

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?

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.

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 unity¹ 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

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This text is only a beginning . . .

I. Materialist Exposition of the Contradictions Within the Concept of Illness

If we want to solve a problem then we have to correctly recognize the problem. It doesn't suffice that we can specify this or that part; we have to grasp all the moments that determine the problem and their interactions with each other. Only in that way is it possible for the knowledge and solution of the problem to form an inseparable unity. If we want to grasp why a stone falls to the ground, we can't settle for determining that other bodies also fall to the ground, rather we have to grasp the essence of the appearance (the falling), namely gravity as the universal law of matter through the concept of mass.

It's the same with illness. Here it was clear to us from the outset that it's completely unsatisfactory to look for a single bodily cause according to the model of scientific medicine. It also quickly became clear to us that it's not enough simply to speak of the social cause of illness, that it's too simple to pin "responsibility" for illness and suffering on "evil capitalism." And it became clear to us that it's a completely abstract and ineffective affirmation simply to say that society is ill.

Empirically, we start from three facts alone:

1. Capitalist society exists, so does wage labor and capital.
2. Illness exists and so do unsatisfied needs, i.e. real need and the suffering of the individual.

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3. We have the category of historicity, the category of production, or - more generally - the categories of time, of change, and of becoming.

Simply put, the SPK was, in the years 1970-71, the greatest possible concrete form of the contradictions of the concept of illness, in its greatest possible universalization. It's true of the dialectic generally that one has to venture to a high level of theoretical generalization to solve concrete problems; there theoretical generalization is both the presupposition and result of practical work. From the outset, therefore, we are concerned with understanding symptoms as the appearance of the essence of illness.^{1a}

What is this essence? According to Marx, the history of humanity is the history of alienation and the transcendence of this alienation. Illness is neither a part of, nor the form, of alienation but rather *is* the alienation, but subjectively, as the experienced condition of physical and psychological needs of the individual.

Illness is defined by us as damaged life, life that contradicts itself. This definition of illness is the result of historical research, in the way it's conducted in the SPK workgroups by means of dialectical materialism.

In original society people see the power of nature over against themselves as overwhelming and irrational. To be able to withstand these powers people have to organize in social groups, but this means that the power of nature continues in the internal workings of the social group as social power. Since Herder, anthropology defines the human as a creature of essential needs; modern anthropology explains the beginnings of human history with the loss of animal-specific instinct drives. This loss of instinct drives means that humans are the Other of nature. For there to be human history at all, the concept of life as purely natural or biological must be eliminated.

Marx forcefully presented the goal of history in his *Economic and Philosophical Manuscripts*:

Communism as the *positive* transcendence of *private property*, which is *human self-alienation*, and therefore as *actual appropriation of the human essence* by and for humans; therefore as the complete, conscious return, within the whole realm of his previous development of becoming, of the human, for itself, as a *social*, i.e. human, being. This communism is as completed naturalism = humanism as completed humanism = naturalism; it is the true solution of the conflict of the human with nature, and with the human, the *true* solution of the conflict between existence and essence, between objectification and self-validation, between freedom and necessity, between individual and species. It is the solution to the riddle of history and knows itself as this solution.²

Through the development of the *forces of production* and the increasing control of nature all the necessary means have been achieved which would permit humans to enjoy a life without need or oppression. But the powerfully enduring, *anarchistic* capitalist relations of production hinder the progressive development of the means which, given the high level of development of the forces of production, stand ready to free humans from the compulsion of nature and of society.

In capitalist society the individual sees himself over against social forces which appear to him as random and as wild as the immediate force of nature. Therefore we speak in this text of the 'natural force' of capitalism.

With the growing strength of the forces of production and the simultaneous persistence of capitalist relations of production, capitalist society sees itself increasingly compelled to create non-reproductive values whose creation is directed not at the reproduction but rather at the destruction of social life.³ (Built-in waste in consumer goods on the one hand and arsenals of weapons on the other). A simple example will make this clear. The automobile industry is known to be one of the most powerful industries. Smooth transactions are provided for so as not to threaten its profits. So that the process doesn't get stuck a part of the technical workforce has to be kept busy producing products in the most efficient way possible (this is often called basic research). The state, as

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the representative of capital as such (a sales crisis in the auto industry would automatically plunge the steel, electrical, and rubber industries into a crisis) is compelled to build roads. This has the result that cities are broken up with traffic veins, that bleak satellite towns grow up, all with the further result that no financial resources are available for urgent social concerns (schools, hospitals, kindergartens, etc.).

The desolation of social life which results from this means that urban areas quickly become investment targets of additional industries. The entertainment industry fills this wasteland with arcades, juke boxes, nude bars, etc., and thereby produces: prostitution, street crime, rock bands, and those forms of asocial behavior which the system's defenders pass off not as the result of capitalism but of industrialization.

The individual in capitalist society is thus the object of a double exploitation, both in the realm of production and in consumption. He's like that man in Greek mythology whose wishes are filled by the gods so that everything he touches turns to gold, but as a result he dies of hunger and thirst. Not only activity in the workplace but also leisure activities turn to gold for capital - the stroke with the tennis racket, the trip with the car, the tossing of coins into the juke box.

Needs: we start with the assumption that all needs are produced through capital. That is, all needs are appearances of capital's fundamental need for surplus value. "Production produces therefore not only an object for a subject but also a subject for the object."⁴ Capital, not the human lords of productive forces, is the subject of history. But the individual's need for life contradicts capital's need for surplus value; the *symptom* is the immediately sensually perceptible unity of this contradiction.

The *symptom* is simply the unity of the contradiction between life and death. And the capitalist mode of production is always directed at the destruction of labor power. The concept of this contradiction gets classified as schizophrenia and psychoses, which are symptoms. The

development of the unfolding of this concept is the resistance organized and realized through the SPK.

It must be clearly seen that what is portrayed as schizophrenia and psychoses is simply the result of the contradiction between power and life carried to the extreme, but in a quiet unity. Each authentic human impulse is answered with the threat of violence. This quiet unity of the contradiction between power and life, which manifests in “peaceful times” in individual schizophrenics - and bourgeois society knows why it hinders the unfolding of this contradiction with institutional walls, straight jackets, psychopharmaceuticals, electroshock therapy - takes on the appearance of concentration camps in times of crisis. The death camp is – mediated by the institutions of the nursing home, the prison and the psychiatric hospital – the highest realization of the concept of the bourgeois family (flowers in the courtyards of prisons and psychiatric institutions and geraniums in the barracks windows of Auschwitz. The prison warden and psychiatry professor know not to announce on holiday occasions: “we are one big happy family!” But weren’t joyous carols also played over the loudspeakers at Christmas time in the death camps?).

On the other hand Bruno Bettelheim reports in *The Informed Heart: Autonomy in the Mass Age* of a girl who in a moment of great insight recognized the most frightful instance of alienation in human history and expressed it. This girl belonged to a group of Jews who stood naked before the gas chamber. The SS officer who observed the procession heard that she was a dancer and commanded her to dance. She danced and gradually moved closer to him. Suddenly she grabbed his revolver and shot him. Her fate was clear and it was equally clear that she could have done nothing to change the actual situation, namely the execution of the group. But in her own way she risked her life to give expression to an historical possibility which was tragically lost in the process of the mass extermination.⁵

Anyone who concerns himself seriously with symptoms of illness has to deal with the power of capitalist society and with the organization of power. Social relations translate themselves completely into the material

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of the body and the image of bodies = psyche; the individual produces his body and psyche in the production process organized by capitalism.⁶ The symptom is the appearance of the essence of illness as *protest and the hindrance of protest*. The goal of the SPK's agitation was to claim the progressive moment of illness, i.e. protest, and its collective organization. How far the individual succeeds in claiming the progressive moment of illness for himself depends greatly on the economic situation and the social position of the individual. Whoever was privileged in such a way that he had the possibility to work off symptoms by means of capitalist consumer goods (tourism, parties, etc.), or for whom a social position permitted health at the expense of others, for him the agitation ended with a "healing" in the bourgeois sense. He's satisfied that the most disturbing symptoms are gone, otherwise he claims the reactionary side of illness (suppression of protest as an organized form of violence against others and therefore also against oneself), and separates as a "free" person from the SPK. He was "healthy" and so stood objectively on the side of capital:

The propertied classes and the proletariat present the same human self-alienation. But the first group feels itself well and confirmed in this self-alienation. They experience the alienation as their own power and have in it the appearance of human existence. The second feels itself destroyed in the alienation, glimpses in it their powerlessness and the reality of an inhuman existence. It is, to use an expression from Hegel, the outcry, in the givenness in the world, about this givenness, a cry to which they are necessarily driven through the contradiction of their human nature with their life-situation which is the blunt, decisive, encompassing denial of this nature.⁷

Health is, through and through, a bourgeois concept. Capital in its unity sets an average norm for the exploitability of the commodity of labor power. The health care system has on the one hand the task of raising the norm, and on the other hand of selecting that labor power which no longer corresponds to the norm and preserving it at the least possible cost - or of liquidating it outright and *euthanizing outsiders*, as in the Third Reich.⁸ To be healthy, therefore, means to be exploitable.

The SPK's praxis has clarified which threats of violence are readily available and can be implemented against the production of nondestructive needs and the realization of life. It has clarified that the constitutionally guaranteed rights - equality, physical integrity of one's body, free development of the person - are abstract phantoms and that to claim them will be branded as a crime. The extent of reification which the constitutionally guaranteed rights take doesn't depend on the judgment of "independent" judges, rather on the degree of counter-power which the exploited classes are in the position of utilizing against life-destroying capital. That's why the call to "fight against the erosion of democratic rights" is an empty phrase.

The bourgeoisie doesn't hesitate to destroy millions of workers for its profit if it won't be hindered through the material power of those concerned.

The realization of the right to life takes place in a *people's war*. All power must originate from the people. Those who tremble at the notion of a people's war must realize that they have no concept of the power of the capitalist system or of the ongoing class war from above, that each year 10,000 people commit suicide, that every day 15 people lose their lives in so-called "workplace accidents," that every year more people die in traffic accidents than live in Offenbach.

"There's always war in the cities." - Brecht

This text is only a beginning . . .

II. Theses and Principles

1. Eleven Theses on Illness

- 1) Illness is the presupposition and the result of capitalist relations of production.
- 2) As the presupposition of capitalist relations of production, illness is the productive force for capital.
- 3) As the result of capitalist relations of production, illness, in its developed form as the protest of life against capital, is the revolutionary productive force for humans.
- 4) Illness is the only form of “life” possible under capitalism.
- 5) Illness and capital are identical: to the degree capital is accumulated - a process which goes hand in hand with the destruction of human work, known as ‘destruction by capitalism’ - the spread and intensity of illness increases.
- 6) Capitalist relations of production involve the transformation of living work into dead material (goods, capital). Illness is the expression of this continually self-expanding process.
- 7) Illness is, like concealed unemployment, the crisis buffer of late capitalism in the form of social security contributions.¹⁰
- 8) In its undeveloped form illness is a limitation, the inner prison of the individual.
- 9) If illness is taken away from the administration, exploitation, and custody of health care institutions and emerges as the form of patients’ collective resistance, then the state has to intervene and

patients' lack of an inner prison will have to be addressed with external, "actual" prisons.

10) The healthcare system can only deal with illness under the premise that patients lack any rights at all.

11) Health is a biological, fascist fantasy¹¹ whose function in the heads of the stupid and stupid-makers is the concealment of the social conditions and social functions of illness.

2. Three Starting Points of SPK Praxis

I. We start with the belief that each patient in this society has a right to life and therefore a *right to treatment*, and for these reasons:

- 1) because "his" or "her" illness is socially determined.
- 2) because the capacity for treatment and medical functions are socially institutionalized.
- 3) because each person, whether worker, housewife, retiree, college student or young person has paid for the infrastructure of healthcare, with about 35% or more from their salary through compulsory taxes, before they ever make a claim to it.

II. From the claim to treatment mentioned above inevitably arises the necessity of *patient control*:

- 1) of the patient care institutions: patients' domiciliary rights in public hospitals;
- 2) of medical education and training through
 - a) determination of science through the needs of the patients, i.e. the population as proletariat under the determination of illness - the principle of the people's university as the socialization of the means of scientific production;
 - b) domiciliary right and employment opportunities, control of the university budget for patients in the university;

- c) realization of the claims of patients to determine themselves the whether and how of their treatment;
- 3) the means of raising and spending social security contributions, of the status of social security and public health insurance.

III. In the *doctor-patient relationship*, in the therapeutic environment, the patient intensely experiences his role as a total object and the lack of legal rights over against, and within, social relations, of which the doctor-patient relationship is only one.

This situation, this relationship is therefore the toehold, the only ongoing social relationship at all whose object is the patient's becoming conscious of needs. From this need-oriented consciousness the following maxims of action can be derived: emancipation - cooperation - solidarity - political identity.

3. Ten Principles of SPK-Praxis

- 1) The *needs* of patients are the starting point of our work.
- 2) In the process of the reciprocal self-determination of patients in *individual and group agitation* the patients' needs become known in their double role as product and productive force.
- 3) *All* the material "offered" by patients is processed.
- 4) Through the medium of individual and group agitation the objective, external conditions of existence, those of the individual patient as well as of the whole patient collective, find the way to collective action.
- 5) The processing of individual and collective needs is only possible in connection with individual agitation, group agitation, and scientific work groups (the collaborative processing of the necessary theories).
- 6) The needs of patients, which are made objective through individual and group agitation, are focused and universalized in scientific work

- groups into the collective need which is the unity of need and political work (*political identity*).
- 7) The form and content of work groups are determined through the evolved needs of the patients. The *Hegelian dialectic* and the *Marxist critique of political economy* have proven themselves as a determinative and compelling method.
 - 8) The specialized, professional knowledge and training of individual patients is *socialized* in the process of individual and group agitation and in work groups, especially the medical practitioners among them, and eradicated through the various education and training opportunities in the SPK.
 - 9) SPK products are: *emancipation, cooperation, solidarity, political identity*.
 - 10) The goal and stages of our work: the realization and optimal development of the individual within the collective; the creation of further collectives in other places and the socialization of SPK methods in already existing organizations and groups (multifocal expansionism) and the realization of all collectives in the universality of socialist revolution.

4. The Principle of the People's University

Science has to be freed from its parasitic and anti-human function. If a hundred people produce so much that a hundred and one can live from their collective product, then we can be certain that the hundred and first person will be a "scientist." That means that he will try to regulate and tax the socially productive process of production of the hundred producers according to "scientific" principles. The premise and result of capitalist relations of production is a science which must work out continually newer and more refined methods of regulating and taxing (cybernetics) the production process for the sake of profit maximization. That means that relations of production are created which are antithetical

to life. The correct therapy for this social “development” is the fight for the socialization of the means of production, which is also a fight for the collective appropriation of science by the exploited, thus the fight for the collective production of social relations in which each person - corresponding to the collective needs of the individuals who make up society - is a scientist, namely a conscious bearer of the social relations of production.

It doesn't suffice that scientists claim to carry on science for the people. They would have to carry out science for *sick* people (because there aren't any other kind), so that they put science in the hands of those who need science to be freed from their needs, that means in the hands of the *sick*. That can't be asked of scientists, though, because they aren't ready for such a self-betrayal, for the negation of their capital-oriented function. Because for capital accumulators science is a means of production which they want to command and continue to command. That's why scientists build ivory towers (universities). And they conduct their science such that they never have to leave their ivory towers, actually such that they *can't* leave their towers - they wall themselves in. Therefore the sick have to take science into their own hands. Hence the principle of the “people's university.” Capital accumulators build custodial institutions for the sick (hospitals, nursing homes, prisons) from which the sick want to leave, yes *have* to leave!

5. The SPK as the People's University

- 1) We haven't made a school exam or the size of one's wallet the criteria for admission into the SPK – only that one has *needs*.
- 2) In contrast to the university, which under the higher education laws of Baden-Württemberg refuses to accept or else dismisses from the University all those who, by whichever people for whatever reason, are deemed “sick”, we start from the premise that *all* are sick and have

declared ourselves in support of all those who understand this, especially those who have learned it the hard way.

3) We're not concerned with the accumulation of an individual's commercial knowledge and skill through and for capital; we're concerned about the *socialization* of scientific knowledge and methods which meet the needs of the sick population.

4) In contrast to the independence and alienation of science from the practical needs of the sick, we propose science in the service of the *practical critique* of those who are affected by social relations.

5) Instead of proclaiming the academic freedom of research and teaching (freedom from what and for whom?) we've collectively studied and researched the freeing of people from social compulsion.

6) Instead of the principle of competition (exams) and heteronomy (through the profit and accumulation needs of capital) we've made *collective praxis* and *collective self-determination* the standard for our scientific work.

The Minister of Cultural Affairs of Baden-Württemberg¹³ (by decree of September 18, 1970) and the Senate of the University of Heidelberg (by resolution of November 24, 1970), have refused to allow organized SPK patients the material necessities of their scientific work within the university, which the patients deserve, despite three positive recommendations by well-known scientists to the rector and the administration.¹⁴ This:

- within a university which only exists on account of the surplus value extorted from the sick, wage-dependent, working population and the taxes permanently robbed from their wages.

- within a university whose natural science and medical faculties carry out war research and so-called fundamental research for capitalist imperialism's program of the destruction of the masses from within¹⁵ and without, on whose medical faculty the outpatient psychiatric clinic is run as a police psychiatry clinic by the clinic director von Baeyer and the

medical director Oesterreich¹⁶, who at the beginning of March 1970 evicted patients from the clinic with the help of the police.

- within a university whose social science faculty, under contract with the CIA and other agents of capitalism devise counter-strategies against popular freedom and civil rights movements.

- within a university whose law faculty develop and apply “scientific” methods for perpetuating the total legal impoverishment of patients.¹⁷

- within a university in which Minister of Cultural Affairs Hahn holds a chair in the Theology faculty, the same professor Hahn who as culture minister described the patients on 11/9/70 as “*wild beasts* who can no longer be tolerated and who should, at a minimum, be eliminated.”

- within the framework of a university whose Rector, the theologian Professor Rendtorff¹⁸ promised the patients in writing on 11/9/70 to revoke the measures to evict them from the university, and who reneged a few days later, declaring to the Senate that his own signature was not valid.

- within a university, finally, whose student body, all the way through the police attack on the SPK of 7/21/71, which was approved by the administration, didn't lift one finger to help the patients.

This text is just a beginning . . .

III. Historical Section

6. The Outpatient Clinic in the Service of Prevailing Science

Through the initiative of a few physicians, the University of Heidelberg's Outpatient Psychiatry Clinic experienced in recent years a change in its mission and its practices, until about 60 patients and their treating physician were kicked out in February, 1970. In their daily practice these doctors found that the customary ways of treating the psychic impoverishment of the masses less justified now than ever before. The outpatient clinic was and is like a railroad terminal, a switchyard for "sick goods," connected to its function as a training stop and career step for medical specialists. "Cases" with which left-behind practicing doctors and specialists can't finish, but which they also don't want to ship to a closed-off "healing" institution, are sent to the Outpatient Clinic and from there transferred to sections of the main clinic or - because there are seldom beds available for uninsured patients - even to the state psychiatric institutions. Treatments are only carried out on certain, qualified patients. These qualifications are determined by the treating doctor's interest in reimbursement or in the "scientific" value of the patient's illness. The selection criteria is based on the patient's age or education level. This, in fact, means that patients over 35 or without a high school diploma will not be accepted for treatment. The work of the outpatient clinic is therefore by no means oriented to the needs of the wide majority of patients, but rather to the profits and career interests of doctors and the rigid hierarchy of the so-called "health care" system. This anti-patient attitude is not peculiar to the outpatient clinic, but is

rather a trait of the entire “health” apparatus, from the lowly ranking doctor to the loony bin. It becomes acutely clear that the outpatient clinic is the selection ramp for the various institutions of this apparatus, and that the system is inhuman.

7. The Outpatient Clinic in the Service of Patient Care

This function of the Outpatient Clinic became clear to those who were ready to pose the problem to themselves and recognize in the research work of university doctors the theoretical and practical animus towards patients which violates the Hippocratic oath - “Above all do no harm.”¹⁹ In the course of the patients’ confrontation with the clinic hierarchy, however, it became clear that those responsible were by no means blind or oblivious to this problem, but on the contrary ready to sacrifice patients on their alter of “science.” This is what chief doctor Blankenburg²⁰ said with the permission of the clinic director: “Science requires sacrifice. If research and patient care collide, then heads must roll!” “The heads of the patients in this case!” we objected, and which the authorities acknowledged with cold laughter.

The confrontation between the clinic leadership and those doctors who didn’t want to put up any longer with the anti-patient orders of their bosses and who instead wanted to make patients the focus of therapy, was exploited by ‘colleagues’ for their own selfish profit interests. But the doctors who cared for patients and not profits were fired.

Thus the chief doctor of the outpatient clinic, Dr. Spazier, was let go in May 1969, even though he had already been promised a post-doctoral position; assistant doctor Rauch was transferred, and finally in February 1970, assistant doctor Huber was dismissed, along with his patients, and was banned from the psychiatry clinic and outpatient clinic.

The collaboration between doctor and patient isn’t provided for in the prevailing system. Rather the doctor-patient relationship is characterized by distance, by mediation. The doctor, who is used to understanding the

patient as a case, as a thing, has to learn, however, to assess the expression of the sick population not by a diagnosis but to understand it as the life-utterance of the oppressed, appropriate to the circumstances of their lives. The formation of a proletarian consciousness as the premise and the instrument of progressive therapy is, in general, only possible by the abandonment of the doctor's claim to be the person in control of the therapeutic process. And for that the knowledge is needed that the supposedly subjective doctor is, in fact, an object in this relationship! Doctors don't acquire the know-how for a therapy oriented to the patients' needs through study, meetings, seminars, or academic conferences, but rather only in the daily engagement with patients' reality, the misery of exploitation and oppression. This reality stands in opposition to the self-justifying system cast in stone as a hierarchical health-care system, funded coercively by patients through social security and taxes.

