

Turn illness  
into a  
**Weapon**

# Turn Illness Into a Weapon

*A Polemic and Call to Action*

*by the Socialist Patients' Collective of the University of Heidelberg*

With a Foreword by Jean-Paul Sartre

This text is a translation of *SPK: Aus Krankheit Eine Waffe Machen*, published in 1972 by TriKont-Verlag, Munich.

## Translator's Note

Disclosure: this translation is completely unauthorized. Could it be any other way for a work like this?

This book is a collection of writings from the early 1970s by a radical German mental health collective. Why publish it now when the group was Stammheim-ed out of existence decades ago? A few reasons. For one, it's a valuable primary source document of a fascinating movement. And its analysis of the sick-making effects of our modern economies points to ongoing, contemporary problems. More cleverly now than ever industry, research, the professions feed on the poisoned souls that stay propped up so long as workplace norms get met. Open your eyes, people. The norm *is* illness.

For another, to make it available: as I write this, no other English version of this book is to be had, for love or for money.

Finally, for me. I'd known this text for a few years before it all of a sudden seemed to be the only lifeline I could find out of a dark place I'd fallen into. I decided to hold on and follow by rewriting it into English. At the start I thought translation was a mechanical, one-way process. But talk about dialectical! My shaping of the text was at least as dramatic as the effect of the text on me. I learned that translators have choices to make that establish the tone, the voice, the meaning of a text. The original text is more than inspiration but less than a formula for the rewriting that is translating. Translating unexpectedly satisfied an urge for *creative* writing at a critical moment for me when other means of self-expression seemed closed off. Working on it became a passion, the only one I could find in a long spell of indifference and I felt my own illness turning into a force as I persisted. At least it kept me in my seat at a time when jumping out the window seemed like the next best idea. And I think old Huber could appreciate that.

K. D. (2013)

## A Call to Action: Consumer Item or Tool?

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*If this text turns out to be completely indigestible, i.e. not consumable, the implication can only be that one has denied this text, dialectically canceled it in practice. In this way the text presents the negation, the transcendence, of the SPK's practice.*

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## Foreword

Dear Comrades!

I read your book with great interest. I found it to be not merely the only possible radicalization of the anti-psychiatry movement, but also a coherent praxis which aims at transforming and supplanting the standard “treatment methods” in mental health.

In general, you see the same feature in capitalism that Marx understood as alienation to be illness. In that you are right. In 1845 Engels, in *The Conditions of the Working Class in England* wrote that through capitalist industrialization a world was created, “in which only a race of people can feel at home who are dehumanized, degraded, intellectually and morally debased to the level of animals, and are physically morbid.”

Because capitalism’s atomizing powers systematically and permanently cripple a class of people into vassals - externally and internally - it’s understandable that the totality of people of whom Engels speaks, who had been stricken by illness, can be understood as the unity of harms that come with wage-dependency and as the revolt of Life against these harms which reduce people to the status of objects.

Since 1845 the relationship has fundamentally changed, but the alienation remains, and it will last as long as the capitalist system. It is, as

you say, “assumption and result” of the relations of production. Illness - you point out - is the only possible form of life in capitalism. In fact, the psychiatrist, who is wage dependent, is a sick person like each of us. The ruling classes merely give him the power to “cure” or to hospitalize. Cure - this is self-evident - can’t be understood in our system to mean the elimination of illness: it serves exclusively as the maintenance of the ability to go to work where one stays sick. In our society there are the well and the cured (two categories of unwittingly sick people who fit the norms of production), and on the other hand those recognized as sick, who are rendered incapable of performing wage work, and whom one sends to the psychiatrist. This ‘policeman’ begins by placing them outside the purview of the law by denying them the most fundamental rights. He is clearly an accomplice of the atomizing powers: he approaches individual cases as if psycho-neurotic disturbances were the personal flaw and fate of an individual.

