Madness, Heresy, and the Rumor of Angels: The Revolt Against the Mental Health System. Seth Farber. Peru, Illinois: Open Court, 1993, 266 pages, $17.95 paper, $49.95 hard.

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With the publication of Seth Farber's first book, he has established himself as the most profound and provocative writer on the subject of madness since the death of R.D. Laing. Of course, neither Laing nor Farber could have formulated their counter-cultural interpretation of madness had they not first read and assimilated the writings of Thomas Szasz whose self-proclaimed disdain for the counter-culture and apparent disinterest in the question of the nature of madness, did not prevent him from single-handedly initiating the scientific revolution which cast the construct of mental illness into intellectual disrepute, and consequently made it possible to consider the next logical question: If madness is not mental illness, then *what* is it? (Nor did Szasz's cultural conservatism prevent him from baptizing Dr. Farber's book with a stunningly elegant Foreword.)

Before proceeding let me place Farber's book in its current historical context — and acknowledge my own bias — by noting that there is an appalling paucity of critical thinkers in the field of psychiatry and psychology. Consequently even if Farber's book were less impressive, I would be relieved and surprised to discover that there is still someone prepared to carry on the tradition of dissident thinking best exemplified by Laing, Szasz and Goffman. Now that Laing and Goffman are dead and Szasz has slid into obscurity, it seems that on the frontlines in the battle against institutional psychiatry today, there are only two professionals, Farber (a psychologist) and psychiatrist Peter Breggin (cf. Breggin, 1991). However, despite the importance of Breggin's critique of psychiatry, unlike Farber he is defensive and evasive on the subject of madness, and shies away from metaphysical questions.

Farber has a clearly defined and well thought out philosophical position from which he launches his attack on the mental health system and he utilizes weapons culled from his readings in postmodern epistemology. This enables him to deftly deconstruct the idea of mental illness and to demonstrate that when it is subjected to the scrutiny of a postmodernist hermeneutics, it reveals that it has no scientific or epistemological value whatsoever, but is merely a term of degradation, an expression of the will to power of mental health professionals.

Sarbin and Mancuso (1980) had previously performed a masterly postmodern critique of the concept of schizophrenia. Their book, however, was oriented toward the

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scholar and required some familiarity with philosophy. Farber's book on the other hand is addressed to the general reader and he attempts to make his argument as easy to understand as possible. He succinctly describes the essential epistemological insight upon which his book is based in the Introduction: "A sequence of events and experiences can be *storied* in a variety of different fashions. The *meaning* of these events is determined by the particular narrative ploys and metaphors that we utilize in order to shape and organize these events, by the way in which the raw material of life is configured" (p. 2). For each of the seven subjects Farber interviewed, he constructed two stories. On the one hand, there is the main story which is the more elaborate — the original narrative, the product, as Farber puts it, of "the fusion" of his psyche with that of the interviewee's — "the story of quest, of descent into madness, of spiritual vision, of existential crisis, of triumph, of self-discovery and spiritual transformation" (p. 2) He interrupts his narrative briefly from time to time to draw the outlines of another more ominous story — the secondary narrative — the "psychiatrist's case study," which he claims is invariably a story of a "damaged individual afflicted with the symptoms of mental illness" (p. 2).

The poetic and romantic narrative that Farber and his eloquent subjects construct together provides a stark contrast to the secondary narrative, the expert's case study, cast in the genre of tragedy. The fact that the same events could engender two such divergent accounts destroys any lingering illusions the reader may have that the mental health professional is a disinterested scientist whose methodological procedures give her access to the objective reality of her patients' lives. Not since Goffman have we been given such a graphic description of the dynamics of degradation: we are shown how the utilization of a limited number of tropes, and narrative ploys, leads to the construction of an ostensibly "realistic" portrait of the "mental patient" as a pitiful subhuman creature bereft of the essential characteristic of personhood: the ability to act.

Farber's accounts are informed by the philosophical conviction he shares with Laing and Szasz: that the mental patient is really a person, that her actions (like that of non-mental patients) are intelligible (if not always intelligent) expressions of herself. To understand a person in human terms one must view her actions against the background of her aspirations and intentions, i.e., as expressions of who she is and what she is seeking to become. In the psychiatric case study the relationship between act and person is obscured and the actions of the mental patient are invariably presented as *effects* of aberrant biochemical or psychopathological events beyond her control. As Farber puts it "In the tale told by the mental health expert, the individual is construed in such a way that his or her life loses all qualities of goal-directiveness, of intentionality, of heroism, of grandeur, of mystery, of quest, of meaning" (p. 8).