Academic meetings with colleagues who, using professional standards, know and treat patients only as a diagnosis, accomplish nothing and take place at the expense of delay to patients. It was actually his absence from these meetings, which are inefficient and steal time from patients, i.e. standing conferences that serve the selection function of the outpatient clinic, which was the pretense for the dismissal of Dr. Huber. In fact, though, the therapeutic work with and for the patients turned into a critique of the health care system and its exploitation of illness.

In the university clinic, healthcare is socialized in the progressive sense, at least in its possible tendency. There the possibility exists, and for doctors therefore a duty, to make this privilege accessible to the people (who pay for it in the end).

University clinics enjoy certain privileges in contrast to established doctors and community or state health care institutions:

- 1) The doctors there aren't dependent on fee-for-service payments or patients' insurance; they earn - even if variably - salaries. Administrative

work and the outfitting of doctors' practices is taken care of by clinic administrators.

2) Prescribed pharmaceuticals are free, which means they don't stand under the control and restrictions of insurance companies or insurance company medical directors who are subordinated to establishment doctors. This "freedom of the formulary" is justified by the research tasks of the university clinic: pharmacological research for the profits of pharma is pursued with public support through the funds of patients.

8. Patients' Self-Organization

Patients were no longer willing to let themselves be managed, transferred, or handed off like cattle. They demanded their right to therapy; they began to organize. The first Patients' General Assembly in the history of medicine took place in the Psychiatric Clinic of the University of Heidelberg on February 5, 1970. There the resignation of the new clinic leader Dr. Kretz²¹ was demanded. Since he assumed office in October 1969, Dr. Kretz had already sought to disband several therapy groups, including a group of older patients who had specifically moved to Heidelberg to take part in the necessary therapy and for whom no other place was possible. Further, he tried to replace the active doctors in the clinic, especially Dr. Huber, with his own "team." A statistical survey conducted by the patients in the clinic waiting room showed that for every one of Dr. Kretz's patients Dr. Huber had 12. The patients further decided to form a commission which would work on a constitution that would do justice to their needs. A blackboard was brought into the hallway for announcements by patients. A few days later it was torn from the wall by Dr. Kretz before the eyes of a patient who had wanted to read an announcement, whereupon the patient suffered a breakdown.

The clinic administration didn't want to tolerate the self-emancipating and self-organizing patients any longer. Patients with whom one can't any longer do whatever one wants were no longer useful for "science."

At a patient teach-in in the lecture hall of the psychiatric clinic in the presence of the clinic director von Baeyer, Professor Brautigam²², as well as the head doctors and assistant doctors of the psychiatric and psychosomatic university clinics, the patients demanded the reversal of Dr. Huber's termination and the return of Dr. Kretz. A half-day later, with no advance notice, came the termination and the ban of Dr. Huber.

After a day and a half long hunger strike by patients in the office of the director of the University Clinic, the university rector Rendtorff found himself compelled to provide the material conditions for the ongoing therapy and self-organization of the patients: university space, regular financial support, and free pharmacy. That was the substance of the so-called compromise which came into effect on February 29, 1970, through the cooperation of the medical faculty (department chairs Schnyder and Quadbeck)²³ and clinic director von Baeyer, as well as students of the medical task force. The compromise was struck between the patients and Rector Rendtorff. It was accepted by the patients without the approval of Dr. Huber, who merely declared himself ready to work with them further. Through their institutionalization as an autonomous work group within the university, the patients had brought about the confirmation by the university, in the form of the Rector, that the medical faculty was incompetent to care for the sick. But the execution of the compromise failed from the outset:

1) The work room, which had stood empty for over half a year (at the expense of taxpayers), had to be first renovated by the patients.

2) The promised free formulary was criminally sabotaged by clinic director von Baeyer and chief doctor Oesterreich (Oesterreich: "One can't let Huber prescribe, he might prescribe dynamite!") Patients who wanted to speak with von Baeyer about the technical process of the formulary were removed from the clinic by the police, who had been summoned by von Baeyer, and also served with a *persona non grata* notice to stay off clinic property. Chief doctor Oesterreich imposed a

prescription ban in Heidelberg pharmacies on account of the self-organization, namely prescriptions which had been ordered by Dr. Huber were no longer accepted. A retiree who had been severely wounded in the war and who wanted to fill a prescription in a pharmacy was sent by chief doctor Oesterreich - who in the meantime had completed his post-doctoral thesis on geriatric illnesses - by telephone to Vice-Rector Podlech for a countersignature (a law professor who had been involved in the compromise agreement). This severely wounded war veteran was insulted in a public event by Oesterreich: "Look, Dr. Huber, this man is *your* work."

3) The promised monthly lump sum wasn't paid out by the administration from March to July. More importantly, the furnishing of the work room and the use of the telephone was blocked. The administration tried to get the patients voluntarily to give up the university space under the terms of an agreement proposed on September 30, 1970. Dr. Huber was to confirm in writing that the patients didn't qualify for any more therapy. As a means of pressure the administration used a starvation blockade against their self-organization: The university denied the payment of the money promised in the "compromise." It quickly became evident that the "compromise" was a dictate against the patients' self-organization, that patient care now revealed itself to be a further step in the strategy of destroying patients.

9. The Socialist Patients' Collective

After 4 months of ongoing suppression and starvation by the administration the patients had finally had enough and on July 6, 1970, occupied the office of Rector Rendtorff. The demands of the Socialist Patients' Collective to the administration were:

1) patient control over care for the sick by the patients; elimination of the determining influence on healthcare by industry or the army, for instance.

2) patient control of the domiciliary rights in the clinics by patients. As a transitional regulation, the domiciliary right will be delegated to the Rector.

3) appropriation of clinic funds by the patients. As a transitional measure all clinic funds go through the general university account.

a) Perpetual and free use of a house in which the patients are protected from attacks by outsiders. The house must have at least 10 rooms. The university assumes all costs of the therapeutic outfitting and the ongoing operational costs of the house. Two contract doctors will provide medical services for the patient collective by taking on patient care and will be paid by the university. Resources are provided for administrative and custodial services.

b) Immediate, perpetual, and free use of a house with at least 10 rooms for the housing of patients who have been harmed in specific ways by the prevailing form of doctor-patient relations. This is necessary to protect them from further injury by the psychiatric establishment.

c) Until its new space is ready, the Socialist Patients' Collective will remain at 12 Rohrbacher Street.

All costs incurred since March and up to the takeover of the space – including the installments paid in trust under a compromise struck for unity – are assumed by the university. The still outstanding funds will be transferred immediately.²⁴ The patients demand the producer's power over the means of production; they demand the material conditions for the transformation of the capitalist university into the *people's* university. This demand was, by the way, consistent with the university's constitution, which in its section 2 declared the university to be a source of "science for the people." As a first step in this context of their overall demand, the patients demanded the formal institutionalization of the SPK as a university department, the provision of space in the university

adequate to their needs, and a realistic effort at supporting patient self-organization.

On July 9, 1970, the university's leadership council decided to recognize the SPK as a formal university unit and hired 3 recognized researchers to report on the work and function of the SPK.²⁵ These scientists supported recognizing the SPK as a legitimate university organization.

The defamation of the patients and the incitement of the public against the patients in the press and broadcast media was conducted solely by the Medical Faculty (the Chair Dr. Kretz) and the Department of Psychiatry (representative head Dr. Kretz) until the leadership council decision, in press releases, open letters and reader letters, and was strengthened through the voice of the Minister of Cultural Affairs of Baden-Württemberg, Prof. Wilhelm Hahn of the Christian Democratic "Underground" (CDU). The reactionary bourgeois press published their columns filled with inflammatory attacks in which they claimed to be experts on the patients' affairs. But in the case of explanations or responses from the patients, these were either mangled, distorted, or denied publication altogether. The Minister of Cultural Affairs characterized the administrative council decision in a July 20, 1970, press statement as "in the greatest measure contrary to law." In a broadcast he said that the SPK patients must "immediately be provided the treatment they deserve and need." Finally, in his decree of September 18, 1970, he prohibited carrying out the leadership council's decision. This public relations tirade of the physicians, thanks to and supported by the Minister of Cultural Affairs, had the following result for the patients: on the one hand it demonstrated clearly the animus towards the patients by the medical and academic institutions; on the other hand, the patients' family members and employers, who knew the SPK solely through the opposition opinion articles, now tried – partly with success – to bring

pressure on the already uneasy patients and to keep them from participating in the SPK.

This experience showed in a palpably concrete way the inherent connection between the bourgeois consciousness, the so-called healthy human condition, and the rationality of capital.

10. The Eviction Notice and the Senate Resolution

The first eviction notice against the patients (formally against Dr. Huber) on November 14, 1970, was a further attempt to destroy the SPK. Just before this, Minister of Cultural Affairs Hahn had on November 9, 1970, declared the SPK to be “an out of control weed which can no longer be tolerated and must be eliminated immediately with all available means.”

On the same evening University Rector Rendtorff promised the SPK in writing to rescind the eviction notice which the University had received at the instance of Hahn and to challenge in an administrative law court the culture minister’s edict of September 18, 1970, on which it was based. Likewise Rendtorff, with his signature, explained he would present the request for the formal recognition of the SPK to the Senate, which was the responsible university body, in consultation with the administration’s advisors Richter, Brückner and Spazier.

The rector’s first step, according to his explanation, was that he have his signature certified as invalid by the Senate, of whom he is the representative (recusing himself). In response, on November 16, 1970, the patients requested a temporary order from the administrative law court against the attack on it by Minister of Cultural Affairs Hahn and made complaints against the edict of September 18, 1970, appealing to fundamental rights such as the sanctity of the person and the freedom of research and teaching. The complaint was “heard” only in January 1972 thanks to the obstructionist tactics of the court. The complaint has since been dismissed with costs.

On November 24, 1970, the University Senate held a secret session at the request of the medical faculty (Schnyder, Kretz) to which not even the above mentioned experts were invited, but did include Prof. Dr. Heinz Hafner, an expert in maximizing profits in health care. There the Senate declared that “the SPK can have no place in the university.” According to the announcement of head of the law faculty, Professor Dr. Leferenz, and at the suggestion of members of the natural science and mathematics faculty, this resolution was supposed to be carried out immediately by the university chancellor “through administrative channels with help of state assistance.” In the obviously delusional belief about the binding commitment of Rendtorff, the theologian, through his signature, Dr. Huber and the SPK patients filed an appeal against the eviction notice on November 4, 1970. On May 13, 1971, a new enforceable eviction notice against the SPK (against Dr. Huber in particular) was issued. The SPK’s request for a judicial stay against the first order wasn’t even ruled on.

11. The Eviction

The arbitrary arrest of SPK patients followed on June 24, 25, and 26, 1971, accompanied by interrogation, excessive physical force, home searches (without judicial authority, of course), threats and hostage taking with weapons.²⁶ This police action with helicopters, dogs, machine guns and several hundred police officers, both uniformed and plain-clothes, was carried out by the state attorney and police as an act of what is most aptly known in the psychopathology of delusional systems, as “unprovoked aggression.” The delusional basis of it associated the SPK with a shootout between the police and unidentified drivers which had taken place on June 24, 1971, near an apartment of an SPK patient. The court used the legal excuse of “imminent danger.” With the exception of two people, all those arrested were released after the 47-hour maximal detention. For the two detained SPK patients, arrest warrants

were cobbled together on the allegation that they were members of a criminal organization. Requests for permission to visit them were denied (even to spouses) on account of the SPK-affiliation of those making the requests. Still, a medical specialist's order was in place for the urgent necessity of visitation rights for at least 40 SPK patients who had worked with both of those prisoners in individual and group agitation, and until now it has been ignored by the prosecuting attorney and the court.

In the early morning hours of July 21, 1971, one day *before* the execution of the judicially ordered eviction, several hundred policeman with machine guns and dogs stormed the SPK workspace in another invasion, even though we had already announced eight days previously on July 13 that the space was closed because of the threats to patients by police terror. At the same time the apartments of 10 patients, which for the most part had already been searched by police in June, were ransacked and searched again. Nine SPK patients were arrested and dispersed to 8 different prisons across Baden-Württemberg, put into strict solitary confinement and subjected to ongoing reprisals and interrogation. The state attorney had also insured that 9 of the 11 prisoners had no legal representation (defense counsel): the attorney for the imprisoned SPK patients was suddenly deprived of his authority, against which not one complaint was raised, and was barred from acting as defense counsel. This bar had to be lifted after more than a month.

Nine of the eleven prisoners were meanwhile released, partly on bail and subject to conditions. Notably, 2 doctors branded as ring leaders still remain in custody.²⁷

12. The Current Injustice and the Patients

Our strength as patients consists in the fact that we are completely deprived of civil rights. In civil society there's a connection between property and rights: to be a person one must own property. The only property that workers control is the commodity of labor power. The

healthcare system defines people as *ill* if they temporarily or permanently lose control over the commodity of labor power. With the loss of the commodity of labor power all rights, which apply at best only formally for the average owner of labor power, are completely lost. Whoever has lost his or her last right – the commodity of labor power – is no longer a subject of rights. It follows, though, that when law is applied to us, and that happens constantly, it isn't applied to *persons* but to those with no rights! To human wrecks, who under the current constitution possess no power, not even over themselves, much less over others. A right against those without rights, however, is nonsense, a non-right, which can't guide our action because it doesn't apply to anything, because it isn't made for us.

The deprivation of the space needed for self-organization, the tools, the financial support, and finally life can only be understood by us as a challenge to defend ourselves. And since the deprivation of the means of production and the destruction of life concerns everyone who possesses nothing but the commodity of labor power, all exploited people can realize their right to life only in the praxis of collective self-defense.

Only because we are subject to criminal law are we relevant to the law at all. Through the transition from the status of patient to criminal, or research prisoner, we are “rehabilitated” from the status of an object with no rights into one that is legally relevant.

Luckily, no one in power at the university challenged the patients' privilege to be without rights. On the contrary, Rector Rendtorff and his flunkies made the patients constantly and acutely aware of this status which they saw not only as the justification for violence against the sick but also unmistakably as a blight. As to the place of patients in the university, though, there should be no question. Where else in the world would you find clinic directors and those who want to get away with millions in revenue over the corpses of patients?

The law that protects capitalist interests is the same for patients before and after the enactment of the rules of the University of Heidelberg and the higher education laws. As patients they have no complaints to raise. Ostensibly all are equal before the law – and on that principle democracy has done much good. This means, for instance, that everyone, really everyone, can look as good in the formal, legalistic sense as, say, Mr. Axel Springer, for all are fully equal before the law. Reality is different. By no means can everyone with his best effort incite the masses, like Axel Springer can, even though the law in modern free, democratic states makes everyone an Axel Springer, whether they want to be or not – though only in theory. In reality they remain lifelong objects, objects of those who are like Axel Springer. Take the right to academic freedom for research and teaching, that one also applies to everyone. Even students could occasionally make a claim to it if they can afford it. Recently an organized group of faculty members, the “Freedom of Science Federation,” have claimed to be the exclusive representative of this right against the masses of all concerned and affected by it. The point is clear: all stand at least formally equal within the law. This doesn’t apply to patients. They don’t have a claim to treatment either within the university or anywhere else. On the contrary, they are compelled in many cases to let themselves be treated (smallpox vaccination, “approved” medical research, etc.) without the legal possibility of any influence over the content or circumstances of the treatment. Anyone can become acutely ill, all are potential patients; we see that already in our social security contributions.

This free, democratic, rule of law state, whose necessity can be justified over and over as the guardian of capitalism, that everyone badly needs for their protection, doesn’t protect those who bear the brunt of it. One should be wary of a state which uses legal means against those whom it pretends to protect!

On the patients' lack of rights, of which the SPK has seen concrete evidence:

- 1) The sick have nothing to gain in the university clinic *by virtue of the law*. At best they are tolerated there, as they are elsewhere. And they're only tolerated on the condition that they don't anger their benefactors and, with full and complete gratitude, allow everything to happen to them that their benefactors desire.
- 2) University doctors can kick patients out of their practice with the permission of their supervisors. This exploitation of "sick goods" and other waste products is legally unobjectionable.
- 3) The University Rector can kick doctors out. If this is requested by other doctors who have kicked out patients, the legal position of the rector isn't diminished.
- 4) If a doctor complains about his dismissal before an administrative law court through a civil rights complaint, points 1-3 still apply.
- 5) If patients bring a civil rights complaint before an administrative law court then points 1-3 still apply.

Despite this legally unobjectionable situation the Ministry of Cultural Affairs was compelled to carry out another eviction over and above the administration's: after their eviction the patients had won back the right to university space. To break the resistance of the patients, the administration leaders struck back with a private law property rights claim, which was formally directed only against Dr. Huber who had given up the SPK space long ago. On this issue the leaders were clearly afraid to announce their measures to the public – and not because they were timid individuals. Rather because the exploited population - and they are the ones affected, the ill - would shake their heads. Perhaps some of the uninhibited among them would find their voice again and ask: "Isn't there any more to our rights? – whose right is this anyway? . . . "Who

gets to use the law?” and finally, “How can we protect ourselves from this law?”

Everyone knows that government always works against the people. But the class war of the sick has just begun. This is already revealed, among other ways, in the fact that the political power of reaction must, even if only temporarily, disguise itself as a property rights complaint. The dictatorship of the proletariat, however, aims at the elimination of capitalist relations of production and the abolition of human deformity, goals which affect the public interest. For these goals, though, one has no need of the reactionaries’ legal claims. Instead, all means of self-defense are required, the nature of which will be determined by the power of the opposition and its inherent gaps.

On the university: one doesn’t need to make any great effort now to sketch out the form of the conflict.

For the sake of its interest and that of the people - the proletariat under the determination of illness - a growing number of politically conscious patients have organized themselves in the SPK to obtain for the university its original goal, namely to carry on science: to put nature and science in the service of all. This attempt constitutes a breach of law in two senses. One, because according to the university and higher education law patients have no business in the university. And second, because the Ministry of Cultural Affairs in the course of administering its resources, money and space at least, must take care to prevent nature and science from being put in the service of everyone.

The university would, in any case, have to call in the marshals and the police against the claims of patients, even justifiable claims, to protect the university’s autonomy. Higher education law and university constitutions saw to it that patients, who had anyhow been awarded the status of not having any rights, would, all the more, have no claim to rights in the university. If the Minister of Cultural Affairs had desired to institutionalize instead of evict the SPK - imagine this if you can! - then the rector would have had to bring legal action, perhaps with his bleeding

heart, in the legally-protected interest of the university's autonomy. For the university is obliged by law to protect its autonomy over against the people, above all if they appear as the proletariat of the sick. This moment of glory in the form of self-promotion by misusing the university for the purpose of improving the human condition spared us the trouble of an eviction notice. Should the university serve the mob? God forbid! It's the other way around: the mob serves science, it submits to the power of nature, to the pistol pulling, club swinging, poison pill- and electroshock-dispensing state apparatus. This answer of the exploiter, the quintessence of all their laws, is simply universally valid.

The present situation, as it has emerged from the patients' struggle for survival, owes thanks to the open visibility of power exercised here by the medical establishment, the university bureaucracy, state government and the court system – a rare “happy” convergence: the exemplary presentation of an absurd system against which one has to protect oneself with all available means. A highly organized social form, with all the available possibilities at its disposal, is confronted with a power structure overtaken by history with the appearance of right on its side. It needs this false appearance so that power can easily be confused with nature and can act in a similarly reckless way. Therefore it has to disguise itself as right, namely with the right that it has created for itself through its own actions. Revolutionary power only has the protection of those who use it. Behind this power stands a person, behind those rights stands power. Right and power don't originate in people's heads but rather in capitalist relations of production. But revolutionary power springs from sufferers become conscious, who from a place of unwitting toleration of that deformity, transform their condition with the use of relationships, knowledge, and tools for the protection of individuals and for the advancement of collective praxis.

Capitalist law fills the gap between the population and the university with the corpses of sick people who have unconsciously expressed passive

resistance to capitalist work and can no longer be mended by the university for capitalism's "final solution."

In the history of the SPK the violence of law reveals itself in this way: in order to destroy the self-organization of the patients, the following acts of coercion and violence were employed against the sick, along with the legal "summary dismissal and ban of assistant doctor Huber from the office premises" – even by the guardians of the healthcare system:

1) Stultification and exploitation of those who lack rights, the human-wreckage of the capitalist production process through "free" medical care – i.e. care aimed at profit maximization; those privileges demanded by, but denied to, outpatient clinic patients: free pharmacy, no debt collection pressures, utilization of the university's lab resources (x-ray, EEG, pathology etc.) – would be taken from the patients again and these measures made palatable through the "offer" of "free" clinic visits. To make "free" doctor's care more palatable to us, it should – according to the suggestions of Rector Rendtorff – be monitored by a committee of university members – which has never had an initial meeting, and which is legally nonsense anyway because it's not at all provided for in the constitution of the university.

It has always been the goal of the university bureaucracy to force the disruptive, self-organizing patients out of the university and send them directly to the welfare office (i.e. welfare cops), guardianship court, and the police. These measures by university bureaucracy were seconded through the defamatory actions of the established neurologists who on one hand tried to incite the health department to intervene against the SPK, and on the other hand tried to ascribe power and responsibility to particular patients.

Summary dismissal and stay-away orders were meant to put the patients in a situation where they could be ground up into meal between the grist wheels of free physician care and university psychiatry.

2) Through the sudden cessation of the toxic treatment with psycho pharmaceuticals, etc., completely appropriate according to the prevailing relationships, the most important ports of entry became wide open for death, because circulation and breathing have been, since antiquity, defined in physiology as somatic death (vestibules of death), and sudden withdrawal from medication is always connected with withdrawal delirium and the risk of a fatal circulatory and respiratory collapse.

3) von Baeyer, Hafner, and so forth, who played the roles of judges over criminal Nazi-era doctors,²⁹ “overcame” this past in practice by transferring the seriously ill and war-wounded patients from one institution to another, thereby exposing them to harsh physical conditions.

4) Starvation (from March until July 1970 and from December 1970 until July 1971 the necessary funds were withheld) and, for the entire year (1970 until 1971), ongoing and repeated threats of forceful lockout.