Then he compares the sick - who in their distinctive features appear to be alike - studies the different behaviors, which are merely forms of appearance - and brings them together so that they form a nosological unity<sup>1</sup> which he treats as different illnesses and then submits to a classification system. The sick person qua sick person is thus atomized and placed into a separate category (schizophrenic, paranoid, etc.) in which he encounters other patients but who can have no social relationship to him since they are all viewed as particular examples of the same psychoneuroses. You, on the other hand, have made it your goal - through these many publications - to penetrate to the fundamental collective cause: “mental illness” is unavoidably connected to the capitalist system which changes labor power into a commodity and those who are dependent on wages into things. (Objectification). It’s clear to you that the isolation of the sick, their atomization, which is originally determined by the relations of production, can only continue to the

extent that patients in their revolt are still unclear about their demand for another society. To counter that it's necessary that they be together, that they reciprocally raise each other's consciousness and incite action, in short that they form a socialist collective.

And since the psychiatrist is also a sick person, you refuse to see the patient and doctor as two individuals who are naturally separated. This division has always resulted in turning the psychiatrist into the sole signifier (determining) and the patient into the sole signified (determined) and thus into a pure object. In contrast, you see the patient-doctor relationship as a dialectical unity which is present in each of them. Once patients have unified, then, within this dialectical relationship, depending on the circumstances, one or the other is the determining moment of the relationship, namely to the extent the patients either get stuck on the reactionary moment of the illness or else revolt against it and become aware of their true needs which are suppressed and deformed by society. From the knowledge that illness is, in all its forms of appearance, a general contradiction, and that each individual at the same time is both signifier and signified, it follows for patients that they must unify so that they divide and keep separate the reactionary moments (e.g. bourgeois ideology) and progressive moments (demand for a *different* society whose highest goal is the person and not profit). It goes without saying that this collective isn't to be seen as a *cure*, because capitalism produces illness in every person and "psychiatric cure" only means a reintegration of patients into our society. Rather the collective seeks to bring illness to its culmination, to the point where it becomes a revolutionary force through a shared consciousness.

What's exceptionally impressed me about the SPK\* is that the patients, without fixed medical roles - without a fixed pole of meaning - produce

\*The German acronym "SPK" will be used throughout this text to refer to the Socialist Patients' Collective.

human relations and thereby mutually help each other to become conscious of their situation, in which they see themselves in the others' eyes, i.e. they treat each other as subjects in the sense of signifier-signified. In the modern form of psychiatry, psychoanalysis, the patient looks at no one and the doctor sits behind him to register his impressions, and orders them as he, the doctor, sees fit. This spatial predetermination of the doctor-patient relationship puts one person in the position of pure object and makes the second into absolute meaning-giver who deciphers the speech of illness through a hermeneutic whose secret he alone claims to know. I am happy to have experienced the actual progress that the SPK represents. Given the condemnation of your work I also see that it exposes the harshest repressions by capitalist society and not only the power of the representatives of culture, but also that of politicians and the police who have to unleash their power against you. You will have to fight with all available means because the rulers of society count on hindering the continuation of your *practical* work, even if they have to charge you with being vile conspirators. You won't be judged by silly arrest charges, though, only by the results you achieve.

Jean-Paul Sartre

April 1972

*This text is only a beginning . . .*

## V. Dialectic

### 19. Object – Subject

**Illness:** The need for life reveals itself most immediately in the empirically experienced limitation of and threat to life, in *illness as the way we exist in capitalism*. Illness is inseparably bound up with psychological stress, with the need for change, with the need for production. Illness understood as a contradictory moment of life, carries within it the kernel and energy of its own negation, the will to life. At the same time it's the repression, the negation of life. As the negation of life, however, it isn't only an abstract negation of the merely biological (empirical) life process, but rather at the same time and essentially the product and negation of the conditions for "life," that is of the prevailing social relations of production. As a definite negation, illness is likewise *the* productive force for changing these life conditions, which 'owe' it their emergence. So much for now about the *objective* function of illness.

*Subjectively* the sick person is compelled through his or her suffering to make his existence, his life, the object of his consciousness. Here the objectively reactionary function of healthcare, with all of its institutions, becomes clear: The patient's isolation becomes intensified, his illness will be taken from him, according to 'his' wishes; he becomes managed and exploited. The success of the "treatment" gets reified in the reproduction of the sick person's employability, of his ability to function in the anti-human, illness-engendering social production process of capital, in his "*rehabilitation*."

