. We should remember, however, that the first experimental anti-psychiatric community was carried out not at Kingsley Hall, but in a state mental hospital, and it was Cooper who persuaded the hospital authorities to allow the project to go ahead.

He recalls the experiment in his only book still in print, *Psychiatry and anti-psychiatry* (Cooper, 1967), which gives an account of his journey from being a psychiatrist to becoming an anti-psychiatrist. In this text, we find him, despite withering attacks on the hospitalisation of the mad and his questioning of the distinction between sanity and madness, following conventions of social-scientific writing and writing as a medically legitimated critic of psychiatry. There is, for instance, a chapter on methodology; another offers an extended case history. The final chapter gives us, in its entirety, an article (previously published in the British medical journal *The Lancet*) that presents evidence of Villa 21's efficaciousness.

In his next two books, *The death of the family* (Cooper, 1974) and *The grammar of living* (Cooper, 1976), Cooper moves away from the role of therapeutic professional. What people need most, he tells us, is a witness, someone who recognises the uniqueness of one's experience and respects one's individual autonomy. The witness need not be a professional; it could be – and is far more likely to be – someone with whom one lives in a commune, an anti-family in which the rigid roles of 'mother' and 'father' no longer exist (although mothering and fathering still do). This is a place in which children can bring up grown-ups, as well as vice versa, and in which people are not fixed in the contractual obligation of marriage or in one of the binaries of passive–active or heterosexual–homosexual. Therapy is understood as a matter of someone ridding him- or herself of haunting family 'ghosts', and this is best carried out in the commune. Some people, by dint of their hard-won, relative freedom from their internal families – the result of considerable work on themselves – will be in a better position than others to act as witnesses and to provide supportive guidance through experiences of de- and restructuring (see Cooper, 1976: 54–65; 1976b: 31–45). Therapy, for Cooper, becomes a matter not of specialised treatment, but rather of the practice of close attention to how people treat one another in everyday life. Consciousness-expanding drugs have a place, too, in opening up new therapeutically valuable experiences, as does meditation (Cooper, 1976: 30–38, 127–31; 1976b: 130).

In *The death of the family* (Cooper, 1974), Cooper's writing becomes more ludic, and he writes very much as a member of the counterculture. We can find the aphoristic 'Guns have

their place, of course, but the bed is perhaps the great unused secret weapon of the revolution' (Cooper, 1974: 118), alongside diagrams representing stages of life and experience (Cooper, 1974: 12, 40, 121), Cooper's own verse (Cooper, 1974: 125–6, 141–2), a cabalistic story (Cooper, 1974: 19–20), a story from Tibetan Buddhism (Cooper, 1974: 21–2), and a whole chapter of free-associative punning (Cooper, 1974: 84–90). As Cooper (1980: 19) puts it in his last book, *The language of madness*, 'One would erect a mockery if one were to attempt to write systematically about a discourse that dismantles systematic thought'. There is a great energy about his writing, which is clearly different to that of R.D. Laing, with whom he is so often associated. Perhaps a good comparison would be between the jazz musicians John Coltrane and Miles Davis: there is something restless about Coltrane, who does not always know when to stop playing; Davis, by contrast, is more in control, more knowing – more like Laing to Cooper's Coltrane.

In *Zone of the interior*, Sigal (2005) satirises the Laing figure, Willie Last, who understands the madman as the new proletarian, the harbinger of revolution. This view, however, is much closer to Cooper's than to Laing's. In *The language of madness*, Cooper (1980: 23, emphasis in original) states: '*all delusion is political statement ... and all madmen are political dissidents*'. Most notably, for Cooper, madness is both a resistance to and a sign of the repressive nature of the family. In his exploration of communal anti-families in *The death of the family* (Cooper, 1974) and *The grammar of living* (Cooper, 1976), we find him seeking to move beyond the bourgeois family. For him, the family is the origin of stunted experience and boxed-in social roles: 'the ultimately perfected form of non-meeting' (p 6). Growth is stunted among family members to the extent that, *existentially*, people tend to be more absent than present, and, therefore, the non-meeting of false selves characterises relationships (see Cooper, 1976: 54–65; 1976b: 31–45). In *The language of madness* (Cooper, 1980: 22, emphasis in original), madness is presented as 'a movement out of familialism including family-modelled institutions) *towards autonomy*'. Madness presents a challenge to the family, which, for Cooper, stands at the basis of capitalism – and capitalism can only cope with psychotic dissent by invalidating the mad.