5) Suicide = murder: internal bleeding to death by jumping off a tower.³¹ The “more humane” murder through overdosing with pills was bookended by the situation that resulted in the summary dismissal and stay-away order.

On Maundy Thursday in 1971 the corpse of a SPK patient was found at the base of a tower in the forest near Heidelberg. The autopsy showed death from internal bleeding. According to the police report, great quantities of pills were strewn around the place where the body was found. The autopsy and forensic investigation, however, found no trace whatsoever that a pill had been taken. The pills hadn’t been swallowed but rather thrown. The commodity of labor power not sold but shattered. (According to their final report, the criminal police never considered the possibility of a third person’s involvement in the girl’s death).

6) Harshest beleaguerment of organized patients through the opposition's brutality in the form of terror measures, harassment of patients, use of informants, condoning of death threats³² - the criminal complaint related to a telephone death threat made by a patient's parent to the medical office of the SPK was investigated by the police and the court only very slowly and superficially and was finally closed and buried, along with SPK complaints about persecution by government ministers, corrupt medical officials, and so forth.

All in all, the following can be concluded from this analysis of power relations: the reality that the economic and legal facade of our opponents, which appears as incomprehensible, in fact is destructive of human fabric and its destructive power measurable in volts, toxic units, meter per kilogram and calories. This reality of economy and law is proven in two ways. One way is through its effects which are listed point for point but by no means exclusively in the last section above. And further, through our claim to have a foundation for our scientifically based, eminently necessary, and useful work, and our rightful claim to have thoroughly and consistently valued our constituency. The power apparatus directed against us has shown itself to be nothing but a force destructive to human life and measurable in voltage, toxic units, meters per kilogram and calories. As we came to grips with power not by asserting a right but with the claim to life, for instance with the hunger strike in February 1970, and with the occupation of the rector's office in July 1970, we easily got not only justice but also our promised funds.

There is thus neither a right for nor a right against the sick. Rather there is power against them, but then also power for the sick. Legal right is the power of destruction in the hands of opponents. Revolutionary power is the right to defend one's life against such destruction. The sick have no legal rights. Law therefore can't tolerate the sick organizing in general assemblies, implementing controls on the slow death of illness, or even forming a mass organization with the goal of eliminating illness as a productive force for capital. Because force alone keeps production

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and consumption in the pockets of affluence and with it the business of making profits out of mass murder.

This text is only a beginning . . .

IV. On the Method of the SPK

13. Agitation as the Unity of “Therapeutic” Science and Political Work

The necessity of understanding and treating economic, sociological, psychological, medical, and political moments as a unity in the agitation praxis of the SPK, and they are a unity *in the reality of illness*, is decisive for the *organization of this praxis*. “Therapeutic,” scientific, and political work permeate and condition each other reciprocally. After the categorical system of radical dialectics and Marxist political economy, in tandem with the progressive elements of psychoanalysis, had proven themselves as the method,³³ then it necessarily followed that these tools needed to be socialized through individual and group agitation and scientific work groups. The emergence of this method is historically determined by the way the SPK has evolved and developed at the University of Heidelberg and is not automatically transferable to other socialist collectives. Our remarks about illness as a force of production, as an economic and political quantity, has to be tested by other socialist collectives organized around illness in their own praxis and newly developed and worked out according to the needs of those patients. Everything presented in this text is merely the expression of what the patients in the SPK Heidelberg have worked out in one and half years of collective praxis. And the SPK is the first patient collective in the Federal Republic of Germany and (to our knowledge) in the world. The collective study of these remarks should promote the further development of patient self-organization as a revolutionary political force in the sense of multi-focal expansionism.

14. Isolation, Individualities, “Objectivity,” Opinions

In the SPK individual patients became collaborators under the principle of cooperation. From the beginning it was clear for every patient that the content of individual and group agitation work, insofar as it involved the so-called personal difficulties of individualities and their related, immediate needs would stay within the group of those immediately affected (individual agitation partners, group members) – according to the principle that these “personal” difficulties are worked on, objectified and universalized and are not - as is otherwise typical - exploited as the basis for gossip, competition, and moral judgment of individuals. Through the practice of this principle, which is the indispensable precondition for the progressive course of every individual patient’s agitation process, the consciousness of the dialectic between these individualities (appearances) and of the encompassing whole (essence) could be collectively worked out.

The abstractness of individualities, of symptoms and data - which are presented as “value free” and more or less seen and classified as disconnected from one another, or arbitrarily put into predefined, regular and rule-like relationships according to the interests of diagnosticians, reporters, and “scientists” - constitutes exactly the diagnostic schema of conventional medicine, the “objectivity” of journalism, and the positivism of jurists and “scientists” but is, however, antithetical to life and truth. The entire “objectivity” of the mass media consists in the affirmation of the complete object role of individuals and the ordering of all facts into a scheme of categories determined by the interests of profit maximization and capital accumulation. The so-called objectivity of the mass media is one of capital’s instruments of oppression. It is marked by the apparent separation of opinions and interests on the one side, and facts and circumstances on the other. The opinion makers, as agents of capital, determine what is opinion and what is fact. Facts and circumstances are thereby torn from their objective, historical, and social relationships, their facticity, stripped of their

condition of being made and produced (*faktum* Lat. = made!) and presented as “naked fact” to an abstract “public.” If someone comes along and says “we want to dispassionately observe the bare facts,” then we know we’re dealing with either a hopeless idiot or a publicly dangerous criminal.

Opinions, which are suggested to the reader, listener, viewer appear to be universal truths whose meaning is predetermined through the title and celebrity of the pundit, through the deference expected towards subject matter “experts.”

Against this, the “little man” is invited to offer his own opinion. The so-called freedom of opinion (votes, opinion surveys) is coercion, violence against the propertyless, for what prevails as opinion is the interest of those who possess the power of control over the means of production. As long as the opinions of the “little man” remain opinions, they are not dangerous for the Flicks or the Abs’s of the world, for the established system. Collective consciousness has to be developed from the ineffective opinion of isolated individuals. The thought only remains theory as long as it’s in the heads of one or more individuals isolated from each other. But if it’s in the heads of those who cooperate and communicate with each other then it’s already *praxis*.

15. Individual Agitation and Group Agitation

Individual agitation is focused on the imminent expression of needs, problems, burdens, and difficulties of a particular patient, as he or she presents them to themselves and as they are presented through the patient’s speech and expressive behavior. In individual agitation the patient’s means of presentation (e.g. inhibition - or agitation) – the form – as much as the content of the expression – is made the subject of the common efforts of the agitation partners.

In group agitation it isn’t from the first about a particular patient. Its content is collectively determined with the idea that group agitation is

focused on the weakest member of the group. Here the form – the group process as the whole – is the predominantly determining element. The weakest member of an agitation group isn't necessarily the one in the group who says the least or nothing at all. It can as well be the person who by talking very much tries to avoid exposing his difficulties to the other group members, or by that means wants to hide his inability to participate from himself and the others.

Grasping the group process is then, again, the object of the individual agitation. That is, the anxiety, inhibitions, and resistances that appear in connection with group agitation have to be worked through and understood in individual agitation. The basis for the processing of individual difficulties was not the interpretive background of the standard psychiatric-psychoanalytic system of relations (as absolutely fixed social relationships - family, work conditions, etc.), but rather the changes that are effected and to be realized through the collective.

For the new patient the first step was individual agitation with a medical practitioner of the collective. The intake interview served to clarify general medical and psychiatric-neurological concerns, as well as the sharing of information between patient and medical practitioner about the patient's motives and the operational procedures of the patient collective. It was the aim that as many as possible would participate in individual agitation as well as group agitation; new groups were established as needed (with a maximum of 12 patients). Group agitation without individual agitation was completely ruled out.

The work of the SPK took place 7 days a week. The work rooms were occupied continuously 24 hours, day and night. In addition to intake hours, group and individual agitations, scientific work groups were continuously available to patients in the event of emergencies or crises. A medical practitioner was available by telephone at all times. There was no unproductive waiting times for newly arrived patients: they could be accepted on the same day they came into the SPK. All were accepted as a

matter of principle. The bulk of the newly arriving patients corresponded to the situation of psychiatry in these ways:

- 1) those who because of their economic situation could not afford treatment by an established specialist, or who had already seen one in the past - possibly in the form of an institutional stay,
- 2) those who had been turned away from state institutions (outpatient clinics, e.g.) or put on a six-month or longer waiting list, or who had been sent to us directly and
- 3) those for whom traditional therapy was not possible because of their political stances.

Group agitation took place once a week for two hours on a regular day in a regular place.

In each agitation group there were some patients who had participated in the agitation process for at least 3 months. They were, in the language of multi-focal expansionism, inner foci, a role they embodied by eliciting moving statements from group members which in turn helped the rest of the group understand the focus of their own expressions. This was a progressive, reciprocal process. With this method no group dynamics roles could develop.

Individual agitation was arranged among the agitation partners according to the needs and available times once or more per week. Its length was determined by the needs of the patients whose symptoms it dealt with, and according to the availability of the agitation partners in consideration of the other patients who wanted to do individual therapy with the same therapist.

In the scientific *work groups* all patients could gradually acquire the theoretical foundation to allow them to serve as individual agitation partners for new patients. The acquisition of enough experience to allow a member to function in individual and group agitation, as well as in scientific work groups, took different amounts of time according to the participation of the affected patients, but as a rule it took at least three

months. In this way the continual stream of new patients could be accommodated.

Shortly before it disbanded the SPK had around 500 patients and the capacity to take on at least another 500 was already available. Space and money were urgently needed. Each patient who could afford to do so paid 5 marks into the collective fund at every group meeting. These funds were collectively administered and used exclusively for needed medicines and for the necessary public work against the ongoing attacks and chicanery of the medical faculty and bureaucracy of the Ministry of Cultural Affairs and the university.

The meetings of work groups in the SPK took place regularly once a week in the SPK space. They lasted altogether at least two hours, and had between 10 and 30 members. They were open to the public, i.e. those who weren't SPK members could participate. In the months just before the suppression of the SPK, there were 14 weekly work groups.³⁵

16. The “Social Worker” Functions of the SPK

The agitation of the SPK was extended by its assumption of “social worker” functions: for instance, the practical support it provided through solving living and family problems, or for instance working on marriage problems through home visits and talks with the affected partners; care of small children during parents' work time or their participation in the SPK; and supportive conversations with parents or spouses by fellow patients who weren't themselves in the SPK. In this way the extent and content of the difficulties that appeared were often decisively co-determined by persecution of the SPK and its work that was instigated in the press and broadcast media by the university's medical faculty and the state Ministry of Cultural Affairs. Also, the SPK's social worker function included occasional tutoring help to students suffering from the institutionalized rituals of oppression (exams, class work) that occurred

in the factories of subjugation - universities, schools - and that created acute needs for students.

From the beginning these activities could not be institutionalized in the SPK, because even though the university administration had promised in the February 1970 compromise to assume the costs of these social worker functions, the promise, like the one of free prescriptions, was never kept, or was actively sabotaged in collaboration with the medical faculty.

In the process of the intensive agitation praxis in the SPK, however, the needs of most patients could be easily relieved with help of this kind, or even removed, especially in that the crisis-intervention help from such measures could be experienced in an empirically concrete way by those affected.

The social worker function of the SPK thus turned progressively *outwards* through its agitation work. That is, patients became capable in their living and family situations as in the workplace, of getting along with landlords, house mates, family members and work colleagues and moreover to agitate productively in their respective environments.

The principle of multi-focal expansionism was thereby realized in the development of each patient as the focus in the two-fold sense of burner and flame: as burner who expressed social contradictions in their living quarters, in their family and in the workplace; and as the flame or incendiary of revolutionary consciousness and revolutionary activity through their consciousness of, and activist escalation of, these contradictions.

Work colleagues and often also family members also became activated and mobilized who then either came into the SPK or else tried to realize their awakened and concrete need for collective political praxis through the principle of self-organization elsewhere.

17. Heteronomy - Scientific Work Groups

Science *for the people* means using scientific methods as a tool for changing the relations of production which are inimical to life. Critical use of scientific methods (*practical critique*) means testing and changing the foundation and function of bourgeois science with the method of the dialectic. SPK praxis should not be misunderstood - as it often is - as an alternative to prevailing science (the science of those who rule) or even to bourgeois psychiatry; SPK praxis contains rather the critical reflection of prevailing science, tending towards its transcendence and overcoming. Our starting point is that all contents of consciousness, everything that is known, is determined by experience and custom in the sense of the complete functioning of human energy for capital (the expression of that is the lag of the development of the relations of production behind the forces of production). This heteronomy can only be recognized and known in the process of its change and transcendence in its progressive aspect: in the consciousness of social individuals that they have nothing to lose but their chains; in the negation of the complete heteronomy of the isolated person through the collective *self-realization* of the sick as a revolutionary class.

Science imposes itself as a foreign, incomprehensible, possibly hostile and at least uncontrollable social power on those who don't need a university degree for their preparation to function in the economy (their more or less qualified exploitability, their "calling") - and that is the overwhelming majority of the population. It's essential to start from their immediate needs with them together and to work out the contradictions between actual function and *use-value* of science for people.

The collective working through of the Hegelian dialectic and the foundation of political economy proved itself to be a useful method. The subject of the collective reading and discussion in the SPK work groups

were *The Phenomenology of Spirit* and the *Science of Logic* by Hegel, *Capital* by Marx, the *Introduction to Political Economy* by Luxemburg, “The Imposition of Sexual Morality” and the “Mass Psychology of Fascism” by Reich, *History and Class Consciousness* by Lukacs, the *Essay on Use Value* by Kurnitzky. Texts by Mao, Marcuse, Lenin, Spinoza and others were read by many patients and brought into the collective. The discussion of the contents of texts took place continuously in connection with the collective praxis in the SPK and the experiences of patients in their workplace. The focal point was the usefulness of these texts; it was about their application to praxis - in contrast to the usual seminar format in which the exchange value of literature for “comparisons,” according to the principle of competition, is crucial: a way of working which decisively benefits the hierarchical structure of a seminar with the seminar leader or “socialist school teacher.”

In the SPK work groups, a polarization was created initially with difficult texts between those who believed or claimed to understand their contents right away and those who were hindered at first by an apparently incomprehensible cloud of words. With this opportunity and out of the collective awareness of the primary role of needs in the work of the SPK, *protest* could be set free from, on the one hand, ultimately frustrated academics, and on the other those who were held back and battered by the inflated words and thoughts of others. In this way the common object-role of all participants in the work group became evident to everyone, and in protest against this object-role science everyone set themselves to overcoming it by the collective appropriation of the means of production. This collective appropriation and the process that leads to it, is itself already a step, a concrete transition from the passive consumer attitude to the active development of the dialectical unity of the consumer and object of consumption, an active and activating transcendence of the subject-object relationship of science to human in

the needs-oriented appropriation and functionalizing of science through the patient.

18. Agitation and Action

Spinoza said: "I say that we act when, in us or outside of us, something happens whose sufficient cause is us, that is when from our nature something follows, either inside us or outside of us, through which our nature alone can be clearly recognized; on the other hand I say we are acted on (suffer action) if something either in or outside of us happens for which we are only partially the cause."³⁶

From the preceding it follows compellingly how action is to be developed from being acted on, i.e. suffering. The needs of the individual are internalized as they are produced; they cannot be measured by a standard imposed from the outside but rather collective work develops the inherent contradictions which embody needs. Through this process needs drive themselves and create for each individual the subjective necessity of radical change. From this we also see how relations between individuals are object-object relations, that thought and body are capitalistically pre-programmed, that individual desperation is identical to social contradictions, and that the joining of the object of the historical process to its subject is only to be accomplished collectively. Thus the repression of protest, which is indicated by symptoms of illness, is resolved in the dialectic of individual and society; from the repressed feelings of the sick (of those who consciously suffer) the energies of action will be set free and the explosives activated that will smash the controlling system of permanent murder. In this way agitation is self-action, the putting into motion of the unified process of the radical change in consciousness and likewise in reality. Agitation and action are therefore identical and yet distinct, corresponding to the dialectic of being and consciousness. An agitation which is effective in this way

necessarily engenders the action of a class enemy and is therefore effective over and beyond itself.

The class enemy is determined exactly by the fact that he publicly and legally sets the police, bureaucracy, and army in action against those who consciously act out of their (socially produced) individual suffering.

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

specific reactions, subjectively in that the isolated, false, deformed, stagnated consciousness is transformed in the progressive process of the new quality, of the commonality of consciousnesses in collective praxis.

In the engagement with the counter-power of capital, the collective is always at the same time object and subject of the reciprocally effective (two-sided) process of transformation. The familiar object role of the individual in the capitalist production and exchange process is at once the engine of its elimination. The level of collective consciousness must constantly be renewed and defended against the destructive effects of capital in the daily production and reproduction of the individual, such as in the daily agitation work of the constantly expanding collective. The sick person who comes into the collective doesn't remain the isolated individual he or she was when they came in; the goal of participation also isn't that they leave the collective having been "cured" - as would be the goal of an outpatient clinic, physician's practice, or other support organization - and sent back to the sickening and destructive capitalist society as an unchanged individual according to the unchanged, ongoing principle of reality. Rather, in the collective each individual begins the process of objectifying their illness, a process which the collective as a whole demonstrates and which must be completed by each individual.

- The object role of the individual faced with the relations of production (production of surplus value - destruction of life) is *subjectively perceived as a subject role*. This contradiction manifests in the quality of *illness, psychological suffering*.

- Illness presents itself to the socially produced consciousness as personal, self-imposed misfortune. Illness is socially appropriated and explored through individualized treatment in the doctor-patient relationship which is under the control of a health care system that is hostile to patients and protective of illness (social security - "planned" illness). This contradiction expresses itself in the quality of *patient*.

- In patients we see the contradiction between illness and protest (=life expression) and the repression of these protests. This contradiction contains in itself the new quality of the individual's becoming *conscious of the object role* in the capitalist production and destruction process.

- The experience of the dialectical reciprocity between being and consciousness - namely: illness as the repression of life and illness as the unarticulated protest against the social focus and relations hostile to life. This experience finds its expression in the *collective need for transformation* as the transcendence of the illusory wish for "health." New quality: socialist self-organization, collective.

- With the expansion of the collective we see increasingly sharp confrontations with the institutions of social control (health care system, university, ministry, courts, police); struggle of the collective against the institutions, public service. In this engagement the collective becomes the subject of the social transformation process. At the same time it expresses internally and externally the principle of *multi-focal expansionism* as a new quality (through the establishment of additional socialist self-organizations under the determination of illness).

- In the struggle of the collective against powers of the social system hostile to illness, the principle of multi-focal expansionism expresses a new quality of *political identity*, that is the unity of the needs of political struggle.

- This process completes itself in each individual, in the collective and among collectives, the burning points (foci) of the movement.

21. Multi-Focal Expansionism – "Focus"

From the work and organizational methods of the collective: individual and group agitation, scientific work groups, public work, ongoing expansion of the collective - the principle of multi-focal expansionism as a new quality is developed. The principle of multi-focal expansionism is already contained as a germ in the essence of patients' self-organization:

each sick person as individual is a focus (flame, nucleus of crystallization) of the social contradictions in a more or less developed stage. The working through and unfolding of these contradictions ensues in the process of individual or group agitation which, step by step and always anew, conquers the stage of isolation: first in connection with the agitation partners, then with the agitation group, finally as part of the collective, in turn taking in and then shaping the collective's reality and effectiveness. In this constantly repeating process, each individual goes through these stages:

subjective Subject - objective Object

subjective Object - objective Subject,

in order finally to experience in the conscious production of the collective consciousness moments of the unity of being and consciousness, the new quality of political identity.³⁷ Focus means, in the language of optic rays, the burn point: a converging lens, for instance, unifying all the light rays that penetrate through into a point, the burn point, the focus. But focus also means flame or burner in the sense that such a flame is the starting point of effects, for instance a flash point or also a simple stove burner, which is the starting point for warming effects. Thus the word focus means two things: collection point, burn point, on the one hand, and starting point, flame or origin, on the other. It's a sign of a contradictory, dialectical unity.

Each sick person is a focus in specific ways. Objectively, each sick person is the burn point of social contradictions. In the process of the conscious development of the contradictions of repression and protest contained in illness, the quality of "focus" as the burn point of social relations (contradictions) become a subjective quality, that is the sick person is someone conscious of his suffering and of social relations, of an objective and subjective focus.

Illness as consciousness of suffering, as conscious repression, is the premise and potential to overcome the quality of "focus" as the *burn*

point in the new quality of “focus” as *flame*. First, through the dawning consciousness of the total object role of the sick, through the consciousness of illness as repression, the patient’s progressive moments as conscious protest are freed and become possible. The process of transcending the quality of “burn point” (limitation) into the quality of “flame” is the emancipation of the object, the person being treated, into becoming a subject, an *acting agent*, through cooperation and solidarity.

22. The Dialectic of Sexuality

In a society organized around capitalism, sexuality is only identifiable in a formally abstract way, that is, sexuality cannot be understood as something present but must be grasped as something yet to be realized. Sigmund Freud’s most fundamental achievement consists in the discovery of deposits of meaningful experiences in the physical body (somatization, psychogenic disturbances of organ functions, etc.). The empirical signs of these ruined somas then get classified in the form of symptoms such as psychoses, neuroses and schizophrenia. Freud’s bourgeois class membership hindered him in following this fruitful theoretical beginning through to its conclusion.³⁸ In psychoanalysis, symptoms are only dealt with on the level of appearance, while sexuality remains untreated and unaddressed as a necessary expression of life, as the setting free of life energy. What then gets interpreted as “healing” solely on the basis of petty bourgeois sexual morality, is the absence of disturbing symptoms.

It was Wilhelm Reich who undertook to turn Freudian theory upside down.³⁹ Insofar as he researched the disruption of sexual function as the cause of psychic disturbances he succeeded, historically-dialectically, in starting to develop the contradiction between sexuality as a life function and its refraction through the power of nature and of society.⁴⁰

In the SPK, in the aftermath of this Reichian beginning and its historical-materialistic reprocessing, illness was understood as the

contradiction within life, as the in-itself broken life. The tendency for the destruction of all life through the enhanced natural power of capital corresponds at the level of the individual to the transformation of sexuality into anxiety, to the self-destruction immanent within this anxiety.