**Doctor and Patient:** The individual, in his illness and status as patient, acutely experiences his role as a pure object through his defenselessness, isolation, and loss of rights. With his need for treatment

his inability to act becomes a certainty. An essential task for the doctor in the therapeutic setting in his role as agent of existing social relations is to determine the doctor-patient relationship constantly and seamlessly through the constitutive need of the patient for treatment. The institutionalized anchoring and organization of this so-described doctor-patient relationship thus guarantees the permanent oppression of the protest which is contained within illness as its progressive moment, and its materialization as resistance. It guarantees the maintenance of the pathological role of object in the phase of acute illness. That means that capital and state maintain a state-of-the-art instrument of oppression in the doctor-patient relationship as defined by the entire health care system. In the stage of acute illness and need for treatment heavy weapons are employed on the state's side against patients in the form of legal poverty of patients connected to the doctor-patient relationship. The patient has no right to control or determine the whether or even the how of his treatment, whose material possibility he has himself, in fact, created through surplus value, taxes, and social security contributions. The progressive moment of protest contained within illness can only become conscious, articulate itself and manifest in the form of resistance by the collective transcendence of the role of object. In the individualized, atomized treatment through the doctor the patient's repression, as the reactionary moment of illness, will be duly strengthened. On the other hand, the increased isolation promotes the consciousness raising and the emancipation of the strengthened life-energy as protest and resistance against the conditions of illness in social relations (fever and elevated heart rates, as well as the so-called violence of mental health patients, are palpable signs of this intensification).

**Individual - Collective:** Insofar as I make the objective relations which determine me (heteronomy) into conceptual objects, that is to analyze and know them, I develop myself incipiently as a subject. Insofar

as I radically change them, I am a subject. The first is hardly possible as an individual alone; the second not at all.

Therefore the individual as an individual is condemned to the role of object (isolation). Only cooperation with others in solidarity makes the transition from object to subject possible. This means that the many isolated objects of social relationships can become subjects only through collective praxis on the basis of cooperative solidarity.

In this way the individuals cooperating together have changed *for themselves* the social relations of which they constitute a part: and simply because they are now collectively - no longer only as individuals - part of social relations. Individuals as objects are defenseless victims of social relations. Together in the collective they become as far as possible and to some degree actually, that is effectively, their own subject. This transformation of social relationships for themselves contains the kernel of their transformation *in themselves*.

**Result:** From all this follows: an intensification and refinement of care for the sick - for instance through enhanced and socially-directed actions of the doctor's functions (e.g. community psychiatry, institute for mental health, classless hospitals) on the basis of a doctor-patient relationship based on training, tradition, and state-control, or variations of it - is objectively a project that threatens and harms patients, and every reform or refinement of it serves objectively only to stabilize the murderous current relationships. Relations between people must from the beginning be understood as object-object relations. In the case of doctor-patient relationships, e.g., each of the two partners in the relationship is an object of the same subject, of capital. The patient, as the object of the apparent subject, puts his psychological suffering and his need for change in the hand of the doctor, according to plan, who becomes a caretaker of capital like he is also a caretaker of sickness. In the "successful case" the doctor produces the superficially desired change for the patient in the form of

“health” in freeing the patient from his specific symptoms. For capital he produces newly exploitable labor power, according to orders.

The goal of all relations among individuals is the transcendence of their objectification through collective praxis in the face of the determining power of the historical process, of capital (freedom movement on the basis of solidarity). The outcome isn't the fetish of “individual health,” mutual recognition as means of exchange in the form of sympathy, rather solidarity and the common need for transformation. The altered consciousness is at once the assumption and result of practical political struggle, for only in the struggle for socialism is self-realization possible.

## **20. Transcendence of the Object Role in the Collective**

Knowledge is only possible and meaningful for people as change of the known through the knowing subject. All transformative knowledge assumes the empirical certainty of the object role of consciousness with regard to being, the object role of the individual with respect to the material basis of his social being. The repression which thinking, vitality, life on the level of empirical certainty experiences expresses itself through the symptoms of illness: work interruptions, depression, sexual difficulties, anxiety, and so forth.

In the collective processing of the real (effective) subject- object relation, the object role of the individual himself becomes an object of epistemological and transformative processes. The object role that consciousness has grasped with respect to its being is transcended in the self-transforming activity of the developed, that is self-developing, consciousness. Thereby a new stage is reached: transformation, that is at once the negation and also the continuation of the individual on a different basis in the collective. The collective is objectively and subjectively a new quality: objectively in that it confronts capitalist relations of production with a counter-power and compels them to