The death of the family (Cooper, 1974) abounds with revolutionary optimism: it *is* possible to transcend the limitations of the bourgeois family; it *is* possible to make a revolution – and a new, revolutionary kind of self. In Cuba, he tells us, 'they hope to abolish money in ten years. Everyone will be able to walk into shops and help themselves to whatever they need without paying' (p 105). He writes of a visit in which 'he found no evidence that people there would tolerate for long the imposition of sclerosed forms of non-life on them' (p 148). What gives Cooper hope is the change in subjectivity brought about by the 'The Guevarist doctrine of the New Man in Cuba' (Cooper, 1974). To readers on the Left, of course, such optimism is likely to read rather plaintively today.

It is likely, too, that readers today will recognise Cooper's romanticisation of madness. This is the case despite his keen sympathy for those who suffer, and despite his writing about his own episodes of madness. In *The language of madness* (Cooper, 1980: 29), for instance, he writes of swimming naked 'in the heart of a tempest that transformed miraculously the sand dunes into amiable and terrifying other humps [and] dinosauric monsters'. Cooper, at times, clearly associates madness with the purity of childhood – he can be very romantic and *can*

romanticise, and he associates madness with truth-telling and full, transformatory experiences. (What about the madness of the lost, we might ask – those lost for weeks, months and years?) For Cooper, the environment in which an experience of madness takes place is crucial: ‘if one has to go mad, the tactic to learn in our society is one of discretion’, he says in *Psychiatry and anti-psychiatry* (Cooper, 1967: 33). *The death of the family* (Cooper, 1974) and *The grammar of living* (Cooper, 1976) are very much about constructing environments in which madness might be positively transformative. In *The language of madness* (Cooper, 1980), madness is presented as a resource, something almost everyone has that might be drawn upon for the purposes of individual and social transformation. Moreover, madness is distinguished from schizophrenia, a sort of failed madness:

The madness about which I’m writing is the madness that is more or less present in each one of us and not only the madness that gets the psychiatric baptism by diagnosis of ‘schizophrenia’ or some other label invented by the specialised psycho-police agents of the final phase capitalist society. So when I use the word ‘madman’ here I’m not referring to a special race of people, but the madman in me is addressing the madman in you. (Cooper, 1980: 18)

In *The language of madness*, we can discern the influence of *Anti-Oedipus* (1977) by Giles Deleuze and Félix Guattari, which, Cooper (1980: 138) says, is ‘a magnificent vision of madness as a revolutionary force, the decoding, deterritorializing refusal of fixity and outside definition by schizophrenia’. The influence of Guattari and Deleuze is present, too, in Cooper’s jibes at what he presents as the depoliticised therapeutic communities in England. He writes mockingly of ‘all the “inner voyages” going on’, and says that ‘one cannot fracture a macro-political reality of oppression and repression with introspective micro-groups of privileged children of the bourgeoisie’ (Cooper, 1980: 133–4). ‘What sense does it make’, asked Cooper at a 1981 conference in Leuven, Belgium, ‘to create ten happy islands in a world where everything keeps functioning just like before? In this way the institution is not being attacked. Madness is being recuperated, encapsulated by the system and loses its function to subversive activity’ (quoted in Laing, 1982 :3). Madness, then, needs to be integrated into every aspect of society and politicised. Inspired especially by the work of Franco Basaglia, in *The language of madness*, Cooper (1980: 116–52) styles himself as an advocate not of anti-psychiatry – a confusing term, he now argues, that has been co-opted by those really in support of psychiatry – but of non-psychiatry, a practice of politicised community activism, support and political education for those stigmatised by disabling labels. Cooper is still a revolutionary in his last book, but his stance also represents mounting pessimism in the counterculture and New Left. If revolution does not transpire by the end of the century, he remarks bitterly, then humanity should be ‘extinguished’ because ‘it will no longer be the human species’ (Cooper, 1980: 148) – presumably because it will have become so psychologically distorted.

Critical reception

It was never enough just to ‘talk the talk’ for Cooper, who, in an allusion to Gandhi’s dictum ‘Be the change you want to see in the world’, says in ‘Beyond words’, his contribution to the *The dialectics of liberation*, that ‘one must be the dialectic one wants to be’ (Cooper, 1968b:

193). It is easy, perhaps, to dismiss Cooper as hippy-dippy, as representing the excesses and lamentable enthusiasms of the New Left and counterculture. This, I think, is a significant reason why Cooper has been overlooked in the academy. R.D. Laing perhaps set the tone here with his remark that he found Cooper's books 'embarrassing' (Mullan, 1995: 195).