In the form of its historical appearance, sexuality is always only concretely definable as a function of socio-economic and cultural conditions. The requirements which emerge from the dependence of the person on the reproduction of his life conditions, which he must wrest from the force of nature again and again, and whose fulfillment he pays for today with compulsory subordination under the controlling capitalist social order, these requirements not only oppose sexuality, rather but rather also assume that no separation is even possible between sexuality and the functional whole of the economic and cultural conditions that always need to be reproduced anew. Whoever speaks of sexuality, whoever thinks of sexuality, can only be understood if they at least know that they are unavoidably traversing the categorical system of economy and power. What else could they think? Take one's own feelings of sexual experience – since it's these feelings which have become conscious to us by being conveyed in an abstract, universal way, he is neither able to understand specific feelings nor able to learn information from others, for example whether these experiences perceived by him as sexual aren't in reality felt perceptions of the effect of functional forces which have nothing or only very little to do with sexuality. Anyway, the extreme cases of nymphomania and satyriasis (overactive sex drives with women and men) which in appearance suggests excessive sexual activity, in reality are nothing but sexual resistance in the highest degree, it's the practice of "sexuality" which seems to be the only means of inactivating the underlying lust-anxiety (Reich). If it were possible to dissect and separate current sexual behavior from the economic and cultural

circumstances then we wouldn't have sexuality pure and simple left over but only this anxiety that conditions sexual behavior.

In the attempt to reconstruct original forms of sexuality, one is referred back to communities which differ in so many ways from our culture; it is easy and also literarily fruitful to stylize them into lost paradises of sexual freedom. The promiscuity in the so-called primal horde, which isn't hindered by barriers and takes no account of incest or the age differences of partners, serves the function of the stabilizing the optimal life conditions for this community. It's in no way "freed" sexuality, but rather the result of the externally imposed stimulus toward the greatest possible social cohesion and the separation from other primal tribes and their encroachment on the material conditions needed to protect life.

Reich discussed (in "The Imposition of Sexual Morality") how sexuality becomes violently changed in the transition from originally communistic to patriarchal social forms. The regulation of sexuality corresponds to the preservation and stabilization of property relations, the oppression of the genital principle to the benefit primarily of oral or anal sexual satisfaction. This manifests itself, for instance, in the transformation of living habits, for example in the compulsion towards the taking of meals in common. Through forced togetherness of this kind the autonomy and individuality of the person is pushed ever further into the background. Centralizing tendencies appear to be relations of fixed role divisions, subordinate the individual to the established and automated systems of authority, and finally collide with one another in the form of the separation of these thoroughly de-sexualized family groups which frequently gets expressed in increased disaffiliation and often outright hostility. The behavior of the individual in this way is determined by sado-masochistic tendencies, neurotic anxiety, leader-specific identification processes and perseveration tendencies (obsessions). This is understood by Reich as the sexualization of non-

genital instinct impulses which for their part have reciprocal effects that already get impeded in the early childhood development of the level of genital stimuli in favor of oral satisfaction tendencies and anal-fixation behaviors.

Under these circumstances sexuality is no longer considered an autonomous component of human behavior at all, but rather only presented as a kind of putty or cement for relations of economic exchange between man and nature and man and man. Sexual behavior completely underlies social control through economic needs. Where partners believe they have chosen freely and on grounds of primary and secondary gender-specific attraction, from objective observation we can conclude that these choices are pre-determined through education and environment, the relative patterns of habit, which have their origin in economic interests. Gender specific characteristics inclusive of biological make-up as well as the structure of individual perception, are determined through the sexualization of the partial drives whose activation is the result of the competition between economic and repressed genital tendencies.

From the foregoing it is evident that the relations of production completely underlie the organization of the soma and artificially produced psyche. Thus every attempt at overcoming sexual misery is doomed to failure if it abstracts from the totality of the ruling relations of production, on the one hand, and from its necessary elimination on the other. In the SPK it's fundamentally assumed that everything which presents itself immediately as a sexual need is in fact a need produced by capital and is to be addressed as such. Also, the mere *abstract* negations of attitudes along the lines of: first sexual difficulties have to be overcome before one could turn to political work; or vice-versa: that only after the elimination of private ownership of the means of production would sexual emancipation be possible, have to be replaced by *determined*

negations through the creation of concrete possibilities in light of the immediate life relations of the individual.

The complete fragmentation of sexual energies through the capitalist relations of production into partial drives (voyeurism, object fetishism, perversion, etc.) is the simple negation of sexuality. The partial drives are the material realization of the rule of exchange-value in the individual. Through the total subordination of all life to exchange value relations “among people” are determined as relations among objects (= exchange of neuroticisms). The transformation of object-object relations into subject-subject relations is the object of political practice and contains the negation of exchange value as such - class warfare!⁴¹

The process of sexual emancipation can be presented – somewhat schematically – in the following way:

1) The negation of sexuality as a life function and the rule of the partial drive must be assumed (fetishism of goods). At the same time objects sexualized by a partial drive instill anxiety. From that follows the necessity of freeing the partial drives from their anxiety-producing representational content. Every form of sexual activity has fundamental underpinnings on this first level (for example, onanism isn't harmful but merely something present, accompanying self-destructive masochistic and sadistic ideations).

2) Negation of the partial drives through their subsumption under the genital function. The transition from 1) to 2) assumes the readiness of sexual partners to cooperate. Temporarily one can turn anxiety and repression into promiscuous images which disappear again as soon as the recognition of sexual cooperation is recognized.

3) Integration of already divided sexuality into the subject-being which determines political identity. It has to be clearly seen that even when sexuality is successfully organized genitally, and thoroughly pushes away the partial drives that limit political practice, the practice of sexuality remains something divided and particular as long as the

alienating life relations to which the individual is subordinated continue to exist (work place, family, school, the university in its capitalist form of organization). But the experience of this possibility of sexual happiness mobilizes exactly that energy which has to be summoned to create the conditions of its concrete realization.

The question of whether there's a solution to sexual misery is not a theoretical one - it's practical.⁴²

This text is only a beginning . . .

VI. Illness and Capital

23. Identity of Illness and Capital

“It (manufacturing) cripples the worker into a monstrosity by forcing his particular skill as in a forcing house through the suppression of a world of drives and inclinations, just as in the Plata states they butcher an entire animal for the sake of only its skin or its tallow.” - “Man becomes merely a fragment of his own body.” - “A certain crippling of the body and mind is inseparable from the division of labor in society as a whole. But since the age of manufacturing pushes this separation of kinds of work much further, and in its way of dividing the individual attacks him at the roots of life, it is the first age to supply the material and the start to industrial pathology.”⁴³ (*Capital*, I, ch. 14)

Illness is the essential condition, the presupposition and the result of this capitalist process of production. The capitalist *production* process is at the same time a process that destroys life. It continuously destroys life and produces capital. Capitalism is dominated by capital's primary need of accumulation (Marx). Illness is the expression of the life-destroying power of capital. Illness is collectively produced: that is, in so far as the worker creates capital in the work process, which encounters him as an alien force, he collectively produces his own isolation. It's therefore only logical that healthcare produced by capitalism perpetuates this isolation in that it doesn't treat these symptoms as collective but rather treats them as individual bad luck, fault, and failure. However, capitalism produces, in the form of illness, the most dangerous threat to itself. Therefore it has to fight against the progressive moment in illness with its heaviest weapons : the healthcare system, the legal system, the police. *Objectively,*

illness, as defective (=not exploitable) labor power, is the gravedigger of capitalism. Illness = the inner limitation of capitalism: if all are acutely ill (= unsuited for work), no one is left to produce surplus value.

As a collectively conscious process, illness is *the* revolutionary productive force, according to the level of its effectiveness: limited protest, conscious protest, collective consciousness, struggle in solidarity.

On the one hand the function of the health care system is the maintenance and enhancement of the exploitability the commodity of labor power;⁴⁴ on the other hand it must insure that the pharmaceutical and medical technology industries realize their surplus value. (The health care system is the market for the pharmacological and medical technology industries). The sick person is therefore the object of a two-fold exploitation: as defective labor power he gets repaired for the goal of continued exploitation; as a consumer he makes for smooth transactions by the medical technology and pharmaceutical industries.

The progressive moment of illness, *protest*, gets deadened; the reactionary moment, repression, gets reproduced in an even stronger form in the healing process (= the repair of labor power). The patient's need for change is taken away from him.

Life is change, that is struggle against the powers of nature for the productive appropriation of nature. Capitalist society encounters life as a force of nature. Protest, that is the expression of life, is continuously deadened; and that is permanent, organized murder. As long as this permanent, organized murder is carried out directly through the institutions of the family, schools, etc, it's called education. Education is not aimed at satisfying the needs that humans express, rather at their deadening and instead at the satisfaction of the needs of natural power, of capitalist accumulation; capitalist accumulation and mass murder are therefore identical!

24. The Proletariat Under the Determination of Illness as Revolutionary Proletariat

Not every individual patient (a group that includes everyone) belongs to the revolutionary class. But each of them who claims the progressive moment of illness acts like a revolutionary.

As class lines get blurred, revolutionary struggle emerges; it's well known that in all revolutions there are and were reactionaries and fascists who were recruited from among the workers.

Decisive for inclusion in the revolutionary subject is not simply a mechanical determination of class status, but rather *class consciousness* and *class perspective* which arises from struggle.

In this economic system the proletariat, the one determined by the reactionary moment of illness, the oppressed proletariat, has a good chance of swimming along in the wake of freedom and democracy until it drowns. Only as a sick proletariat - and to be ill is its essential determination, otherwise it would have long ago overturned its fundamental contradiction without the lousy talk of its bourgeois benefactors on the student side - does it become a *revolutionary force* which stands *outside* of the free-democratic state of injustice; it has namely no rights, possesses nothing with which it could exploit alienated labor power - be it house, car, refrigerator - nothing that doesn't fall under the control of capital. Muscles, nerves and bodies never belonged to the proletariat without this, for their functions are always capitalistically pre-programmed before birth, that is in the sense of the best possible exploitation.

Through the subjugation factories of family, home, school, barracks, workplace, office, clinic, prison, etc., this program is turned into a material power against the exploited. Marx's description of the proletariat in the *Communist Manifesto* that it has nothing to lose but its chains, that it has made itself into a negation on its own, is as true now as before: namely for the proletariat conceived of as the sick.

Only the proletariat under the determination of illness, as through the potential for exploitation that's pre-programmed by capital and from the beginning supplied by illness, which systematically, insofar as it develops itself becomes fragmented and maimed so that the profit margin holds regardless of whether anyone helps it, work colleagues, union, social services court, health care system or anyone else not even with the best intentions, simply because the sick fall outside the system of legal rights - only under this determination is the proletariat explosive for the class system. Not because of its temper or mood but because capital and illness present a dialectical identity.⁴⁵

An essential factor in objectively positing the sick proletariat as a revolutionary proletariat is, for instance, the fact that 35% and more of net wages go into the capital economy as social security contributions to state controlled institutions, that is as means of investment and as buffer capacity against economic crises. When a worker is paid 800 DM in wages, 280 of them automatically go into the economy as "social" security (illness, disability, old age) contributions for capital accumulation. In addition to surplus value, the working class is also compelled to produce investment resources for industry under the pretext of paying, with their own wages, for repairing their own members who have been worn out by the process of exploitation, which serves the reproduction of labor power.

The healthcare system, institutions that repair and control defective employees (this is the objective function of its therapeutic and diagnostic instruments), automatically suspends fundamental rights. It relegates patients to a total object-role. At the same time, it thereby triggers the fundamental emergency right of self-defense! It suspends the following particular fundamental rights: freedom of movement, sanctity of the person, freedom of speech, privacy in communications (order in the psychiatric institution), claims to rightful due process.

The following crimes continue to take place: deprivation of freedom (proof of the function of the health care system), bodily injury, abduction, blackmail, coercion, compulsory work for patients in hospitals and rehab centers. For these reasons the necessity for all sick people to defend themselves is clear.

The need for change which is coupled with psychological suffering must, according to its nature, be directed against the illness-engendering object, the capitalist social order, *the second nature*. The fundamental human need is production, the creation of possibilities for the optimal and pleasurable appropriation of nature; that is the struggle against the forces of nature. What is taking place here and now is production of surplus value, the accumulation of capital and the destruction of life. The use-value of goods and that of life itself have degenerated to the status of waste products of capitalist relations of production and are treated according to the rules of capital: “here today, gone tomorrow” or “discard after use.”

The productive force of consciousness as the precondition for the appropriation of the material means of production can overcome the natural power of capital which is inimical to life:

“-Don’t drink alcohol, don’t take pills which lull you to sleep or tranquilize you. Don’t take stimulants: take power, that’s healthier.

- If you’re feeling bad, if you’re bored in front of the tv screen, that’s because tv poisons.

- Beware of television: poison.

- Alcohol kills at 100 km/hour.

- Capitalist society even kills *on foot*.

- Work medicine: medicine of exploitation or exploitation of medicine?

- Job security, to toil for 11 months so that you can live during 4 weeks of paid vacation. One has to live all 12 months.

- After a grueling and dull work day you don't feel like fucking. Medicine can't change that with its drugs and nice sayings. The work day must be changed to become more worth living. The doctor is you. Seize power at work and in society, become the ruler of your life.

- You're tired because the work that you perform makes you puke, wears you out - avoid stimulants.

Worker! If you've had enough harassment from the foreman, the boss, the machines, then there's two solutions:

1. You resign at once. Social security is responsible in that case. And understand that you've already paid the bill for it yourself.

2. Or you "take" power at work, you *make* the revolution, that's the better option.⁴⁶

25. On "Healthy" Socialists and the Reactionary Dogmatism of Many Leftists

In the SPK's confrontation with leftists in public discussions, dogmatic views were often expressed about the Marxist analysis of capitalism, for example in the inability to understand a teacher as a producer of surplus value. The teacher is active in the production process as a producer of labor power. Insofar as education provides specialized training and credentials for students and pupils to meet the highly specialized needs of the late-capitalist production process then value is added to the commodity of labor power which is then appropriated by capital and turned into surplus value. The chief beneficiary of the increase in productivity which goes hand in hand with the increasing specialization is capitalist accumulation. The skewed and dogmatic application of the concept of the productive labor force to the classical industrial proletariat as producers of social wealth is reactionary in its effect.

The roots of this skewed view are clearly to be found in the fact that a majority of the student left didn't come to Marxism from their needs,

from the consciousness of their objective class status, but rather from unhappiness (thoroughly justified) with the organization and content of their education, and from there to insight into the *objective* class status of the proletariat, which promptly gets made into an object of agitation and idealized, even fetishized. It's far more valuable to turn the stunted and crippled consciousness into an object of collective agitation work and the essential intermediate step of this necessary action is the conceptualization of one's *own* illness. Because this comprehension of one's own illness through dogmatic *thought* work is disguised it's also difficult for leftist students to develop a political praxis out of it. Only because of this can we understand how a leftist student could explain: "I don't belong to the exploited class, I receive a stipend." Class consciousness can only arise in class struggle that's consciously directed. Of course one can always find an endless number of pedantic loopholes through which one can exempt oneself from membership in the revolutionary class. Regardless of that fact, illness is the quality that's the common element among all those affected by the mechanisms of oppression.

Their common attitude towards illness is characteristic of the behavior and argumentation of a majority of people (in particular students) who call themselves "socialist." They see illness as isolating, negative, exclusively as a limitation. Illness, for them, is part of the private sphere, a problem that each must deal with by oneself and is in no way something for political work to "bother" with. To describe oneself as a "healthy" socialist in this society already implies the potential elitist consciousness that pervades the system.

The consequences of the "healthy" elite consciousness are:

1. Artificial division of one's own life into a private sphere and political work. As a result the separation of professional and private life required by social relations is reproduced, and political work remains alienated work.

2. Separation of the avant-garde and the masses. One observes the false application of the concepts avant-garde and masses in the foreground of what Wilhelm Reich, in “The Mass Psychology of Fascism” and *Listen, Little Man!* has described as the difficulties of activating the masses by means of raising the question of the general strike. Reich based his investigation on the thought that in the case of a general strike or a theft one must not ask why has this worker gone on strike or why has this thief stolen. Rather one must ask why all workers don’t continually strike against the rulers of the controlling society and why all consumers don’t satisfy all their materials needs through “thievery.”

Only praxis, in the sense of multi-focal expansionism, can fulfill an actual avant garde function. In the course of multi-focal expansionism the foci function both as mass and avant garde at the same time in that they, as burn point (masses), unify in themselves social contradictions, and as flame (avant garde) activate and mobilize their environment through their recourse to and promulgation of the progressive moments of these contradictions. In the expansive moment of the principle of multi-focal expansionism, the contradiction between avant garde and masses is transcended in the process of the universalization of revolutionary consciousness and revolutionary action.

In contrast, a self-proclaimed avant garde – not to mince words – goes out and invites the workers to develop a “revolutionary” consciousness. They explain to the workers with help from Marx’s texts that they’re being economically exploited. Most workers will understand that in a rational sense too because it’s truly nothing new for them. But they lack the experience of successful struggles in solidarity and this can’t be preached. As a result there are no practical consequences. The actual needs of the workers will only get factored into the equation in a spotty and isolated way, for instance in the “struggle” over the “social injustices” of environmental pollution and the housing shortage. Illness only gets taken account of as workplace “accidents” or “occupational” illness, but

not made conscious and mobilized in connection with the exploitation and individual need from which it arises and which constitute it.

The masses, the proletariat, are conceived as an object and addressed more or less like school children. The needs of the exploited and oppressed population are divided up for purposes of agitation, thus each individual is left to struggle with them on their own. The result – reproduction of the capitalist exploitation and garbage collection business.

3. The image of the “healthy socialist” is characteristic of the so-called health care system: in this ‘tertiary sector’ the question of power is posed last of all. The health care system will be viewed and treated as being in need of urgent reform. But because we lack an adequate concept of illness, there will be only spotty polemics and argument about physician salaries, war research, profits of the pharmaceutical industry, numerous clauses about medical study, etc. etc. So-called basic research will be distinguished from war research and not further questioned, just explained as necessary and “good.”

Hospital staff and medical students should be the leaders of the necessary changes and reforms in the health care system. Patient care and the “well being of the patient” are misused as pretext and alibi for the professional interest of doctors and medical students. Misused because here obviously those affected, the patients, don’t have a say – they are sick, of course, and doctors, care-givers, nurses, and medical students are, by definition “healthy.” And the sick patients must first be made healthy by them – then they’ll be “healthy” workers, and the “health” produced in this way should then be the motor of the revolution! Healthy is not to be understood as the opposite of sick. Health is a bourgeois concept through and through. This health corresponds on the subjective side to a disfigured consciousness, it’s identical with illness in the sense of the “spiritual (and bodily) crippling”, which Marx recognized and showed to be inseparable from the division of labor in society by and large.⁴⁷

Capital in its totality constitutes the norm of the commodity of labor power and defines thereby what is “healthy” and “sick.” Whoever doesn’t correspond to this norm is (ill) unfit to work, thus not employable (capable of making a contract) and falls out of the production process. “It’s no joke to speak of workplace medicine; our society knows no other. All medicine is the regulation of the capacity to work. The work norm shapes the judgment of the doctor with a standard which is more precise than measures of biological or physiological value.”⁴⁸

4. Science looks at it exactly this way : Science should serve as the productive power of “those actively working.” There’s no discussion of socializing the means of scientific production for and through the people! College graduates should practice science in their professional lives with an eye to their “social responsibility.” They should be neutralized. Impossible! And also the expression of the consciousness of its spokespeople who can’t and don’t want to imagine the socialization of all the means of production, including science: “We participate, you participate – they profit!”⁴⁹

“We participate, you participate – they profit.” The principal of the people’s university is not only a *quantitative* opening of the university for the “participation” of the people in the teaching and research activities, nor only a “co-determination” of the content of research and teaching by the people, rather a *qualitative* determination and control of science and how it is conducted by the needs of the people.

A charge often heard from the side of dogmatic leftists – that illness is a temporary condition, therefore the patient’s status is transitory, therefore the sick cannot be a revolutionary subject – has been exposed by everything already said as not even relevant. Nevertheless, it leads to the absurd conclusion: the life of an individual is a transitory condition of inorganic material. Therefore, no individual can undertake together with other contemporary individuals to fight a class war, to make a revolution. This absurdity naturally isn’t spoken, but practiced: One graduates

slowly over Lukács, holds semester-long seminars on the Marxist labor theory of value and so forth – perhaps to *bequeath* to posterity revolutionary tools with which one didn't know how to use oneself.

26. Capital and its Guardians as a Force of Nature

The artificial repression of life is realized and strengthened in capital's production process (= the production of illness in the process of capital's production). In the fight against the expression of illness in the form of protest, capital makes use of various entities and institutions that are instances of the state establishment: health care institutions, doctors, hospitals, clinics, courts, prisons, police, army. In the production of surplus value the life of the worker is consumed by the power of the natural force of capital (transformation of life into dead material - goods). Judges, doctors, police officers, and soldiers are those who have to guarantee the frictionless operation of this life-destroying process of production. The struggle against capitalism - and this struggle alone is identical with life in the society with which we have anything to do in this particular moment - must direct itself against the functions of capitalism - and thereby against its henchmen by whom illness is exploited for the maintenance of power: the mangled life as power.⁵⁰

The sick and those without rights, especially if they are being massacred, act principally in self-defense. Their struggle is directed not against people; they don't struggle against police officers, administrators, directors, ministers and other such authorities, rather simply against natural forces which they encounter in the form of the (standing) guardians of capitalism.

Also for the Vietcong it's not about the destruction of the American people, rather he selectively targets the appropriate place in the machinery of destruction that's directed against him to achieve the effect of the greatest possible stopping power against the capitalist colossus.