The movement back and forth between the two contrasting narratives impairs our ability to appreciate the flow of the original narrative, and thus somewhat undermines the book's aesthetic appeal. Yet for Farber this effect is intentional: it enables us, he claims, to experience vicariously the sense of desecration that the mental patient feels when his life experiences are viewed through the grid of the mental health professional. Space permits one example here. Ellen had a nervous breakdown during her first year of college. She also had a number of magical and euphoric experiences in the pastoral environment where her college was set. She described taking a walk through the woods one day and seeing "a little magical creature" that looked something like an elf. She said "It was somehow described in the Castaneda book I recently read. And it blew my mind. I just stood there look-

ing at this and then it disappeared just as it had come and I remember being on the edge of thinking: 'Am I hallucinating this?' But I knew it was real and it was just so fascinating to me that I could open up that much to see something like that. It was a very powerful experience to think of breaking down a lot of my own barriers and my vision opening to outer bounds" (p. 16). At this point Farber has the "expert" interject jarringly, "The characterological defenses the patient used to maintain her weak hold on reality has broken down. She's unable now to distinguish between fantasy and reality. We can see that the psychopathology is deep seated and we can predict that the schizophrenic breakdown is imminent. This is a tragic case, the prognosis is poor" (p. 16).

In contrast to the "root metaphor" (Cua, 1982; MacCormac, 1982) of mental illness, the root metaphor for Farber, the interpretive key that opens the door to understanding the baffling, strange, sometimes terrifying, sometimes ecstatic experiences of the "schizophrenic" is: spiritual crisis, which signifies for Farber spiritual death and (potential) rebirth. Farber derived this idea from Laing but he also finds support for it in the writings of various anthropologists, such as Victor Turner (1982).

A spiritual crisis typically occurs at a developmental milestone in a person's life — it signifies the need for a kind of developmental leap. In premodern societies these crises typically occurred at the threshold of adulthood, and the older members of the culture helped the younger members to make the transition to a more mature phase of development. For the majority of Farber's subjects, this crisis also occurred as they approached maturity. The first phase of the crisis may be described as spiritual death.

For Farber, spiritual death is essentially a descent into chaos: the world loses its quality of coherence, the self loses its sense of integrity and continuity in space and time. Frequently there are hallucinations, delusions, visions, a variety of altered states of consciousness — often there is a mystical experience of unity with all beings. Turner, who believes these "liminal states" are common in premodern societies, describes their most salient structural feature, "Here the cognitive schemata that gives sense and order to everyday life no longer apply but are, as it were, suspended" (cited in Farber, p. 29).

The suspension of the cognitive schemata that give order to the phenomenal world makes it possible to re-order the world. This is why, Turner explains, most cultures — unlike ours — have regarded liminal states as regenerative: "New meanings and symbols may be introduced — or new ways of portraying or embellishing old models for living, and so of renewing interest in them" (Turner, 1982, p. 85). Farber also believes that the experience of liminality is regenerative, or in the terms he prefers, madness, spiritual death, the descent into the primordial chaos, leads naturally to spiritual rebirth — if it is not aborted by the mental health system and if the person finds emotional support. Spiritual rebirth entails the reorganization and revitalization of the self which now has a greater vision and a stronger — and frequently different — sense of identity and purpose.

In the accounts of anthropologists, as well as in Farber's stories, crises always occur in response to environmental challenges. From a developmental perspective, madness is not pure disorder, not exuberant excess ungoverned by any constraints, but to the contrary madness exfoliates itself according to its own intrinsic logic which can only be recognized when viewed against the background of the environment. Farber shows us that there is method in madness. On the other hand, when viewed through the grid of the medical model, madness appears only as mental illness, as pure morbidity, as a monstrous and unpredictable breach of order, a manifestation of the tragically deficient nature of the psyche of the "mentally ill" person

and by implication of the flawed nature of a world in which so many are doomed by Nature's ineptitude.