In considering the critical reception of Cooper, it must first be noted that he has received very little scholarly attention. He is mentioned in surveys or critiques of anti-psychiatry, but usually only in passing and *en route* to the analysis of the much better known critic of psychiatry R.D. Laing. Such is the case, for instance, in Peter Sedgwick's (1982) *Psychopolitics*. Sedgwick (1982: 108) also tends to blur over the differences between Laing and Cooper, but does point out the latter's greater radicalism in relation to the family. Liam Clarke (2004: 128–47) focuses at length on Villa 21, but is offhandedly dismissive of Cooper. Zbigniew Kotowicz (1997: 66) is concerned to distinguish Cooper's supposed revolutionary extremity from the views and practice of Laing, whom he presents as less prey to the excesses of the 1960s. Laing's son and biographer, Adrian, also distinguishes his father from Cooper. In his biography of Laing (1994: 187), he argues that there was only ever one anti-psychiatrist: Cooper. In a 2005 debate on the legacy of R.D. Laing organised by King's College London's Institute of Psychiatry, those arguing that Laing's legacy has been pernicious presented him as an 'anti-psychiatrist', someone who stigmatised families. Adrian Laing and Anthony David, a consultant neuropsychiatrist and professor of cognitive neuropsychiatry, argued for a positive view of Laing's legacy. They pointed out that Laing was *not* an anti-psychiatrist and ought not to be confused with David Cooper (A. Laing et al, 2005).

Michael Staub (2011: 64), in *Madness is civilisation*, writes dismissively of Cooper 'preaching to the choir in the counterculture and New Left'. Staub implies that Cooper is unwilling to enter into fruitful debate about the nature of psychiatry. However, Staub does not recognise the radical nature of Cooper's project. Like Frantz Fanon (1967) in *The wretched of the earth*, Cooper addresses his 'own' people rather than those in power. He presents himself as a revolutionary addressing revolutionaries or would-be revolutionaries. In the Preface to Fanon's (1967) *The wretched of the earth*, Jean-Paul Sartre (Sartre, 1967: 7–26) considers the scandalous nature of the text, which, he tells us, lies in it not being addressed to 'us', to white Western readers: Fanon speaks *of* the West but not *to* it – his is a Third World audience. Fanon's message, then, is We do not aspire to be like you, and we do not need you. We shall construct our own lives, our own future. He cannot be assimilated into the values of liberal humanism. This is also so for Cooper in his writing. He also seeks to carve out a space beyond the coordinates of the dominant ideology. He is not interested, then, in a more humane form of psychiatry, or a less stuffy or more contemporary form of psychoanalysis. He does not want simply to ameliorate the bourgeois family. Rather, he writes in favour of a fundamentally different society and addresses himself to those who would construct it. He writes as a revolutionary, and perhaps it is this, above all, that makes Cooper embarrassing or irrelevant to his detractors.

What can make Cooper uncomfortable reading at times, however, for even those most sympathetic to him, is his sexual politics. He has been attacked by Elaine Showalter (1985) in *The female malady* for abuse of the power invested in his status as a therapist. The attack

focuses on a story in *The grammar of living* (Cooper, 1974). Cooper narrates how he met Marja, a young, disturbed Dutch woman – ‘quite tall and quite attractive with long blonde hair’ (p 98), he says at the opening of his brief account – who wanted to speak to him but struggled to do so. He took her home, made love with her and listened (later dividing witnessing responsibilities with someone from a nearby commune) as she spoke over several months about her life. Marja lived in another commune, and, Cooper tells us, eventually found a way to live independently and free of the psychiatric game of which she had previously been part. Cooper’s story ‘exemplified the combination of charisma in the male therapist and infantilism in the female’, writes Showalter (1985: 247); he ‘seemed blind to the ethical issues involved’. Clearly, in Cooper’s narrative, the young woman’s attractive appearance is bound up with her vulnerability and his desire to act as a witness. Cooper says very little about the episode, and we do not have Marja’s account. Showalter’s assumption is that the doctor–patient relationship was abused. By this time, however, Cooper makes it clear that he had become a commune-dweller, had given up psychiatry and had given up practice as a psychotherapist. While ethical issues are certainly raised by Cooper’s story, they ought not to be framed in terms of unprofessional behaviour on the part of a mental health professional. Nevertheless, it is reasonable to assume that much power and charisma would have accrued to someone occupying the position of witness/listener, and few today could read Cooper’s story without unease.