27. Doctor, Lawyer, University Professor - Health Care, Justice, Science

Doctors, lawyers, and professors are agents of the governing institutions of capitalism. According to the self-image of the system they function as links between these traditional institutions and the patients, clients, students, i.e. the people. The doctor lives from the social contributions and fees from the patients, the lawyer from payments by clients, and the university professor from the taxes imposed on the population. According to their own self-understanding and their professional ethics, the rules applicable to them, they are there for the people. Through their institutional anchorings in health care, in the legal system and in the university they are compelled and coerced, as functionaries and agents of these ruling institutions, into carrying out the interests of capital against the people. These functions can be seen most clearly and comprehensively in their professional specialization and their detachment.

The doctor isn't concerned with the patient – only with the patient's ability to work. The lawyer isn't concerned with the client but with the case. The scientist isn't concerned with the needs of the people but rather represents the interests of capital, though he may understand it to be science. In all three cases there is a distance between the needs of the patient, client, the people and that which the role-professional (doctor, lawyer, scientist) observes and treats as their object of work. Doctor, lawyer, scientist are themselves parts of the system's forces, advocates of social relations who continually produce anew their "work material." By virtue of social pedigree, education, and economic power there stands a barrier between the professional, on the one side, and on the other side the sick, the criminalized, those systematically held back from intellectual development, and the wage-dependent working population.

Copy of an original letter to a patient who is now in the state psychiatric hospital:

Dear Mr. _____!

No one here took it the wrong way when you called Dr. Honeck an agent of capitalism because we're used to that kind of thing.

We know how big of a role the concepts of "Agent, Capitalism, Socialism, Mao Zedong" played for you at the time in your state of mental confusion. You brought everything into relationship with big political ideas; you didn't show any interest in minor things. You must continue to try to hold onto simple human relationships and throw everything ridiculous and fantastic overboard.

Your unjustified mistrust of our medical efforts is hindering your treatment. The medicines which you are dismissing as narcotics are really more like psychopharmaceuticals, and psychiatry was revolutionized by them in the sense that today those who have illnesses like yours, which in earlier times were viewed as untreatable, now have the prospect of recovery.

Yours,

Dr. Ingo Sonntag.

(Dr. Sonntag is a psychiatrist in the university psychiatry clinic in Freiburg - the head of this clinic is Professor Degkwitz).

28. The Function of the Doctor as a Guardian of Capital, and the Transcendence of this Function

Each need, each symptom has a progressive and a reactionary moment. It's valuable to activate and claim the progressive moment, and at the same time let the reactionary moment be seen as it really is.

The need for "leisure," "privacy," is to be understood as the institutionalized and channeled reaction to the conditions, e.g. of the workplace, that make us sick, the "satisfaction" of these needs through the corruption of the need for freedom through the options of "freedom" offered by the leisure and hobby industries – on the soccer field, in front of the television, in the sewing corner, in the petting zoo, and on Majorca. The atrophied need for liberation and for the collective production of freedom, which is systematically crippled by the industries devoted to "well-being" and "awareness" in the service of capital, becomes profitized and distorted into a consumer need for freedom in the form of goods. This freedom which is degraded to a commodity, the relative satisfaction of the citizen-consumer, the healing fraud of medicine - peace and quiet - is used by capital in the constant and intensified exploitation of the workplace.

The illness of the patient is the material basis of the existence and function of the doctor. Once illness is recognized as the starting point and the end result of the capitalist process of production, then the progressive activity of doctors can consist only in striving to eliminate their capital-oriented function which is inimical to patients and to life. They must strive for the transformation of this society and not, for instance - as it is practiced and misunderstood in its crippled form - in the production of patients' "health" and thereby in the temporary elimination of the need for "treatment" by each individual patient. The progressive turn of the doctor's function can only be practiced by working in solidarity together with the patient. The essential moment of this praxis is the socialization of the doctor's function. That means

concretely the socialization of the special knowledge and experience of the doctor and not their transmission according to the authority structures of education and training programs. The recognition of the object role which the patient and doctor have in common presents the foundation on which this socialization process, oriented on the thing in common, is completed. This collective learning process is reciprocal for doctor and patient and can only take place on the basis of cooperation, the introduction of the doctor into the patient collective.

Either doctors put their function in the service of patients' needs (transcendence of private property on the doctor's art as means of production) or they submit - to the advantage of their personal economic and social standing - to the dictates of the natural law of capitalist production and work thereby objectively against the life interests of the patient. In the ruling system a "both . . . and" approach works at the expense of the patient.

29. The Heidelberg University Rector as Capitalist Guardian

From the outset the rector of the University of Heidelberg, Prof. Rendtorff, because of the specific functions he performs for the capitalist-oriented university had the opportunity to recognize how his office fits into the hierarchically ordered cogs of the controlling system. (The same goes for the assistant doctor at the university public clinic). Before Dr. Huber's summary dismissal patients had tried to speak with the rector who was the decision-maker about the patients' ongoing problems. He outright refused to do so with the excuse that this didn't concern the patients (!!). Instead he affirmed the summary dismissal and the banishment of Dr. Huber without even having heard the patients. With the hunger strike of the patients, who were without adequate treatment options after the dismissal of their doctor, the rector found himself ready

to make minimal and insufficient concessions, which later weren't complied with. He recognized the social crisis of the psychiatric patient in general only in the form of the specific crisis situation of about 100 clinic patients, which he helped to create and which he limited to the circumstances of Dr. Huber. Thus he had, in going along with the current of the prevailing ideology of extermination, essentially contributed to the initial personalizing of the social problem of illness by viewing it as the "Huber matter." Here we see the common strategy of reducing collective struggle against social misery to a ringleader.⁵¹

The rector energetically supported the attempt of the medical faculty's mastermind to conceal not only the needs of the patients but also the bankruptcy of university health care through formal, superficial personal debates before the public, all to the detriment of patients. In light of the arguments made by the patients, the university professor's behavior at best can be seen as self-inflicted immaturity.

30. The Institutions of Capital

The hallmark of the capitalist economic order (=anarchy) is the ordering of life for the needs of capital: the person is there for the economy, not vice versa. This process of the functionalizing and destruction of human life is subsidized by the state.

The constitution (the fundamental law) is the dictate of capital-oriented "rights" and duties to the citizens (population). The constitution and the laws have the task of protecting the reality of the political order *from* the people, not vice versa!

State-organized health care has the task of protecting capital and social "order" from patients, not the reverse - protecting sick people from capital's pathological relations and murderous power. The parliament, the legislature, has - just like medicine - the task of categorizing the life expressions of the sick population in a way convenient for the ruling social relations of production, and in a way that's suited for these

relations to alter the corresponding needs of these people. The parliament gives law the task of protecting and maintaining the private right of ownership to the means of production. According to these laws, “crimes” - which are only the expression of social contradictions in an individual - are addressed and punished as individual transgressions of social norms. The protest that comes to expression in “crime” has to be eliminated by the justice system. The justice system takes on the function of a sorting station, a selection ramp for the sick. In collaboration with psychiatry it delegates the processing of the sick to prisons, to workhouses disguised as social psychiatric facilities, (like, for example, the German Central Institute for Mental Health of professor Dr. Dr. Heinz Häfner in Heidelberg and Mannheim), to rehab or recovery facilities, or in the case of financial penalties to the “free” labor market for intensive work. Of course, what’s on the gate of the concentration camp? - “Work makes one free!”

The military, “border” guards,⁵² and police are the government’s instruments of power, which carry out the capitalist social order inimical to life against the needs of sick people. The police - “your friend and helper” - are not there for the people, rather for the interest of the powerful and the agents of capital. But if the police aren’t there for the people, then the people must be there for the police. The sign of a police state is not only that armed police have the ultimate responsibility for the final elimination of life which can’t be used up any more by the agents of exploitation: the labor market, health care system, justice system – the sign of a police state is that people serve the needs of the police (XY-Zimmermann). This dirty business is conscientiously readied and supported through religion (guilt and sin), schools (reward-punishment) and in the obedience to authority which “daily life” forces us into.

Newspaper, radio, and XY-television try to enlist the people against themselves through calls for helping out in manhunts in the interest of the state and capital. The success of the police (shootings, harassment

campaigns, arrests) are then presented by the press as only having been possible thanks to the active support of the people. In this way the state combats the disappearance of mass loyalty and tries to produce afresh the perception of an identity of interests between the exploiters and the exploited which is necessary for the maintenance of the authoritarian state.

Each person has to be a little police officer. Not all can be a “criminal” because the collective solidarity of “criminals” against private property would be the socialist revolution. And if each person has to become a police officer in this state, then we will call this state a police state.

Thus the socialist revolution can only be pushed aside laboriously and to the injury of the sick population. Such a police state is seen in the complete administration, functionalizing and exploitation of human life in an unbroken chain of authority: family, school, military service, job, health care. It all happens according to the principle of legality (§152 StPO) which only applies against oppressed, exploited, sick human wreckage, but not against prosecutors, judges, directors, police officers and other government flunkies, who must be “healthy” by definition, and who operate through the prosecution of the innocent (§355 StGB), systematic (§129 StGB) trespass (§342 StGB), assault (§340 StGB), deprivation of freedom (§341 StGB), blackmail (§343 StGB), persecution (§130 StGB), and so forth. Whoever sees a defamation of the state in this presentation (§130 StGB) can, if he is able, prove the opposite in praxis.

31. On the Problem of Violence - The Escalation of Violence

Finding: the entire material and ideological capacity for violence lies in the hands of the state as the instantiation of capital’s oppression.

When we voice our verbal and incipiently material critique of capitalist relations of production in teach-ins, sit-ins (occupations), strikes, the power apparatus of established science and of the state refuses

the praxis-oriented confrontation on the verbal level. When workers express their protest against the life-killing capitalist working conditions through work-place walkouts then managers and unions appear on the scene, - supported by the potentially violent strike breakers, corporate security, police and national border police to stifle the workers' protest out of so-called practical necessity (necessity of profit). When the critique, the protest as resistance, looks even the least serious or powerful in a material sense, then the state uses the ring-leader ideology to criminalize it as "opposition to the authority of the state" and eliminates it. If this resistance appears in organized form, no longer fragmented, but rather in the form of the revolutionary power of illness, then per the ring-leader ideology it's artificially individualized and treated as "resistance to the state's authority." In the eyes of the ruling class it's a "criminal union with the goal of overturning the constitutional order" (§129 and §81 StGB(54)), and the revolutionary productive force of illness along with its supporters, the socialist patients, are detained behind bars and walls (detained in solitary confinement, for at this level of the confrontation between life and capital, isolation is only accomplished by the blatant use of brutal violence), detained to protect the murderous social relations of destruction from the productive force of illness. This escalation of violence on the part of the ruling oppressors is a mirror image of the rise of the revolutionary productive force of illness. The patients who are hauled into court stand there as representatives of the revolutionary force of illness. They stand over against the stone-cold, dead power of capital which seeks revenge under the criminal law against the emancipation and solidarity of the sick. "Revenge is a dish best enjoyed cold" said Hitler's propaganda minister Goebbels in 1944.

"The indictment raises the preconception that stupidity is sitting in judgment, and that everything is there to protect this little wiener," said attorney Horst Mahler as defendant in the Springer trial. By "wiener" he

meant Springer. The wiener Springer is, however, only an errand-boy for the destructive power of capital, the life-killing relations of production. State attorneys by no means have a monopoly on prejudgment. Prejudice and stupidity are also united in the person of the judge: Jürgen Roth wrote on August 13, 1971, in the weekly paper *Publik* that Heidelberg judges say ‘off the record’ that all patients are criminals. But in the language of the legal system this phenomenon doesn’t indicate prejudgment but rather “bias” and it’s in fact a judgment of the judge about himself – self-reflection in a fun-house mirror.

In reality this “bias” contains the first admission by judicial authorities that patients have at least a passive legal status, e.g. are subject to being sued. This legal status was denied to the patients on their appeal of the enforcement of the eviction order by the state attorney and judge. The patients have to be stamped as criminals whenever illness asserts itself as an organized productive force *for* patients.

In the health care system illness appears as an object, treated as data about the ill, i.e. the reactionary moments of illness are turned against the patients. Their illness is taken away from them: they will be confirmed in the negative aspect of their illness. Their illness is taken away from them, is bureaucratically administered, chemically and radiologically analyzed, pharmaceutically, electrically, radioactively, surgically treated, amputated, in short the patient will be dispossessed and his illness turned into capital, into capital for the construction industry (hospitals, doctors’ villas), for the chemical and pharmaceutical industries (reagents, medicines), for the electrical industry (X ray machines, lasers, electro - and cardio - encephalographs, electro shock apparatuses, etc.), for the glass industry (lab equipment).

Protest as a progressive moment of illness for patients is systematically suppressed in the doctor-patient relationship and in the best case, when it can appear at all, is disqualified and ignored as grumbling and complaining or in these serious psychiatric cases detained and exploited

like damaged goods that are nevertheless useful to capital. If illness, however, appears in an organized form, like in the SPK, then through the claiming of the progressive moment of illness by and for organized patients, their capitalist exploitation in the “health care” system is made impossible. If this exploitation nexus is disrupted by the patients then the police and the legal system appear in place of the health care system: machine pistols instead of electroshocks, solitary confinement instead of haldol and pacification rooms - an escalation of violence!

32. Example: Paranoid “Delusion” – Progressive and Reactionary Moments of an Illness

Paranoid “delusion” is one of the most common illnesses; it is, in the broadest sense, pure and simply the social illness. The term paranoid “delusion” is only a label which already shows the misunderstanding of the those who came up with it. When all or almost all of an individual’s impressions lead him to perceive there’s a threat in his environment to his existence, his life, if he creates fantasies in his imagination (hallucinations) for which there are no immediately evident, concrete causes in the present, then he’ll be declared paranoid and delusional by the medical diagnosticians. Agoraphobia (fear of traversing open spaces), fear of bridges, claustrophobia (fear of crowded spaces), hypochondria (fear of the breakdown of his own body), erythrophobia (fear of blushing) etc., are merely specific forms in which paranoid “delusion” takes shape. Paranoid “delusion” is nothing other than the labeled, ostracized, marginalized, defamed flipside or extension of what in popular speech is called “healthy mistrust.” Paranoid “delusion” is the product of the individual’s objectification in capitalist society, it’s the expression of the polarized relationship of life and capital, of organic and living matter with inorganic, dead matter.

The isolated person is afraid, feels himself threatened by unknown

“forces” because social reality for him is opaque, because it’s strange to him, because he is estranged from it and it from him: the precondition of capitalist society is exactly isolation and unawareness. The reactionary moment of the illness of paranoid “delusion” is the repression, even paralyzation, which is the only meaning of it for the objectively powerless, isolated and estranged paranoid “delusional.” Its *progressive moment* is the protest against the hegemonic relations of production which the sick person – completely realistically – perceives as hostile, even life-threatening. The task and function of agitation must be to make social reality transparent for the sick person and turn his undirected, paralyzed protest into collective resistance actions against the toxic, life-destroying social relations.

The destructive exploitability of paranoid “delusion” as a social illness is seen in the mobilization of the reactionary moments of paranoid “delusion” through the small, radical minority of agents and henchmen of capital who exercise control over society’s entire material means of violence (weapons, prisons, courts, clinics, rehab- and recovery facilities etc. etc.): XY-Zimmermann, Baader-Meinhof-Hysteria, wanted posters, Genscher-Springer-Löwenthal persecution gangs.

The fear of those in power (thus their paranoid “delusion”) is, on the other hand, the thoroughly realistic and appropriate reaction to the lurking and repressed power, constantly suppressed with violence, of a unified people acting in solidarity; “their thousand-fold fear is a thousand times defended.”

The isolated person is thus, like the structureless mass of people, object and not subject of the process of history. The heteronomous, the controlled, the persecuted, the delusional paranoid is handed over defenselessly to the objectively murderous relations of production of in the hegemonic social “order.” Thus paranoia is a realistic expression of reality.

If the “delusional” paranoid gets asked by a stranger in harmless

coffee-house chat about background and address, he'll become uneasy and fearful that his conversation partner is a federal police officer. There really are many such agents and a lot of people who act as informants for one or another agencies either unwittingly or out of egotistical reasons (again paranoid 'delusion'). If the paranoid "delusional" were to eat a herring, he thinks, he could be poisoned either to make him sick or to kill him. Environmental pollution which necessarily results from the life-destroying forces of capital is a fact, a thoroughly real threat to every person's life.

Or the delusional paranoid has some money or a job. He's afraid that he will lose his money or his job. That someone will steal his money, that a "better" co-worker will take his job. – The little money that he has is his passport which alone permits him to eat, to put on warm clothes, have a roof over his head; the workplace is the only possibility for him to "realize" himself, to provide for his livelihood. For him money and job are his life. – But there is need and hardship, also thieves. And there is the principle of competition, also selfish egoists. And there is capitalism in which the poor and unemployed count for less than nothing and are turned into a plaything of hegemonic interests; capitalism in which the sick, oppressed, exploited workers are constantly robbed by department stores, banks, rapacious landlords over prices, interest, and rent; capitalism in which businesses are closed or "rationalized" without concern for the needs of workers.

The "delusional" paranoid is afraid to go to the doctor. He's afraid of the exam, of the treatment, of shots, operations, and so forth. – In the exam his personal information will be taken, his biography (anamnesia), he must show his ID card (like with the police), his wallet (insured or not) - like in the grocery store or with his future father in law - he has to get undressed, let himself be seen and touched like a cow at the cattle market, and he must accept the diagnosis like the defendant receives the verdict from a judge. And then comes the treatment, the punishment: he

may not smoke anymore, nor drink, he has to get shots which are painful, he has to undergo operations, have his organs or limbs removed. And he never finds out, not during the exam nor afterwards during the “recovery,” how or why!

– Paranoid delusion? No, reality!

Or the delusional paranoid appeals to a newspaper to prompt it to do an article about his needs and the needs of society. The journalist encounters him as the representative of social interests. He tells him how “one” must present his story, he speaks of circumstances, of ‘public opinion,’ of the advertisers and the subscribers whom one must take into account. Finally, if the paranoid person is lucky, maybe a small article appears. The hallucinating paranoiac no longer recognizes himself and his concern in the article. He thinks he doesn’t understand the world any more. And then suddenly appears a big article by a professor or even a minister, and in it is something altogether different. It says that the delusional paranoid is a paranoid person, that he’s crazy and criminal and that he “can’t be tolerated and has to be eliminated as soon as possible.” – Paranoid delusion? No! Reality!

Or the delusional paranoid feels threatened and followed by murderers when he goes home in the evening. Dark forms creep after him. But he hasn’t learned, not from his parents, not in school, not in his training nor in the university that capitalist society rests on murder, that “his life” is only a waste product of capital accumulation, the systematic, slow-motion murder, which comes to expression in illness, the presupposition and the result of capitalist relations of production. And he has never experienced that he gets followed and stalked day and night, that his house is ransacked by home-invaders disguised as plain clothes policemen, and that the institutions and agents of capital aim to kill off every independent stirring of life among the oppressed and exploited with the all the means at their disposal, from the ministerial edict, to public defamation, to the bullets of automatic police weapons.

The man or the woman who is afraid of getting killed is right! One has to help them understand why they're right. Then their fear will turn into a weapon. "Turn illness into a weapon" – that's the SPK's principle.

33. Aggression – Attack and Defense

Like sadness, despair, etc., aggression is a feeling which in exceptional cases must be submitted to special treatment given the hegemony of the primary social needs of capital accumulation. What *normally* gets expressed as aggression are ameliorated forms of protest: social conventions, politeness, correctness, congeniality, irony, self-control, detachment, extreme reserve ("one never knows"). This repressed, channeled protest inhibits public confrontations, directs it against ourselves and is handed down from top to bottom: from boss to the manager, to the foreman, from one worker to another worker.

Good manners are calculated to *disguise* class antagonisms, to camouflage contradictions, and stir little brush wars between the affected, the exploited and the oppressed themselves. All the uses of these conventions – the laughing grimace of violence – we should leave to the class enemy. As long as we skirt the edges of our problems, instead of tackling them directly, nothing will change. The word "aggression" comes from the Latin word "aggredi" which means "to go at something directly." If SPK patients are often accused (mainly by "leftist" students and "sympathizers") of being aggressive, naive, militant, etc., this accusation should be viewed as a reproduction of the labeling ritual of psychiatrists, psychologists, criminologists, public prosecutors, judges, government attorneys (they prepare their adversaries for physical destruction by labeling them). These accusations are also an indicator of the inability (fear!) of these 'leftists' to break with bourgeois conventions - instead they avoid the issue and their own problems with votes, discussion leaders, lists of speakers, polite forms of debate. Thus they reproduce in their own organizations the very structures which they're

struggling against in general.

With all liberation struggles it's important that the fighters turn their objective role they've been compelled to assume into an affirmative principle: the proletariat of the *Manifesto of the Communist Party* (1848) which "in a communist revolution have nothing to lose but their chains," the African-Americans organized in the Black Panther Party in the USA who struggle to overcome their existence as "modern" slaves, and finally the sick who have recognized the revolutionary productive force of their illness and act accordingly. In the liberation struggle of the sick it's not about the defense of a socially fixed status just as with the *Manifesto of the Communist Party* it wasn't about the defense of the proletariat's status or in the Black Panther Party's struggle over the defense and preservation of the role of the negro in the society of exploitation. Through the constitutive sign of legal deprivation the sick have the 'natural right' to self-defense, that is to the defense of the bit of life that is left to them, and which is constantly under attack by the agents of the economy of death.⁵⁵

Self-defense isn't an end in itself but rather a strategy to protect that which is defended - the remaining bit of vital substance, "life" - to put it into action for the collective liberation struggle against the forces of organized capital, against the henchmen and agents of today's socially institutionalized forms of exploitation, oppression and death. Thus the process of self-defense already contains its opposite, i.e. attack as collective struggle on the basis of cooperation and solidarity, which is at once the means and a new quality. Collective struggle is the new quality in which the dialectical opposition of attack and defense is transcended.⁵⁶

34. Identity with Capital - The Example of "Success"

"Success" in this social order means the corruption of the successful - the "defrauded crook."