By abstracting the individual from the context of her environment, the medical model obscures the orderliness that characterizes the interaction of person and environment and lends plausibility to the idea that the individual who experiences a spiritual crisis is at the mercy of a defective biochemical system that becomes deranged at random intervals independently of environmental variables. "Biochem ical imbalance," "chronic mental illness," "genetic defects" — these terms convey the image of world ruled by caprice and chance, constantly menaced by the threat of an eruption of mental illness which can be contained but not banished by the Draconian measures of psychiatrists who labor tirelessly in an effort to impose the semblance of order upon the ghoulish chaos of the patient's psyche. This world, this hell, is the creation, Farber contends, of mental health professionals, a product of their determination to maintain their own power, their insistence on viewing the world through their own grid, their refusal to recognize their kinship with their fel-low human beings in crisis, their determination to construe the mad person as Other, as an object to be managed, their refusal to see the order in madness, and their unwillingness to recognize the fundamental flexibility of the psyche which bears within itself the capacity for growth, transformation and regeneration. This obstinance, this spiritual depravity, makes it impossible for mental health profes-sionals to act as catalysts of transformation, as midwives of the soul's rebirth and ensures that in the name of order and mental health, they will invariably act to pre-vent growth from occurring.

In all of Farber's stories, mental health workers' dogmatic adherence to the mental illness model made it impossible for them to understand the life challenges that their patients were attempting to respond to and made it impossible for them to help their patients to adjust to these changes by progressing to a higher stage of develop-ment. As one of Farber's subjects put it, "The crime was not just all the harmful frightening things they did to me . . . . The crime was also what they failed to do, the genuine help that they might have provided, but did not provide" (p. 52).

Farber contends that he did not preselect his subjects, that they are a random sub-set of "schizophrenics" except that they are more articulate and more strong willed than most mental patients — and most people. It was the strength of their will that enabled them to resist the efforts of mental health professionals to induct them into careers as chronic mental patients (all of Farber's subjects were told repeatedly that they had a chronic mental illness that would prevent them from leading normal lives), and to finally extricate themselves physically and emotionally from the mental health system. Farber contends that it is because they freed themselves from depen-dence on the mental health system — and they weaned themselves off of the debili-tating psychiatric drugs that they were told they needed to take — that unlike other "schizophrenics" they were able to overcome their problems and resume a "normal" life, in actuality to progress to a higher stage of emotional development. If this is even roughly true, that is, if Farber's subjects are similar in most respects to other schizophrenics — and I find this claim convincing — Farber has provided evidence that the "chronicity" of schizophrenia is for the most part not a property of the "dis-ease" but a result of the destructive practices of the mental health system.

Of course, as postmodernists know, one cannot prove that the medical model — or any other model — is wrong. The model could always be modified to account for the anomalous trajectories of Farber's subjects: one could postulate that mental ill-nesses are not chronic after all. (One could also claim that Farber's subjects were

not really schizophrenics, but he defeats this move by demonstrating that they con-
form to the textbook definition.) But two responses are in order here; in the first
place it is unlikely that the model will be modified since the overwhelming major-
ity of mental health professionals are insistent that schizophrenia is indeed an
incurable disease and that without the life-long ingestion of psychiatric medication
the patient will decompensate and be plunged again into psychosis (this is the offi-
cial party line of the American Psychiatric Association).

Secondly, Farber's root metaphor of spiritual crisis *works*: it renders meaningful
his subjects' strange and baffling experiences, it imparts a sense of coherence and
narrative unity to the seemingly disparate events in their lives, it accounts for their
emotional and spiritual growth and their return to the "normal" world, it provides
the basis for a good story, a story that "does justice to the dignity of the individual
and to the value of the human quest for meaning and happiness" (p. 2). It demon-
strates that the construct of mental illness is at best otiose.