Sigal’s (2005) *Zone of the interior* provides a sharp, satirical critique of anti-psychiatry’s failure to address matters of gender, and, specifically, how the appeal of madness – its ‘sexiness’ – gets mixed up with the physical appeal of distressed women to male anti-psychiatrists. At ‘Meditation Manor’, which in Sigal’s novel bears strong resemblances to the actual ‘anti-hospital’ of Kingsley Hall, male guides to residents’ inner voyages become embroiled in what the narrator terms ‘Jurisdictional disputes’ over ‘curvy Jenny Potts’ and ‘luscious, mute Tanya’ (Sigal, 2005: 281). Madness, vulnerability and sexual appeal are sleazily commingled. Cooper’s 1960s’ optimism about the possibility of dissolving differences between the roles of carer and cared-for now seems unfortunate, and even, perhaps, an elegant form of camouflage under the cover of which a male carer might act unethically.

Yet solely to identify Cooper’s sexual politics with the abuse of power would be unfair. Cooper, for instance, writes of melting boundaries between supposedly proper and improper sexuality (aligned with hetero- and homosexual activity), and he argues that women can be just as active, as penetrating, as men. Here, he seems remarkably contemporary. In his argument, too, that while mothering and fathering are necessary, these need not be identified with the biological father or mother (Cooper, 1976: 39–53), he again sounds like our contemporary. However, Cooper was a man of his time and it is not surprising that there is a sexist hue to his work. It should be noted, too, that he finds it difficult to move from analysis of the family to thinking about the relationship between the family and wider contexts. Also, like Laing, for Cooper, madness is essentially the same for a man and a woman: he does not attend carefully to the ways in which gender constructs experience. Nor does he pay close attention to race and ethnicity – despite being a socialist from Apartheid South Africa. What we can find in his work, though, is an attempt, albeit a flawed one, to connect everyday life with politics – and this attempt was influential. As the feminist Sheila Rowbotham (2001:

145) remarks in her memoir of the 1960s: ‘Social control was being presented by anti-psychiatry as being embedded in the texture of everyday life, an idea which the women’s movement was later to adapt’.

Conclusion: re-Coopering anti-psychiatry

In the age of ‘big pharma’, critical perspectives in psychiatry have assumed urgency (Double, 2006; Moncrief, 2009; Davies, 2013), and there has been a revival of interest in the work of R.D. Laing (eg Beveridge, 2011; Miller, 2012; McGeachan, 2014; Chapman, 2015). Laing’s (2010) *Divided self* is now a Penguin classic, and he is to be the subject of a movie, a biopic starring the former *Dr Who* star David Tennant. Cooper, however, has been overlooked. It is time, I suggest, for renewed interest in him. Certainly, no detailed account of the anti-psychiatric movement can be complete without sustained attention to Cooper. I would not suggest that we become Cooperians. Rather, I suggest that we return to Cooper’s texts and read them with a spirit of critical friendship. We have a body of work that justifies his place in the tradition of radical opposition to psychiatry and that can nourish thinking and action in the present.

It might not be possible to overcome divisions between patients and doctors – or social workers and their clients – as Cooper believed. Nor is it necessarily desirable to do so. Writing in the opening issue of *The Sixties* journal, the editors remark that:

In so many cases the aspiration for change [among 1960s’ radicals] was so much greater than the consequence – ‘the dream,’ however construed, was defeated or denied by entrenched powers. But the dream also often faced internal obstacles, or recklessly overreached. (Varon et al, 2008: 3)

Cooper overreached, but his radical opposition to fixity can make us think again about how we might take up positions (eg ‘lecturer’, ‘social worker’, ‘researcher’, ‘therapist’, ‘user’ or ‘survivor’) that blinker and alienate, as well as illuminate, our vision and support us. His fellow-feeling with those considered crazy, together with his attempts to make madness intelligible, are laudable. While his inattention to gender and ethnicity is notable – easily notable for us now – his attention to the politics of everyday life and his belief that ‘treatment’ is best conceived in terms of how people treat one another remains relevant. Cooper’s revolutionary optimism might be thought risible or rather poignant, and there are dangers in overly optimistic political analysis (with the possibility of a reactionary position succeeding when unrealistic optimism fails). Yet hope can also sustain and inspire.

Cooper is a figure from another age, certainly; however, what, we might speculate, might he have made of Cognitive Behavioural Therapy (CBT) or mindfulness or perhaps ‘recovery’ in mental health? It is likely that he would have seen them, at best, as false trails, therapies likely to take people away from social solidarity and ‘symptoms’ that might be painful, exciting and illuminating. At worst, he would have seen them, to use his words in *The language of madness* (Cooper, 1980: 8) (words that express a view akin to that of the current UK survivors’ group Recovery in The Bin [no date]) as strategies ‘invented by the specialised psycho-police agents of final phase capitalist society’. Sloganeering? Yes,

perhaps. However, here, as elsewhere in his work, reading Cooper might spark us into thinking anew about the present-day terrain of mental health care.

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