The identity of the individual with capital appears in many forms: seeking to acquire and hang on to property. The fear of losing this

property; contempt for “bare life,” whether it’s the need for stylish clothing, so-called status symbols - car, travel, hobbies, furnishings etc. - are merely fossilizations of life - identity with capital. This accumulation of consumer goods is nothing but self-deception and serves exclusively to reproduce labor power as a commodity. The “success” which an individual has is an illusion: whether it’s in the form of having a good job, or finding a somewhat nice apartment, whether he does well on an exam, or has “success” with women. The feeling of becoming well-known, being likable, having “done something,” being well off or better off than others (competition and achievement principles) is an accomplishment of the systematic oppression of human life. The perception of success will generally be accompanied by a feeling of gratitude toward certain social institutions or their proponents: employers, landlords, university administrators, newspaper editors, book publishers and finally towards social relations in general. But: the success that is meant as ‘one’s own’ is the real success - a success of corruption - the other side of all this; an essential element of the identity of “successful people” with capital.

35. Political Identity

In order to maintain, for the advantage of capital accumulation, the imbalance between the developed forces of production and the systematically and violently stunted relations of production it’s necessary to subject human needs to the “natural law” of capitalist production and destruction.

In the individual this contradiction is expressed in the separation and opposition of reason and feeling. The most placid coexistence possible of both of these artificially separated life expressions is the pre-condition for the “peace” of the emotions and for order in the factories in where human life forces are rationally turned into inorganic matter (= capital).

The “reason” of capital is seen in the rationalizing of businesses, the expansion of productive forces, the intensification of exploitation and the

violent enforcement of the relations of production.

The individual in his rationality is determined by the rationality of capital which he encounters as a force of nature, which he experiences daily and which therefore must appear to him as rational through and through. His protest against this life-destroying force can therefore only be a protest of feeling or emotion. But since 'reason' rules, these emotional outbursts of the individual are rationalized and 'disappear' into stomach pains, gall stones, circulatory problems, kidney stones, cramps of all kinds, into impotence, head colds, toothaches, skin diseases, back aches, migraines, asthma, car and workplace accidents, depression, and so forth - or feelings mushroom in interpersonal relationships (emotional plague), in flat affects ("serious" people), in psychosis, etc.

This power of "reason" is death, creeping along in the form of the reactionary moment of illness.

The needs of such people damaged by the system, that is our needs, become the central role, the starting point, the motor of the comprehensive political work of socialist self-organization under the determination of illness.

Needs like property, career, individuality, personality development, novel professional perspectives, the so-called "universal human" needs are invariably clear reproductions of capitalist forms of business and social status. They operate to repress solidarity and are antagonistic to life.

Everything that appears different or distinct, that serves to individualize and therefore to supply capital, is transformed and changed in the unity of needs of the sick. This shared consciousness is expressed in political identity. Political identity means: the unity of needs and political praxis for these needs, and that can only be the unified struggle against the natural force of capital.

36. The Place of an Agitation Protocol

A sick person has constant complaints: sleeplessness, headaches, heart palpitations, fear of death. And then he still has constantly to fear a disabling “job-related illness,” a “workplace accident,” a traffic accident or falling victim to a cold. If this sick person now goes to the doctor then he expects and assumes the doctor to find an “organic” cause of his suffering (exam, diagnosis) and to eliminate it (therapy). This “natural” expectation encounters the methods of the doctor: he draws the patient’s blood, which will be tested, he takes x-rays of the patient’s body, he checks reflexes with a hammer and pin, and finally he prescribes a few pills or gives the patient a shot. Or he sends the patient to the hospital where the patient gets operated on, cut and sewn back up or amputated. But before and often also during the therapy the patient may talk about his illness. Not necessarily about whatever he wants: he has to give the doctor his personal information, his insurance, his ID card - this death sentence to be produced on demand which each German citizen keeps in the pocket, and the certificate of illness, the proof that the patient paid the costs of his treatment in advance via wage garnishments (“social insurance premiums”).

When the sick person, before beginning a new job, has to undergo a required medical exam with a company doctor (also called “trusted” doctor because he has the trust of capital) or at the public health office (a kind of test for work machines) he will most likely answer the questions ‘properly’ that are put to him. He won’t tell about his suffering and complaints. To the question “Do you have any genetic illnesses, mental health problems, or suicides in your family?” he won’t spontaneously answer - of course, where else would they be - he’ll say rather “no.” Because he has to get the job, otherwise . . .

On the other hand: a sick person comes into the SPK, with more less the same expectation of the treatment of his illness. There, however, the physical exam and the medical care take a subordinate place. Rather the

patient receives the opportunity to reflect on the causes and function of his problems and to talk with other patients. In the course of the therapeutic agitation process he discovers suddenly or gradually that this entire history of organic contingency and the idea that one is responsible for one's own illness ... perhaps. . . really . . . yes, the 'perhaps' is the key, that his entire social existence . . . yes, but then he would have to do something, then he *could* do . . . something . . . together with other sick people. Yes, but they are really "healthier" than I am, otherwise they wouldn't be so energetic . . . something else is wrong with me, I'm *really* sick, I can't . . . or am I maybe afraid? Afraid of losing my illness? Afraid of my own vitality, of my life energy which has been turned down to low since birth? Then I should try to be political: one can only be politically active if one is completely healthy! And *if* I'm sick then I'll go to the doctor and he'll make me completely better. And doctors say one only has to *believe* that one will get healthy, then one will become or stay healthy. And if I'm then completely healthy . . . yes, *then* I'll manage just fine! "Cooperation" . . . "Solidarity" . . . where is that really? In China? In Vietnam, in Cuba, yeah . . . yeah .. . But here, today? . . . Here! Today! Socialist self-organization under the determination of illness.

This text is only a beginning . . .

VII. Documentary Section

37. On the Political-Economy of the Equation Suicide=Murder

1. Patients - Bulletin No. 35 - New Univ. Spiegel No. 6

Suicide = Murder = suicide = murder = suicide

Material impoverishment is progressive in the sense that it produces revolutionary potential. As we know, Marx claims this moment for the (industrial) proletariat (subjective factor). Social ostracism, however, is a hallmark of the ‘lumpenproletariat’ (unemployed, sick, criminals = self-inflicted). These are all excluded both from the social process by the ruling ideology and also from revolutionary movements. Their political label varies between asocial and anarchistic – “It’s no disgrace to be poor” . . . “Money lost, much lost; honor lost, everything lost” – as the related sayings (of objective spirit) go.

Capital engenders material impoverishment through exploitation (dialectical moment, according to Hegel in the *Philosophy of Right*: capitalism is too poor to remove the poverty it causes).

On the level of individual development capitalism engenders fear of, (and because of and through) social ostracism (historical process in which consciousness is already and essentially programmed to avoid social ostracism.) Both factors, material poverty and social ostracism, are deadly, murderous tools of capitalist society, through which they cause so much suffering until one is ground up between them as between one’s own millstones. The medical faculty, Rendtorff, and Minister of Cultural Affairs Hahn used these mill stones up until the death of a SPK-member,

as one knows with variable fortune. Lockout, termination, banishment aimed at simultaneous physical destruction and social marginalization (public harassment).

The murdered SPK member was, from day one of his appearance in the SPK, immediately confronted, like most others with both of these murder instruments. His spontaneously uttered wish to participate had to be materially secured through the continuation of his sick leave. But afterwards, after being labeled schizophrenic and burdened with the feeling of total marginalization, he didn't want to be treated as a political leper. He was rightly afraid that his membership in the SPK would become a matter of record because of his doctor's note and that it might create further disadvantages for him (refusals of jobs, compulsory admission to a state hospital, in case he insisted on the insurance that he was rightfully due). This fear connected expressly with the fact that legitimacy as an official university organization was long ago withdrawn from the SPK through Hahn. As is known, avoiding political ostracism had the result of increasing material need. Also, the attempt to take over and operate with the stigma of social ostracism ("schizophrenia") - as for instance in the medical outpatient clinic - could have a bad result with respect to meeting one's basic material needs ("I don't give schizophrenics a sick note" - so said an assistant doctor of the university medical outpatient clinic).

With the second spontaneous attempt at taking on a job, the murdered SPK member was praised for his efficiency at work in filing. Aware of his social minority status, he despaired of the set expectations. The material situation of the SPK, causally conditioned through Rendtorff and Hahn, offered no chances of survival, let alone of a gradual "rehabilitation." We expressly reserve the right to make changes!

The material destruction sought by the other side comes formally to expression in the last words of the murdered SPK member, "I am dead." The fear of social ostracism over death: "I don't want to be buried with

Marx and Lenin.” “I didn’t understand” means: I am honest enough to know that I can’t withstand the murder weapons of hunger and despair, only in this way is my behavior understandable. If Minister of Cultural Affairs Hahn, Rector Rendtorff and the swine on the medical faculty want to wash their hands of guilt, then it will take a violent deception of their senses (see Hegel’s *Phenomenology of Spirit*, Chap. II).

Murder is murder. But bureaucratic murderers are not common murderers, they are worse. They are vultures, scuzzy vampires. Whoever feels that in their own body knows what that is.

The killings by the bureaucratic murder clique of Hahn, Rendtorff and the medical swine will be retaliated against according to the principle of the dialectic determined by capitalism.

Socialist Patients’ Collective at the University of Heidelberg
12 Rohrbacherstrasse
April 16, 1971

2. Patients-Info No. 37 - New UniSpiegel no. 8

On the Political Economy of Murder

“We can rule out a crime” - so says the “suicide notice” of April 10, 1971, in the *Heidelberger Presse*. The newspaper, as ideology maker of capital, must like bourgeois science exclude crime, the permanent destruction of the person through the capitalist system of exploitation.

The freedom of the press is the freedom of the ruling class to conceal connections.

According to our first publication “suicide=murder” many readers of this newsletter wanted to receive more details. No thought that they coerced the daily press into a related report, or that they even felt pressured to actively correct the murder shots fully analyzed for decades. They have only the slightest pangs of conscience with ‘murder.’ This they pacify with the pseudo-critical attitude drummed into them that lets

them sleep more peacefully after the fact. Understanding connections is easy. Just present them and one can learn them. But acting in light of them is much harder for those who continue to believe they're healthy and have something to lose. Objectively the exploited don't possess anything that isn't under the power of the ruling class. Long before one is born one's feelings, thoughts, and bodily functions have already been decided. One gets the body that's dictated to him by the capitalist relations of production. What then does the exploited have to lose when everything has been taken from him at the outset anyway?

Back to the official opinion makers.

Themselves subordinated to the compulsion to accumulate - one has to sell ads and sing the songs of the advertisers whose bread one eats - the contract work of these opinion makers can only be flytraps for the forms of appearance codified through prevailing science. The duty to inform means: throw a few crumbs of fucked up fact to those looking for an "all you can eat," "all you can swallow" service = newspaper readers - sex and age of the "perpetrators," place and time of the crime, etc. References to "communes" and overdoses suffice for a tasteful news story and creates for the reader the corresponding "story" (submissive to whom?), an ideologically faithful, ahistorical product. So-called healthy common sense (i.e. stupidity) is the trusted help-mate of capitalism (=crime).

Suicide remains a story that has no effect as long as the fatal effects of relations are registered unconsciously and stereotypically. Unawareness hinders insight into the connections of relations (suicide= murder) and correspondingly into all of the effects that result from this insight. The identity of suicide = murder only becomes meaningful from the awareness of the historical connection, that is dangerous for the stability of the "currency" - one murders no longer people but capital and its proponents.

The murder victim M. had become worthless for the bureaucracy (commercial sector) through capitalist wear and tear and its devaluation

process. But she felt compelled to sell herself so as to not have to starve either immediately or, through social shame, more gradually. Death is the consequent progression of the mass murder necessarily planned by capitalism. Before M. came into the SPK she viewed herself as caput, as a wreck. No wonder! Toxic prescriptions, the permanently injurious electro-shock treatments and in general mass quantities of special treatments had shaped her consciousness, which was by no means schizophrenic, down to its total comprehension of reality. Owing to society's permanent refusal to provide her with the material basis of life, she was justified in feeling that she'd been abandoned. M. found herself in a life-threatening situation which for millions of people in our society is so common that they aren't in a position to develop a realistic insight, let alone the response that goes with it. Another patient said once that it was only owing to unusual circumstances that she was still alive. But capitalist bureaucracy rarely if ever produces such "good luck" cases. With M. it was different, i.e. truer: The bureaucratic jungle caused her to panic with fear. But that doesn't count! Officially, only the last meal of the condemned is paid.

In spite of her coerced capitulation in the face of material need, M. could breath a temporary sigh of relief thanks to the current conditions of work developed only within the SPK. At all times she knew and claimed that since her membership in the SPK she had, for the first time and despite all the external difficulties, the feeling of really living and being herself in relation with others. Just a few days before her murder M. stated in a discussion that she fully and completely belonged in the SPK, that it presented her the only opportunity to realize and actuate herself. From her mother's statement (after the death) we know that M. had constantly written in her letters that her time in the SPK was her "happiest" ever. The further stabilization of her political identity - for only this kind of identity is at all possible under schizo-pathological capitalism - this political identity which she had previously sought in vain

in a communist youth organization, could only be broken up by extreme external pressure (starvation blockade). She felt herself not only handicapped by the label of “schizophrenic” but was also for years subjected to accusations by outsiders and attending physicians that she was “ruining her family.”

Although she saw through the dismal relations in the general labor market as specific capitalist mechanisms, she carried forward the feelings of guilt drummed into her by the “employer” from whom she expected punishment for being sick. She was afraid she would be disadvantaged because of her membership in the SPK. From the fact that the SPK was denied legitimacy as a university organization through the edict of the Minister of Cultural Affairs in cooperation with the medical faculty and the administration, the result was undeniably that the every SPK member was rendered completely defenseless against the violent measures of the state and the ostracism of society that goes with it.

M. had to deal with nothing but rejection in her job searches and she stood before two merciless alternatives: either apply for the sick benefits that were rightfully hers through Dr. Kretz (!! (recommended by doctors and the head doctor of the outpatient clinic) and thereby run the risk of having to be subjected to an examination (compulsory certification) outside of the SPK, or stay with the SPK at the cost of material impoverishment. Even the assurance that the referral to many qualified neurologists wouldn't be indicated and would be hindered or made impossible altogether because of her active solidarity with the SPK didn't change her insight into the absurdity of this procedure. Objectively, in fact, all the snail dances that are done by psychiatrists since their settling onto the backs and into the money of those exploited by psychoanalysts, daseins-analysts, through the psycho-biological drivel (=science) haven't lowered the suicide rates (suicide = “self-murder”) of psychiatric clinics and hospitals, let alone eliminated them. Rather the “progressive” branch of psychiatry is characterized recently by its pronouncement that help for

“suicide candidates” can only be had in the clinics, where one who is in the middle of being exploited is driven by death and specifically readied for killing oneself in a workman-like way. (cf. *Frankfurter Rundschau* Feb. 10, 1971, “We would have been forced to choose the hangman!”) Psychiatry’s progressive turn, i.e. its potential transcendence as practiced in the SPK, has for over a year proven the possibility of this elimination. M.’s murder can only mean for our praxis that we fight against the machinery of death and in particular its bureaucratic henchmen (medical faculty, academic administrators, cultural ministry) more decisively and more successfully. Since it’s now about life and death we cannot and may not wait until perhaps one day private ownership separates itself from the means of production.

With her membership in the SPK, M. was subjected to all of the forces which the SPK had fought since its founding: no financial means - even the so-called account for the SPK was confiscated from it by the university; the possibility of getting prescriptions for medicine through the mandatory contributions which the patients were entitled to, was actively hindered by the university clinic director von Bayer and the administration; only 5 rooms were available for 450 patients (1-3 new admissions daily); constant threat to the work by the eviction order prosecuted by the administration; no possibility for support in the form of one of the houses promised to the SPK by the university administration. These circumstances constituted a permanent starvation campaign against the SPK and moreover are the mirror image of capital-specific mass murder. But this suicide risk is a “manageable risk” said Prof Häfner, clinic doctor Kretz and court psychiatrist Leferenz in the University Senate on November 24, 1970, regarding the SPK. Rendtorff, the Administrative Council, the Senate, etc. offer permanent proof that those who, because of their position in the social production process can make decisions for or against murderous relations blindly reproduce the contradictions immanent in capitalism through self-imposed actions,

oblivious to history. The Heidelberg Rector (=Reactor) – instead of working out the details of the scientific side of the spk project and thereby enabling the scientific work of Socialist Patients' Collective by institutionalizing it in the university – reacted with the cowardice typical of bureaucrats and back-slapping pals at the directive from above (the decree of the Minister of Cult Affairs). He left the stage to the only too well known non-senate member Häfner, a specialist in social euthanasia (suicide=profit), who then in the interest of his 45 million projects pushed for the liquidation of the SPK. At the time there were 250 patients. Should one ask whether the risk, regardless of what it was, has really decreased since those responsible have torn off their masks and the number of SPK members has crept up towards 500?

It's possible to overcome these circumstances. Others before us have already shown that. The self-organization of patients on the basis of Marxism has its counterpart in the radical-critical result which is guiding for us ever since Ernest Che-Guevara (asthmatic and practitioner of the physician's role in the capitalist jungle).

As a limitation, illness is a weapon of capital. It's within the power of the exploited to one day put this and all other weapons in the junkyard of history. For capitalism and its goons sickness alone is a murderous pleasure.

Fight the criminals and you protect yourselves not from kidney stones but from political murder!

Socialist Patients' Collective at the University of Heidelberg
12 Rohrbacherstrasse
April 30, 1971

38. Patient Self-Organization and Democratic Centralism

1. Subjective Necessities

Historically we are in the transition phase between the Nazi concentration camps and work camps à la the Great Coalition. The sharpening of the contradictions in late capitalism – seen economically in the frequency of economic crises and at the level of consciousness in the disappearance of an existential and social visionary perspective – spurs the ruling class to a string of preventive measures for crisis management, which are just as effective as they are unnoticed by the public. As such they impose the opium law against the flipped out, central registration of so-called mentally ill, work camps for the politically flipped out, and finally life-long imprisonment on the installment plan for those whose resistance to capitalist criminality amounts to anything more than sitting around in discussion groups. Under these conditions it can't be said that the existing organizational forms of health care fail (=exploitation of illness). They function rather for the best in the sense of the measures just mentioned. The functionaries of the hierarchically organized health care system, organized in the form of health insurance, physician groups, residents' conferences, and ultimately in the ideal of market competition – a bureaucratic cult masquerading as the administrator and executor of science under contract with capital – try constantly to hide from the public the contradiction between subjective belief and objective function that affects them indirectly but affects the sick directly. This they do through lavish talk about the freedom of the sciences and what measures should be taken “to help the sick.” Such talk not only hides the dependence of the sick (at the same time their helplessness) from the public, but also continually anchors the notion of help from above in the consciousness of those affected. The public, which has been either

corrupted through material privileges or the lure of them, largely dumbs down the sick. Everyone refers to the good of the sick but *objectively* works for capital and thereby necessarily *against* the sick and finally against themselves. This is incoherent of course, but unnoticed.

Under these circumstances, those *affected* at the time themselves can appropriate the necessary knowledge and with propaganda create an active counter-public.

Sickness is an appropriate, realistic mirroring of the fundamental contradictions (collective production – individual appropriation): collective production of illness on the one side and the management and exploitation of the sick as isolated individuals on the other side.

2. Objective Obstacles (i.e. why the sick have to take things into their own hands):

The production process and illness condition themselves dialectically in the capitalist exploitation process, that is *illness is at once the premise and the result of the capitalist exploitation process*. The crippled condition of workers is a premise of the process. Its maintenance implies the reproduction of workers as social cripples. *Consumption* of labor power in the production process therefore means the *production* of illness. For it happens “under conditions for which the ease of production of *products*, not the health of the *worker*, is decisive” (Marx, *Capital* III, ch. 5). With all the deceptive measures of this situation on the side of the ruling class it’s important to show that “killing isn’t murder if it happens for the sake of profits.” (Marx, *id.*) Illness is the fulcrum of *crisis management* in late capitalism. This results from the following: so called social security taxes are collected by the state at a rate of 35% of net salaries. These funds are available to the state as aggregated capital available for the purpose of economic control in the form of crisis prevention and crisis management. In this way the funds are taken out of the control of those who originally acquired them.

Only a small part of it will be used by the ‘health’ industry to repair defective labor power. The economically stabilizing function exists, secondly, in the maintenance of their ability to be consumers even while they’re defective work machines (=sick people), independently of their role as machines in the service of business (=unemployed), and worn out work machines (=retirees). In particular, illness is exploited in the interest of capital in the form of a quantitative and qualitative *restructuring of unemployment*: instead of massive layoffs in tranches and the seemingly unconnected exit of workers from the production process. This happens administratively in violent ways in the form of doctors’ certificates and referrals to custodial facilities through the agents of the healthcare apparatus.

Subjectively illness is experienced as bad luck or even as a breakdown one is responsible for one’s self. In contrast to the unemployed – for the sick the recognition of the connection between individual desperation and the capitalistic exploitation process is made more difficult. Through this objectively and subjectively deceptive connection, the tendency of leftist political groups to remain stuck in abstract beginnings is facilitated. Subjectively, the workforce suffers substantial subjective psychological stress (mass desperation). But in the case of the unemployed objective “well-being” isn’t connected with any sense of responsibility, not to mention any insight into the mass accumulation of suffering related to it in the third world and with the sick (imperialism toward ourselves). Because of a lack of insight into the congruence between its own needs with those of the industrial workforce, the democratic-centrist left is calling an abstract proletariat to respond to far more than it’s capable of in addressing the concrete life conditions of each individual who’s affected by psychological and material impoverishment.