An example may help to illustrate Farber's adroit use of the construct of spiritual
crisis. In one of Farber's stories, a young woman in her early twenties made a transi-
tion from a homosexual lifestyle to a heterosexual orientation in a brief period of
time. Before her psychotic breakdowns she had begun to feel that her homosexual-
ity was a facade that she felt compelled to maintain because of peer pressure. Farber
described her last breakdown;

> Ultimately what was at stake was her sense of personal identity. She stated, "I felt as if I
> was going to unravel to the point where there was no I." One might speculate: the sense
> of a future ripe with new possibilities caused and demanded this divestiture of self.
> Eliade writes, "The initiatory death repeats this exemplary return to Chaos in order to
> make possible the renewal of the cosmogony; that is to prepare for the new birth." He
> notes that this often involves a total "disintegration of the personality." (p. 65)

Later in Farber's book he quotes Eliade again, "In no rite or myth do we find the
initiatory death as something final, but always as the condition *sine qua non* of a
transition to another mode of being, a trial indispensable to regeneration; that is to
the beginning of a new life" (p. 121).

All of Farber's subjects made this transition to a new life. They were able to do so
because at one point they finally realized that mental health professionals were
deliberately or unwittingly attempting to stultify their growth, to "gaslight" them,
to keep them dependent on the mental health system and to undermine their abil-
ity to resume normal activities by forcing or manipulating them into taking inca-
pacitating psychiatric drugs. The decision to disengage themselves from the mental
health system was not an easy one to make for many reasons, including the fact
that although mental health professionals usually regard their patients as "hopeless
cases" (as they are trained to do) they frequently feel sorry for them and provide
them with the kind of emotional stroking that leads to the development of inter-
personal bonding.

One of Farber's subjects described the resolve she came to after ten years of lan-
guishing in the mental health system, after ten years of continuous efforts on the
part of mental health professionals to discourage her from returning to work or to
school or from withdrawing from the psychiatric drugs that kept her in a semi-stu-
porous state. "It's strange that I waited that long — until the stakes were at the
highest, when my body was used to years of psychiatric drugs . . . . It would have
been easier if I made the decision earlier before ten years of psychiatric history,

stigma and drugs . . . . It's like a concentration camp inmate fleeing — when it got so bad that it would have been better to have been shot in a field then live on like that. You know you have to break free, affirm your spirit, and try" (p. 27). Looking back several years later after having completed school, having worked at several jobs and living for years without taking any psychiatric drugs, Farber's subject reminisced "Part of me thought I'd never become independent so it was a very spiritual experience of relief, joy, pride, courage, a real sense of coming home and feeling myself for the first time in many years. I had finally claimed myself again in the fertile ground of my being" (p. 27).

For those who regard schizophrenia as a serious mental illness, Farber's stories will come as a surprise. It's as if he were a master magician who pulls a rabbit out of a hat and stands there confidently with a smug smile as if to say "I told you it was there all along, why have you doubted us for so long?" "Us" of course, refers to the critics of the medical model of whom Farber is an heir. This is Farber's greatest accomplishment. He vindicates his mentors, he redeems them from the charge of being parlor room philosophers whose theories have no relevance for the amelioration of the plight of the "mentally ill."

The charge was not without merit. Although the profound and scintillating theories of Szasz and Laing caused an upheaval in the mental health field and for a moment in time (in the late 1960s and early 1970s) it looked like a paradigm shift was impending, eventually the critics of the medical model were marginalized, if not deliberately ignored. This was in large part because their theories were not conducive to the perpetuation and growth of what was gradually becoming a psychiatric–pharmaceutical–industrial complex (as Peter Breggin argued). But it was also in part because of lacunae in the work of Szasz and Laing. Szasz tended to avoid the subject of madness altogether — to a degree that lent itself to the speculation that he had never even met a real "schizophrenic." As for Laing, despite the perspicacity of his critique of modern society, his consummate literary skills and the poetic appeal of his vision, he failed to substantiate his grand claims. His depiction of the madman as visionary, as prophet, as spiritual explorer was alluring, inspiring, but ultimately the only evidence he offered was a few anecdotes and one or two autobiographical fragments written by madmen decades before Laing's time.

Hailed by the counter-culture in the 1960s and early 1970s as an avant-garde intellectual warrior, by the time of his death in 1989 even the bulk of Laing's admirers regarded him as a brilliant gadfly at best, an intellectual Don Quixote, a man whose active imagination produced extravagant romantic fantasies that had little relevance for dealing with the tragic reality of "mental illness." Some of his critics dismissed his work as the product of a mentally imbalanced individual.