3. On the Legal Impoverishment of the Sick

Irrespective of the social taxes extracted from him, the sick person has *no right* to treatment for his illness. Rather, it's the reverse. The right to treatment is owned by institutionalized healthcare. This apparatus is, from its organization to its function, oriented to the principle of profit-maximization and on that basis, too, the criteria for the how and why of treatment are determined. In this context in which the sick person is situated, the suppression of his constitutional and human rights is the precondition and the result of his treatment and manipulation. The legally-based health care system makes use of the equally legally-based "justice system" and vice-versa. The contemporary aim of modernizing criminal law by enrolling the sick in a central registry, who already anyway carry prison around with them (in the form of repression), gives them a lifelong sentence in the ghetto of asociality. The higher education law of the state of Baden-Württemberg for instance excludes people from universities if they are viewed as sick in any way. The text reads: "Matriculation can be denied if the applicant suffers from an illness which may seriously endanger the health of other students, or threatens to interfere with the orderly operation of the school. A doctor's certificate may be requested as evidence of the applicant's health condition." (HSchG sec. 43, 2). A student can be withdrawn for the same reasons.

Patients owe their loss of rights to their isolation. Isolated patients' only possible escape from the role of object is their organized coming-together. This is, however, not provided for in the controlling system. Patient self-organization therefore has a legitimizing, rights-enabling function and can at least appeal to formal constitutional rights. These fundamental rights are for their part again not limited by statute, which – as they say – govern the details. Insofar as a progressive claim to fundamental rights isn't sufficiently prevented, the state is constrained to deny fundamental rights to patients who are becoming effective in their

new self-organization, i.e. compelled to smash this organization. The consequence for those so exploited and legally deprived must therefore be the radical change of the material basis of this state power.

4. On the Political Implication of Self-Organization

The most important basis of patient self-organization is to be determined in the following way: because of their legal impoverishment, patients are the exploited class. Everywhere in the world the “free democratic” rule of law permits only the financially strong to claim rights. Moreover, the sick person has no rights at all. This quality of the exploited is spread among 10 million clearly sick people in the BRD who are psychiatric patients alone. The total number of those affected by illness, though, is far greater. A relative measure of the power of the *productive force of illness* can be seen in the fact that budget outlays for healthcare and social insurance consume a greater share of the federal budget than does anything else.

Out of this connection with production there follows the other essential basis of patient self-organization: the capitalist economic system – as explained above – draws from illness in the form of social security contributions the *unlimited capacity to buffer its own imminent economic crises*. That is, under the essential condition of illness, and only under this, the proletariat is a subjectively and objectively revolutionary category in the highly-developed late capitalist system, corresponding to the determination attributed to it by Marx in the *Communist Manifesto*. Subjectively, based on the possibility of understanding illness and wielding it as protest, objectively, because surplus value can only be extracted through the exploitation of human labor power. This, however, leads to the increase of mass impoverishment and the intensification of illness. Mass impoverishment and the intensification of illness form the inner limits of capitalism.

“Capitalist production – if we abstract from the proliferation of competition – the tendency of profit rates to fall – deals in the cheapest way possible with labor that is realized and objectified in commodities. Capitalism far more than any other mode of production is a waster of people, of living-work, a waster not only of flesh and blood but also of nerves and brain. It’s in fact only through the greatest of waste of individual development that the development of humanity in general is secured and carried through in the historical epoch which immediately precedes the conscious reconstitution of human society” (Marx, *Capital* III, Chap. 5)

Here Marx gives illness an *essential determination as the inner limit of capitalism*. He expressly sets aside the tendency of profit rates to fall and sees anyway an increase in the level of exploitation of labor power and the intensification of illness. Illness as the external limit of capitalism is known by an increasing number of sick people who completely drop out of the capitalist production process (so-called untreatable psychosis, an increase in those harmed by drugs and medicine).

Through this essential determination of illness to be ‘Crisis Buffer no. 1’ of the capitalist economy and thereby to stabilize the system coercively, illness also has, objectively, a counter-revolutionary moment. This connection with exploitation can’t be broken by the industrial and management sector. There the factor of counter-revolutionary determination of illness as crisis buffer prevails. The propelling moment of the legal deprivation of the sick is hidden by unions, the appointed and worker-friendly social welfare courts, etc. By means of the coercive self-determination through this double exploitation comes the self-organization of patients in the form of revolutionary subjects. Double exploitation is characterized as follows: The sick person is the product of the value-creating production process; the surplus value is divided into profit and crisis buffer capacity. The sick person is functionalized as a patient through the health care system as a means of production and crisis buffer.

5. The Dialectic of Centralism and Decentralism = Multifocal Expansionism (MFE)

Before we go into the organizational form of the patients' self-organization and its broader perspectives, a few basic thoughts on democratic centralism. The *democratic* element of democratic centralism is majority rule in decision-making. That is, all qualities are based on the category of quantity, exactly as in the valuation process of capital in which all quality is reduced to the quantity of labor time. The *centralizing* element appears in the form of the pyramid organization with graduated competencies, thus a hierarchy. The activities of the individuals are organized before they even enter and can become effective; again a rigid system, corresponding to the capitalist exploitation process which creates demands according to which the activities of the individual have to be directed (the person is there for the economy, not the other way around) instead of the organization being formed according to the standards of its particular needs and oriented towards that, i.e. changing itself as needed and only existing as long as work for a specific objective requires it. The dialectic of subject-object (in the polarity of leader – infantry); determinism – spontaneity (spontaneity as the constituting moment of the organization; one also thinks of the revolutionary productive force of Lukács's "revolutionary instinct"), being produced – producing (being objectified as the opposition of passivity - activity), these dialectical opposites are not contained in democratic centralism, neither is the dialectic of needs and production.

From the work on needs in individual sessions and in small groups, which reciprocally direct each other, there follows as an organizational quality the principle of multi-focal expansion. The unity of needs and political struggle has to be developed in everyone as a *political identity* of those who are aware. In a decentralized organization every productive activity, every initiative of an individual immediately finds the necessary organizational space through the continuous, collective working through

of the activities. Each person can and should express himself and thereby determine the work, and no one can take the fruits of this work away, since they are developed out of the needs of each person. The organizational form of multi-focal expansionism makes it impossible for the class enemy to smash such an organization. For the coordination of the activities which develop in this way centralism assumes the form of collective thought as its necessary moment. This collective thought will be used by the individuals for their goals, and they won't in turn use the group. In such an organization centralism is dialectically transcended.

6. History and Perspective of Patient Self-Organization

The dialectical transcendence of centralism also mirrors itself historically in the history of the SPK. This history falls into several phases. The *first* of these phases consisted in the preparation for the patients' self-organization under the condition of capitalist-hierarchical centralism. Only at the level of university medicine could the above contradiction be clearly worked out as a doubly exploitative contradiction. "It is practically impossible for workpeople to insist upon that which in theory is their first sanitary right – the right that whatever work their employer assembles them to do, shall, so far as depends upon him, be, at his cost, divested of all needlessly unwholesome circumstances; ... while workpeople are practically unable to exact that sanitary justice for themselves, they also (notwithstanding the presumed intentions of the law) cannot expect any effectual assistance from the appointed administrators of the Nuisances Removal Acts" (quoted in *Capital* III, MEW 25, S. 106).

The working out of the contradiction of the double exploitation therefore takes place in the confrontation of the workers as patients with bureaucratic 'officials': Despite their exploitation and social security payments, patients have no claims to have rights to medical services. Finally, no matter whether allowed or withheld, the further perfection of

exploitation has a consequence. Only the exponent of the university, who stands over against the sick person (for instance the assistant director who's concerned with the 'abolition of public evils') can and must, because of the specific university privileges available to him, pass them on for the most part. In this way he connects the masses to the university and works out the contradiction between the claim of the university to be an institution for realizing the fundamental right to the freedom of knowledge and its function as the supplier, appraiser, and certifying body of capitalism. It thereby makes the class differences transparent, for instance in that he develops the necessary knowledge collectively with the patient and thereby prevents the exercise of power against the sick secured by the capital-oriented prevailing science.

With his total engagement he fundamentally has to simulate a condition from which, in the eyes of the sick easily comes an object role conditioned by the system. Correspondingly, those sick people who become conscious work against the exploitation context. But as long as administrative organization, power, custodianship of illness function in a centralizing capitalistic way, the crisis can only coalesce in the form of an apparently undirected powerlessness. A big example of this is the system's crisis buffers; for our opponents the hunger strike appears to be a small example. The quiet result of such an apparently undirected powerlessness is the compromise, whose development and realization lead in a *second phase* to a renewed polarization. This no longer follows on the level of university medicine, but presents itself as a confrontation of *science* – immediately represented through the patient – and *power* – immediately represented through the university.

In its *third phase* decentralization results internally through socialization of the therapeutic function in the form of reciprocal self-control through individual and group agitation; externally decentralization results spontaneously through the founding of additional patient collectives, championed by the work of the SPK. The

decentralization is supported through ongoing self-objectification, which is predominantly accomplished in the work groups. Political identity arises in the process of decentralization and self-objectification as a concept of identity of needs and political struggle.

Phase four follows in the form of the acceptance of the reaction by the justice machinery (eviction order, prohibition of scientific work through denial of the institutional and immediately material means of production) which concretizes the material-legal deprivation of the patient.

The result of this four phase development is the liberation in *phase five* of the capitalistic-hierarchical centralism in the form of power bound up with administered illness that shapes the form of a total division of power: capital by means of the mechanism of the state as the perfect mass murderer of its own products which are its most vulnerable and most adequately reflective. Capital and the mechanism of the state are – in the process of the patient’s destruction – in direct confrontation with illness as its essential product (its objectification of totality) – therefore in confrontation with itself.

In *phase six* self-organization separates itself into a militant moment and a propagandizing sector. First, for the goal of effective self-defense against the reaction by capitalism and the neo-fascistic state mechanism, finally for productive attack against the revisionist left of the BRD, especially the socialization of the SPK - experiences in the areas of organization and agitation.

While in the propagandizing moment of phase six, the party, that is the unity of collective thought and coordination directed at extending its mass basis, has progressive meaning, it also falls to the party in the prospective *seventh phase*, in the practical embodiment of the class antagonisms in the people’s war, because of its essential connection to its immanent past, to the task of taking on the reaction. Its proto-form and highest perfection is the political identity achieved in the process of

decentralization, expansion and self-objectification. Only oppositional power compels the functional polarization in the militant and propagandistic moment.

Socialist Patients' Collective at the University of Heidelberg

Jan. 6, 1971

Rohrbacherstr. 12

This text is only a beginning . . .

VIII. Two Comparisons

39. Comparison I

Documents from the Nuremberg trial of the Physicians, October 25, 1946 - Aug. 20, 1947:

“The exposure of all the horrors to the eyes of the world who had to see the most damning witnesses to the events was too hard. Seemingly hopeless, with our publication but one contribution in the effort to turn fortune for the better, we finally presented it according to orders. 10,000 copies went to the Union of West German Physicians for distribution to the medical profession. It had no effect at all. Almost none knew of the book, no reviews, no letters from readers; among those whom we met in the next ten years were none who knew this book. We know of only one place where it was available: the World Medical Association which, based on our documentation, saw evidence that the German medical profession had distanced itself from the criminal dictatorship, and allowed it again to be a member.”
A. Mitscherlich 1960 on the Documents.

Documents on the administrative dissolution of the SPK by the University administration:

The exposure to the University community of the most blatant acts of power which were the most damning witnesses against the institution and their major supporters was too direct. Seemingly hopeless, and unable with our “Documentation on the Administrative Dissolution of the SPK by the University Administration” to prevent the destruction of the SPK, we published it finally on Mar. 17, 1971. 500 copies went to interested students who bought them in the cafeteria and in the SPK. They had no effect . . . ⁵⁷

From the Nuremberg trial of the Physicians, October 25, 1946 - Aug. 20, 1947:

“I notice begrudgingly that if this trial (of those charged with capital crimes) were educational, then we could hand over all the teaching to the executioner and then open an executioner’s school.”

Prof. Dr. Med. Gerhard Rose,
Protokoll S. 6231 ff, 1946/47

In light of the necessity of economic planning for the care of mental health patients I ask you to find those patients who traverse the nearby areas, have them fill out these questionnaires, and send them to back to me.

Dr. Med. Conti, Document No. 825,
Oct. 24, 1939.

“As can be seen from both letters (Nov. 25, 1940 and Nov. 29, 1940) 3 days at most were needed by the evaluator to process 300 cases.”
Commentary by Mielke and Mitscherlich 1949.

From the administrative dissolution of the SPK by the University administration:

“The regional medical office of North Baden

saw itself as incapable of taking on a group of armed psychiatric patients, who, thanks to their toleration by a group of eccentrics, had turned into to a group of the most determined, armed revolutionary fighters.”

Monika Fuchs in the official publication of the State medical office of Baden - Württemberg, Sep. 1971

“On the basis of the request of the faculty senate for clinical medicine II at the University of Heidelberg on Aug. 31, 1970, I give the following advisory opinion on the Socialist Patients’ Collective. In answer to the following questions posed to me as follows” Prof. Dr. Med. H. Thomä, Sep. 9, 1970, SPK-Documentation I, p. 36.

“As can be seen from the date of the ‘request’ (Aug. 31, 1970) and the advisory ‘opinion’ (Sep. 9, 1970) 8 days at most were required to evaluate 151 cases” (patient census of the SPK in July 20, 1970).

“The lawyers told us that there was a legal opportunity, that it was Hitler’s law, legally permitted, and we were told that we would not in any way be breaking the law, just the opposite, that if we sabotaged this order of the Führer we’d be punished”

Chief Dr. Med. Walter Schmidt,
Protokoll p. 1858, 1946-47.

To insure the secrecy of the action only advisors and leaders who were proven NS and SS leaders were groomed. Statement of Mielke and Mitscherlich 1949.

A man named Blankenburg explained to us that the Führer had approved a law for euthanasia. It was completely voluntary for those present at this meeting to promise to participate. None of those present had any objections to this program.” Sworn Affidavit of a nurse, P. Kneisler, Doc. No. 863, 1946/47.

“In the case of the SPK, according to the agreement (about the continuation of the SPK as a university unit) of the Minister of Cultural Affairs (Hahn) on Sep. 18, 1970, is no way taken into account. The faculty for Clinical Medicine II urgently recommended against an association of the SPK with the university. Prof. Dr. Med. U. Schnyder and Dr. Med. H. Kretz, Senate meeting Nov. 24, 1970.

“The basis is shown in the following that of the 6 advisors (Richter, Bruckner, Spazier, Dr. Med. Thoma, Dr. Med. V. Baeyer, Dr. Med. Bochnik) only in the case of 3 of them (Thoma, v. Baeyer, Bochnik) are the conditions for professional judgment met. The 3 advisors requested by the faculty for clinical medicine II voted unanimously against the approval of the SPK as a university unit.” Dr. Med. U. Schnyder, Dr. Med. H. Kretz, secret Senate meeting on Nov. 24, 1970.

“The suicide rate with SPK members will be somewhat greater, but that we can overlook. Members of the Senate who are voting don’t bear any medical or moral responsibility for that. Responsibility lies with their treating physicians.” Dr. Med. Hafner and Dr. Med. Kretz on the secret Senate meeting on Nov. 24, 1970 - cited according to the notes of a participant, Dec. 28, 1970.

“The murderer further explained that food wouldn’t be taken away suddenly but that rations would gradually be reduced.” Freely given sworn affidavit of Ludwig Lehnert on the question of which person actually decided the patient’s life or death. Doc. No 863, 1946-47.

“Each individual doctor was responsible for whatever he had done to lead to euthanasia, to death.” Prof. Dr. Med. Karl Brandt, Protokoll p. 2436 ff, 1946-47.

At the time, I found myself in a situation like that of a judge who, for instance, is fundamentally opposed to executions and capital punishment. He will seize opportunities whenever he is with government officials and at lawyers’ conferences to persuade them of his opinions with all his might. If that doesn’t work then he remains in his profession and locale, and can be persuaded himself to issue the rare death sentence, although he is thoroughly opposed to this kind of judgment. Prof. Dr. Med. G. Rose in his testimony before the I. American Military Tribunal 1947, Protokoll p. 6568.

“The Senate is of the view that the SPK cannot have a place in or at the university. The decision was made by a vote with one abstention. After the decision it was the task of the Chancellor to carry out the decision administratively through government means.” Official decision of the secret Senate meeting of Nov. 24, 1970 and Report of the Dean of the Law Faculty, Dr. Jur. Leferenz.

“The senate members don’t bear any special moral or medical responsibility for it. This lies always with the treating physician.” Prof. Dr. H. Hafner and Dr. Med. H. Kretz in the secret senate meeting on Nov. 24, 1970.

“I have to determine comprehensively whether I’ve failed in my efforts in this area (i.e. the SPK). The opposition from all sides to a solution, which I had thought would be reasonable and feasible, was too great.” Prof. Dr. R. Rendtorff in his audit report to the full senate on Feb. 8, 1971.

<p><u>Prof. Dr. Med. Gerhard Rose</u>: found guilty of crimes against humanity and sentenced to life in prison. (1947)</p> <p><u>Prof. Dr. Med. Karl Brandt</u>: found guilty and sentenced to death by hanging by the international military tribunal for crimes against humanity and for being a member of a declared criminal organization. (1947)</p> <p>Adolf Hitler, Führer and Chancellor of the Reich, missing (1945)</p>	<p><u>Prof. Dr. Med. Hans Thoma</u>: Chair of the Psychotherapy Department of the University Ulm (1972)</p> <p><u>Prof. Dr. Med. Walter Ritter v. Baeyer</u>: Direktor of the University Psychiatric Clinic in Heidelberg (1972), Federal Service Cross winner (1970).</p> <p>Prof. Dr. Med. H.J. Bochnik, Director of the Psychiatric and Neurological Clinic of the University of Frankfurt (1972)</p> <p>Prof. Dr. Med. Urs Schnyder, Director of the University Dermatology Clinic in Heidelberg (1972)</p> <p>Prof. Dr. Med. Helmut Kretz, Leader of the University Outpatient Psychiatric Clinic in Heidelberg (1972)</p> <p>Dr. Prof. Dr. Med. Heinz Hafner, Director of the University Social-Psychiatric Clinic in Heidelberg-Mannheim (1972)</p> <p>Dr. Med. Oesterreich, Chief doctor in the University Psychiatric Clinic in Heidelberg (1972)</p> <p>Prof. Dr. Jur. Leferenz, Professor for Jurisprudence and Criminology at the University of Heidelberg (1972)</p> <p>Prof. Dr. Rolf Rendtorff, re-elected rector of the University of Heidelberg (1972)</p> <p>Prof. Dr. Wilhelm Hahn, Minister of Cultural Affairs for Baden-Württemberg - CDU (1972)</p>
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40. Comparison II

For four years (until 1971) the psychologist Lawrence A. Newberry, under contract with the Pentagon, investigated “the indoctrination methods and psychological techniques” of the Vietcong. Newberry worked as the leader of a Rand Corporation team, an organization which was charged by the U.S. Air Force to carry out fundamental research for the development of suppression strategies against liberation groups and movements. He is also a psychologist, so his research methods, which determined his results, are oriented on the subject-object relationship which constructs the psychologist-client relationship as well as the researcher-‘object of study’ relationship. Therefore the language of his report isn’t adequate for the research object; it shows rather the work of psychologists obsessed with brain-washing (“indoctrination”) and to whom the essence of the language and praxis of the Vietcong remain inaccessible and which they can only conceive and - implicit and in an attempt at delegitimizing - denounce as the “most modern psychological and sociological methods” of indoctrination (brain-washing, psycho-terror).

If we juxtapose the following passages from the Newberry Report to statements by the SPK, then we will clearly bring out the difference between a report issued for denunciation and an authentic presentation.

Since the authentic structure of the Vietcong organization form is recognizable even in Newberry’s presentation, at least for the Marxist reader, then an analogous form of organization becomes evident as the result of the application of the dialectical method, which shouldn’t be taken to be a mechanical comparison. For the question of what the Vietcong mean for the leftist movement in the Federal Republic and what the work of the SPK in this leftist movement means for the Vietnamese people cannot be answered theoretically but must be practically shown. The defeat of the SPK with the force of weapons shows that the agents of capital will proceed with the same weapons against revolutionary movements here as those of the regime controlled by the profit interests

of large industry in the USA will use against Vietnam. That is, that the agents and henchmen of capital in the industrial West European nations by no means confront the challenge from the systematically injured (the sick) opponents of the system with scholarly debate, a means appropriate to the purportedly democratic process. While the contemporary opponents of the U.S.-American campaign of destruction in Southeast Asia abide by the democratic rules of the game, in that they limit their activities to peaceful protest demonstrations, generous public support and aid work for the Vietnamese people, the collaborators of the North American war criminals in the capitalist states of Western Europe by no means abide by these rules.

We can ask how long today's leftists will go on thinking only about their own needs and demonstrating right past the vital needs of the West German people?!

Vietcong according to Newberry

The Vietcong have developed a completely new language of political and military concepts. The right meanings must be continuously discussed and learned in cells and groups until each soldier commands them perfectly and they become an unconscious part of his everyday speech.

Each Vietcong group has a cadre whose task is to continually indoctrinate the soldiers to insure that their ideological positions don't go awry, that their connection with the people isn't lost, and so that in the right moment they call on a great 'fighting spirit.'

The cadre is the protective mother of the partisans. It resolves conflicts among people, reconciles differences of opinion and gives advice for personal problems. It must care for its charges as parents care for children. In this case the "children" are fighting adults.

SPK

The SPK patients have developed - in the course of their treatment - a completely new political-economic language. The correct meanings and usage contexts will be constantly developed and grasped anew in individual agitations, group agitations, and scientific work groups so that each patient can learn to use and apply them in all situations.

In the agitative praxis of the SPK, especially in the scientific workgroups, patients through continual needs-oriented political work re-make their political identities on the basis of cooperation and solidarity to solidify the identity of needs and political work.

The life-blood of patients is their political identity. As collective emancipation, it is the dialectical transcendence of conflicts related to authority and competition. One could say: For SPK patients their political identity is their life element, like the mother's love of her embryo, only with the essential difference that the patients produce their life element themselves and continuously re-create it.