Farber's book renews our appreciation for the importance and relevance of the seminal ideas of Szasz and Laing. Firstly, he concretizes and fleshes out their criticisms of the mental health system by examining in detail its impact on the lives of seven individuals, and the manner in which it transforms persons into "mental" patients. Secondly, Farber utilizes the insights of Laing and Szasz — principally the idea that a human being (even a mental patient) is essentially a person, and the concept of madness as spiritual crisis — to explain and render intelligible what psychiatry deems improbable if not impossible: the recovery from schizophrenia, the transformation of mental patient into person. To put it in other terms, Farber not only deconstructs the idea of mental illness, but he provides a reconstructive narrative account of the individual's descent into madness, her experience of the dark night of the soul and the recreation of a new self following her spiritual death.

The representation of his subjects as refracted through their words and Farber's narrative is so much richer, more nuanced, more human than the psychiatric case study that the latter's pretention to scientific objectivity is revealed as bogus. Furthermore, rather than tragic victims of mental illness, Farber's subjects resemble Laing's madmen: they are inspired visionaries. Farber has turned the tables on Szasz's and Laing's critics: they are the ones out of contact with reality, they are the ones whose attachment to their own fervid anachronistic and culturally senile fantasies prevents them from understanding, or even recognizing (in any genuine sense of the term) their patients, let alone helping them. Their reluctance to encounter their patients as human beings like themselves rather than as objects to be used for "professional" gain leads them to attempt to destroy their patients' spirits while sustaining the delusion that they are promoting their mental health.

By presenting documentary material and utilizing the philosophical insights of Laing and Szasz to mold it into an account with narrative sense and representative power, Farber fills in the lacunae in their work and demonstrates its relevance for understanding human behavior and improving the lives of those deemed "mentally ill." Farber completes the scientific revolution begun by Szasz and Laing by presenting — and interpreting — empirical evidence for their claims. That is to say, Farber situates a developmental model, a growth model, derived from the work of the critics of the medical model, on a solid empirical foundation. That is why *Madness, Heresy, and the Rumor of Angels* attains to a genuinely classic significance that puts it on a par with the best works of Laing, Szasz and Goffman.

This is not to say that the book is without its flaws. In the first place, although it is an unusually well written book, at times Farber allows himself to get so carried away with his fulminations against the mental health establishment that one questions whether he is indeed a serious philosopher or a religious crusader determined to instigate the oppressed masses of psychotics to launch a holy war against the mental health establishment.

Secondly, despite his implications to the contrary, Farber has not finally solved the question of madness. Most probably it is a mystery that will never be fully solved or understood. While the root metaphor of spiritual death and regeneration provides the basis for a new scientific paradigm (that could provide the basis for an effective therapeutic practice), it does not explain everything. To take an extreme example: Are we to believe that Charles Manson was going through a spiritual crisis, that had he received humane care by counselors he would have emerged as an enlightened being? Farber would undoubtedly dismiss this example by claiming that individuals like Manson are not typical of schizophrenics. I concur — I use this example merely to dramatize a point: there are thousands of individuals who unlike Farber's heroes would not or could not make the adjustment to the demands of everyday life. This is not to justify the policies of the mental health establishment. It is merely to indicate that while Farber's robust optimism is a salutary corrective to the self-defeating pessimism of the mental health system, it is not entirely justified by the realities of life — however one wants to slice the pie. And this brings me finally to what I find the most unsatisfying aspect of Farber's book: it is uninformed by any sense of the tragic dimension of human existence. While his stories brilliantly illustrate that great improvements could be made if mental health professionals took an enlightened, more generous view of their fellow human beings, it must be acknowledged that humanity's subjugation to disease, to loneliness and to death are not artifacts of the policies of the mental health system, but intrinsic features of human life. One could take Farber more seriously as a philosopher if he showed at least a dim recognition of this fact.

Nonetheless, these limitations do not vitiate Farber's accomplishments. He has written an important book, a practical book that holds the potential to help thousands of people who are today in danger of being spiritually destroyed by the mental health system. The seven individuals whose stories Farber tells were declared hopelessly mentally ill by the mental health establishment. They went on to prove that establishment wrong. They are examples of the power of the human spirit to conquer adversity and their stories may give others the courage to resist being inducted by mental health professionals into careers as chronic mental patients, and to join the revolt against the mental health system.

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