During their education the recruits learn that the movement's political power is the great strength of the Vietcong. They will be continuously used to thinking of their actions in the sense of political struggle.

Political training is used for several ends: to mobilize the fighting team's spirit, to free them from the fear of modern weapons' killing power, to encourage the soldiers to accept every pain in the service of the revolution, to strengthen the morale of the troops. This is what the Vietcong mean when they say the politicization process is everything.

If force has to be used, however, for whatever goal, its necessity will be made clear to the person with overwhelmingly convincing arguments. People learn a new vocabulary, the vocabulary of revolution, so that eventually even the citizen with the least level of education has the mental tools to pass on his political ideology and also to defend it.

In the process of agitation each patient understands that the dialectical development of reality conceptually and in praxis is the strongest political weapon for the change of social relations. (Political Identity)

The agitation of the SPK is necessary to free us as patients from the crippling effect of modern therapies (electroshock, pharmacological therapy, psycho terror, confinement, compulsory work, etc.) and to mobilize the progressive moment of illness, protest, and turn it into resistance.

The constantly increasing external pressure and the permanently escalating threat from outside, whose existence was exposed by the SPK, was evident to all patients as the identity of illness and capital. In the SPK's scientific work groups each patient could acquire the methods needed for oppositional agitation. In that way the natural educational discrepancies of workers and students were progressively overcome through cooperation and solidarity.

The goal of this systematic process is the acceptance of new socialist norms by the people, so that the new socialist order takes root and bears fruit on its own - with, but also without, political cadres.

We have been taught to open our eyes to the reality of the south Vietnamese people: under the oppression of a totalitarian regime most Vietnamese live in poverty and desperation. The Americans came to replace French imperialism. If they hadn't come there would have been no war, no corruption. The Americans brought their money and bribed people. The people are poor so they have to sell their lives to the Americans.

The Vietcong fight for honor and freedom, not for money.

The result of the SPK's work is the expansion of the knowledge acquired by the patients and their needs-oriented political praxis in the sense of multi-focal expansionism (principle of the people's university). The goal isn't collectives but only the collective, which includes each person.

In the SPK, patients have learned to understand illness as the product of existing relations. The Americans came in 1945 to replace the Nazis. The Americans brought their money (the Marshall plan, capital investments) and bought the labor power of the German people. In the leftover and undiminished number of the Nazi regime in industry and bureaucracy they found willing henchmen and agents for a Germanization of their capitalist competition and take-over wars in Europe - corresponding to the intended Vietnamization efforts of the imperialist class's war through the American armaments, oil, electronic and chemical monopolies against the Vietnamese people.

The SPK's agitation aimed at freeing the consciousness of people from the tyranny of exchange value.

The people's army fights to give people back their rights, to eliminate the wealthy, to procure peace, freedom and independence.

An unbelievable amount of time and energy is often spent to find just the right arguments to best mobilize the people. Person to person contact works better than informing people through writing.

Social pressure is brought on indecisive villagers. If a number of villagers get excited about one thing or another this causes sympathetic excitement among the other villagers. They want the benefits of the revolution without having to work for it.

Each Vietnamese who is also poor and uneducated knows how the French ruled the country and exploited the people. Because the Americans view the Vietnamese exactly as the French did, a Vietnamese farmer immediately believes, when he is told so, that the Americans are as barbaric as the French.

SPK patients have defended themselves from a position of complete legal deprivation. They fight for their liberation.

A central role in the SPK's praxis started with the needs of the individual: they were the starting point and motor of agitation. In the scientific workgroups the focus wasn't on abstract book knowledge but rather on creating a relationship between what was read and the needs of individual patients (and the SPK as a whole).

Many patients experience a sense of guilt - on the one hand - believe they are profiting in connection with "their" own illness from their membership in the SPK, and on the other hand think they are spending too little time and energy on their participation.

Many Germans, however young or uneducated, know how the Nazis ruled the country and sent the people into battlefields and gas chambers. Because the new rulers appear disguised in off the rack suits it's harder for them to recognize that the current henchmen and agents of capital, with subtler methods, practice the same human destruction (exploitation=gradual

The Vietnamese don't know many rights or freedoms. It's therefore nonsense to assume that Americans came to protect something which doesn't exist for the average citizen.

No one comes from 20,000 km away, no one spends billions of dollars, no one sacrifices thousands and thousands of young lives for something which doesn't exist in the eyes of the Vietnamese. There must, therefore, be some other reason.

Nearly all Vietnamese who have been in contact with Americans have had bad experiences, have experienced how the Vietnamese are humiliated, wounded, and killed by foreign intruders, often alone and clearly in sadistic pleasure.

destruction of life=illness) as did their predecessors in uniforms. If an increasingly large group of people, though, notice this and turn against it, then, of course, there's nothing left for the von Baeyers, Oesterreichs, Schnyders and Hahns to do than send a heavily armed police army against the patients to avoid the danger of confusion (= danger of clarification).

The sick are completely without rights. It's therefore nonsense to assume that doctors and judges protect or rebuild health and sanctity which doesn't even exist for the proletariat under the determination of illness.

No one spends more than 80 billion marks (level of social insurance in 1969), no one employs an army of doctors and helpers for a health condition which demonstrably exists only for a few capitalists at the expense of millions and millions of the sick, oppressed, and exploited proletariat. So there must be some other reason.

Nearly all the sick who have come in contact with doctors (especially with "independent", office, workplace or clinic doctors) have had bad experiences. They experience how patients are humiliated

If one is afraid, one is alert and less likely to fall victim to an attack.

Unfortunately, this fear makes the American soldiers more trigger-happy. They'd rather shoot than ask questions.

(in the diagnosis process, given shots, shocked, amputated, plied with pills) or are killed (negligence, denial of treatment, etc.), often alone and out of scientific interest.

If one is afraid one is alert and less likely to fall victim to an attack.

The fear on the part of the ruling class (their paranoia) is a thoroughly realistic reaction to the dormant and violently oppressed power of a population acting collectively and in solidarity. Like the saying goes, "their thousand fold fear will be guarded a thousand fold." In the recent past it's become evident that the German police make careless and "effective" use of weapons in their paranoid-hysterical persecution of patients: Benno Ohnesorg, Georg v. Rauch - Berlin; Petera Schelm - Hamburg; Thomas Weisbecker - Augsburg; Richard Eple - Tübingen; Jan McLeod - Stuttgart; R. Schreck (Ostern 1968), Alois Rammelmeier, Ingrid Reppel - München; Moped riders, car drivers, so-called criminals, cold-blooded shooting of hostages and Palestinian freedom fighters at the 1972 Olympics in Munich.

Each recruit is encouraged to ask questions, however silly they may sound. Discussions at the cell level are apparently the smartest and most effective teaching method in the Vietcong's pedagogical arsenal. Most recruits have never before in their lives spoken in front of a large group of people, therefore they're shy. For the most part they come from the simplest of circumstances, have little cultural or political knowledge, so they are reluctant to talk in front of a large group out of fear of embarrassment. But it's much easier for them to express their opinion in a group of 3 people if the two others work with them night and day. As soon as the newcomer feels secure in the discussion in his cell he begins to share more easily in his group. Then, finally, he has to defend his position in turn and engage with the views of 300-400 students.

In individual agitation it's first of all about the patients' difficulties or symptoms, however silly these may sound to him or however guilty he may feel processing his conflicts. In individual agitation the participants also experience together the social conditioning of their particular problem as well as the social conditioning of illness in general. The inhibition on speaking orally will be recognized and eliminated in the interest of freeing the protest contained in the illness. In the agitation groups and scientific work groups little by little the fear of humiliation disappears. Finally, patients gain the ability to speak to hundreds of participants at teach-ins or against representatives of the university (the rector, senators) emphatically to oppose what these cannot or will not understand and try helplessly to defend themselves with comments like: "They haven't belonged from the beginning and don't have a clue." (Rector Rendtorff); "Our patients are completely different, but they can sure talk and they're also ready to fight" (v. Baeyer); or simply "bunch of criminals" (Leferenz).

New recruits are carefully watched so they won't be demoralized, whoever laughs at someone is punished, and not the one who makes a mistake.

As part of the instructional method the teacher also engages with both sides of an issue: that of the liberation fighters and also that of the enemy. The instructor 'immunizes' the recruits against all the hostile arguments they might later be confronted with. In this the arguments of the enemy are collected, analyzed, repeated by the recruits themselves (with the support of the instructor) and these produce a mindset from which counter-arguments automatically get generated, which in the end leads to the situation where every possible counter-argument to those that might be made against the Vietcong are ready at hand. This method is fruitful in most cases, and the recruits then become so dogmatic that they no longer accept any argument against their ideology no matter how persuasive or reasonable the counterarguments may be.

Reactions of a particular patient, like a noticeable smirk or intentionally not agreeing with the behavior or opinions of another, are made into topics for the group agitation, as is the behavior and opinions of the affected group members.

In their daily agitative praxis the patients learned with Marx and Hegel that every matter has two sides: a progressive and a reactionary. But they also experienced that human social being determines their consciousness and with every argument we can ask which social interest or need is being served and that the conventional picture of human health generally serves the interest of the ruling class against their own needs. Through these experiences they become highly attuned to so-called rational counter-arguments. Our politics was such that the question of power always presented itself in the engagement with the opposition. That is, apparently reasonable suggestions of our opponents quickly were shown to be strategic attempts at the suppression and tactical moves in a plan of destruction to serve their monopoly on power which

Another point in the soldier's political and ideological preparation is perhaps the most unusual. If a command plan is presented and discussed, the cadre challenges the soldiers to make suggestions for the improvement of the attack plan and increase its chances of success. With us one can hardly imagine an officer talking and brainstorming with an enlisted soldier about the plan for strategy and tactics of a campaign. But this method serves a carefully chosen goal for the Vietcong. It agrees with the Vietcong dogma that all men are equal without regard to their rank or status.

claimed it for itself. In this way a high degree of immunization could be achieved against the chummy attempts at corruption by the proponents of the ruling ideology of destruction and the economy of death.

To the SPK's physician opponents the socialization of therapy must seem unusual, unimaginable, irresponsible. In this country one can't allow patients to plan and conduct their own therapy. Well-guarded profit interests, even the entirety of the existing social relations will be called into question and threatened. Thus, socialist patients are "wild children who can no longer be tolerated and as soon as possible must be eradicated with all available means" (Minister of Cultural Affairs, Hahn, Nov. 9, 1970) Police attacks and arrests followed per orders a good half year later. This method is consistent with the dogma of capitalist agents that there must be exploiters and exploited without consideration for human sacrifice, for ever and ever - amen.

<p>The political ideology of the Revolutionary Liberation Front, a unique mixture of political philosophy and stories from the literature of different nations, gradually became used as the replacement for the religion of the people.</p>	<p>The political praxis of the SPK, which was determined through the needs of the patients and developed in the work of Hegel, Marx, Reich, and many others, was, for the patients, an overcoming of their systematic dumbing down through the ideology and rationality of capitalism.</p>
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Notes

1. Nosology = the mechanistic description of forms of appearance.
- 1a. If the words “dialectic” and “dialectical” are often used in this agitation piece it’s because they have an agitative function: They should be understood as a call to produce, through intensive and praxis-oriented, mutually complementary study of the Hegelian dialectic and political economy, those relations under which alone their thorough application for human needs can become a reality. The realm of the dialectic is permanent revolution! At the same time the emphasis on the dialectic and the denunciation of prevailing science infected with the germ of positivism has the function of a radical critique of this science and should contain the seed of its overcoming and transcendence (= socialization).

If we repeatedly address the question of the necessity of studying Hegel, then we have to call attention to the fact that every understanding of Marx remains superficial insofar as one has not understood the *method* of the dialectic developed by Hegel and applied by Marx. This dialectic is far easier to work through in the Hegelian philosophy itself than to extract it out of Marx’s texts. The classics of Marxism point to this over and over again. Thus Lukács writes about Engels in *The Young Hegel*: “because he (Engels) in his later years wanted to guide young Marxists in the study of Hegel he always warned them not to spend too long dwelling on the arbitrariness in Hegelian constructions, but rather to see in them where and how Hegel actually properly develops dialectical movements. The first would be an easy task. . . the latter an important realization for every Marxist.” By no means can it be proper simply to put Hegel aside as an idealist, as is typical in countless leftist groups. The most fruitful method is, after the model of the classical

marxists, to read Marx through the lens of Hegel and Hegel through the lens of Marxism.

Marx himself writes in *The Holy Family*: “But Hegel very often gives within the speculative presentation of the thing, the real, self-encompassing presentation of the thing itself. This real presentation within the speculative development tempts the reader to take the speculative presentation for reality and the real presentation for speculation.” Intensive, praxis-oriented study of the Hegelian dialectic, specifically in relation to the *Phenomenology of Spirit*, was carried on in the scientific work groups of the SPK in this way: after a common reading of an excerpt of this book (one patient would read out loud, the others would read along) the group tried to create together a connection between the content of the excerpt and the actual situation and needs of the collective, or of a particular individual patient: for instance with acute problems in the workplace or their current family situations. For most participants in the work groups this practice resulted in a new kind of engagement with scholarly texts and provided socially conditioned educational opportunities between students on the one hand and workers on the other. It was shown that, after overcoming the initial fear of participating, those who find themselves on the lower end of the educational opportunities according to conventional analysis are in fact the most productive and provide the most significant contributions, while many students remained initially stuck in academic attempts at interpretation and the desire to present learned “knowledge.” This consumer or authority fixation could be worked through and overcome in the praxis-oriented scientific work groups in connection with individual and group agitation. All the more so since the *Phenomenology of Spirit* offers rich material to everyone (governance and servitude!).

Initially, only the contents would be discussed by the collective, from which one might assume it was completely impossible to understand. This requirement arose from the specific needs which were expressed over and over again in individual agitation: We've read a lot of Marx but we can't tackle the dialectic, and so only half-way understand Marx. Then hold off on Hegel, too. Good grief, he's idealistic and impossible to get - or worse: Schopenhauer, whom only the positivists like, was seriously convinced that anyone who had half a brain would go hopelessly crazy through intensive study of Hegel's philosophy. - No, that can't happen to us. - See, the dialectic doesn't seem to have hurt Marx, Lenin, and Mao. . . Also, we every reason to use the creative power of negation. So why not?

Third, it was always possible for us, in the worst case, to experience our individual failure with respect to the text as a collective problem in understanding and thereby to break through the barrier between individual and collective productivity.

2. K. Marx, "Economic and Philosophical Manuscripts", MEW - EB 1, p. 536.
3. A concise presentation of this topic is found in Alfred Sohn-Rethel's *Intellectual and Manual Labour*, in the chapter "Reproductive and Non-Reproductive Value," Frankfurt, 1971, p. 144.
4. K. Marx, *Grundrisse*, (EVA) p. 14.
5. David Cooper, *Psychiatry and Anti-Psychiatry*, Frankfurt 1971, p.55.
6. If a worker today goes to the doctor and complains of all kinds of symptoms (let's say dizziness, headaches, nausea, etc.) then the doctor does everything to filter history and biography out of these symptoms. He measures blood pressure and heart rate and in the

end diagnoses a “vegetative dystonic” (disruption of the vegetative nervous system): discussions of workplace relations or of one’s family, are virtually non-existent and happen only on the margins. Treatment as economic exchange: symptoms have to be diagnosed such that they correspond to a product offered by the techno-medical pharmaceutical industry.

7. K. Marx, *The Holy Family*, MEW 2.
8. *Differential* euthanasia means the pre-meditated and systematic large-scale destruction of life. It earns the name “differential euthanasia” through its subtle and opaque (“scientific”) choice relative to those who will be destroyed and the increased speed of this destructive process. Patients of the SPK had the opportunity to experience the attempted practice of this form of human destruction at the University of Heidelberg psychiatric clinic, especially through doctors von Baeyer, Blankenburg, and Oesterreich.
9. We are clear that illness is older than capitalism. (“Misery is older than capitalism.” - W. Reich). Illness is the result of authority - the control of one person over another - this arises with private property.

Based on Malinowski’s research W. Reich has shown the transition from matriarchal to patriarchal-based social orders with the origin of private property. (Reich, “The Imposition of Sexual Morality”) He there thoroughly presents how the drive-limiting mechanisms develop *as the result* of the rise of private property. And through it then - in modern terms - neuroses, perversions, and otherwise physical symptoms of illness develop. Epistemologically, Reich’s thesis is incredibly important because he very clearly and exactly refutes each “hereditary-genetic” theory of neuroses and psychoses and instead shows their connection with property relations. The abolition of illness is

connected to the abolition of private ownership of the means of production (cf. Marx's theory of alienation). It's not for nothing that we sometimes say illness is life that's broken.

10. Crisis buffer:

a) 'costs' of illness: at the free universities of Yale, Berkeley and Harvard the costs of individual illness are calculated in terms of lost work days, the request for medical services, the welfare benefits to family members of a sick person and the change in consumer habits of those individuals directly and indirectly affected. Accordingly in 1954, through 734,669 cancer cases, there was a "loss" of \$2,222,000,000, which means \$3,024 dollars per case ("loss" naturally means loss for the economy). There were 94,984 cases of tuberculosis with a loss of \$724,000,000 = \$7,6222 per case (numbers from Jean-Claude Polack, *La Médecine du Capital*, Paris, 1971, p. 36).

Polack explains further that American civilization can't completely eliminate tuberculosis without putting the economy at risk. (Id. p. 36-37).

b) Entanglement of health care and the pharmaceutical industry: The chemical - pharmaceutical industry is a production sector which has to do with the ordering of health care. Sales crises in this sector lead to the necessity of intensifying marketing to insurance companies and doctors (e.g. through ads in professional journals); or the patient must be brought to a dependency on drugs by skipping over the doctors with an intensive ad campaign and the offering of free medicines.

c) Optimizing the exploitability of the commodity of labor power.

d) The social security taxes paid by workers build the state a foundation for investment in the economy.

11. Fascists pervert and corrupt every revolutionary value (see also R. Reiche, *Sexuality and Class Struggle*). Illness as a revolutionary

productive force must be destroyed. The individual's need for life is perverted from the principle that life should be healthy into the idea that life has value because it's exploitable. Everyone who doesn't fall under it is preselected for mass annihilation in the form of differential euthanasia. This perversion is made known to the individual's consciousness in the idea that health should and does appear in the form of *exploitability*.

Are psychiatry and the health care system in general subject to internal forces and contradictions which, since they are occasionally subject to crises as components of the capitalist state apparatus, force them to demonize the sick, to make them out to be, for instance, superfluous - obstacles to "research and teaching" - gluttons, slackers, threatening and dangerous lunatics, out of control, ripe fodder for prison or the gas chamber? If this is so, then we would have to consider the appearance form of the opposite, that namely the sick are promoted as the good, the industrious, in short as the better kind of people - the identity of opposites.

12. "Self-betrayal": as Schnyder and company (see Comparison I p. 110) have called it in reference to the writings of the Frankfurt psychiatry professor Bochnik in his "Affidavit" on the SPK. Bochnik: "The psychiatrist Ernst Kretschmar is supposed to have said, that in good times we examine psychopaths whereas in bad times we make them leaders. Should one wish for bad times?" (SPK - Documentation I, p. 82-83).
13. See Comparison I, p. 110.
14. See SPK - Documentation I - affidavit of Dr. D. Spazier, Heidelberg; Prof. P. Brückner, Hannover; Prof. Dr. H.E. Richter, Gießen.
15. Destruction campaigns built on institutional attrition, direct destruction of commodities, permanent fads, and wars of

destruction against everything human through the perversion of the human-productive life energy into totally functionalized alienated work and greedy consumption to excess by means of the forceful maintenance of these relations of production, so that the cash register balances - which makes for imperialism from the inside out (illness).

16. See Comparison I, p. 110.
17. See e.g. the argument of Dean Leferez (Law Faculty of the University of Heidelberg) in the Senate meeting of November 24, 1970, in which he demanded the “responsible bodies” of the university to immediately carry out the Senate’s order to deprive the SPK of any university facilities, with “all governmental means” - meaning: police power - (see also Comparison I).
18. See Comparison I, p. 110.
19. The wording of the Hippocratic Oath.
20. Dr. Blankenburg - Chief Doctor in the University of Heidelberg psychiatric clinic.
21. See Comparison I, p. 110.
22. Prof. Bräutigam - Director of the University of Heidelberg psychosomatic clinic.
23. See Comparison I, p. 110.
24. “Demands of the Socialist Patients’ Collective to the Administration” (SPK - Documentation I., p. 19)
25. The affidavits: Prof. Dr. H.E. Richter, Director of the University of Gießen Psychosomatic Clinic; Prof. Dr. Peter Brückner, Director of the Psychological Seminar of the Hannover Technical University and Dr. Dieter Spazier, Specialist in psychiatry and neurology and former leader of the University of Heidelberg psychiatric outpatient clinic. Also the SPK offers a scientific presentation of its current and future work. The 4 works are published in the Documentation of the SPK Heidelberg and of the

medical department and practice group of the University of Gießen.

26. - The child of a SPK patient is sent as hostage to the house door, since the pigs assume that people in the house with weapons won't shoot.
- Those arrested are charged in the following way: "We're going to search your house now. If you withhold consent, then people who are innocent and who perhaps trust you could be shot. You would be responsible for that."
27. September 1972.
28. Whoever thinks the expression "toxic treatment" to be an exaggeration should know that v. Baeyer, a professor who is certainly unconcerned with socialist politics and who is Vice-President of the International Society for Psychiatry and Neurology emphasized electroshock therapy over and over again to his assistants because the damage from pharmacological treatment to the central nervous system would be much greater than that delivered by electroshock therapy. In both cases it's known that nerve cells are destroyed which, in contrast to other types of cells, can't be regenerated.
29. v. Baeyer, Häfner et al. In "Psychiatry of the Paranoid": "There is always one or maybe more . . . often very gifted scientists, who vary from the path of objectivity because of coercion, usually not from direct orders or corruption but rather from the indirect suggestion of the environment, and through an unconscious need to go along with the flow of the times." - v. Baeyer in acknowledgment of the NS ideology in medicine with reference to euthanasia.
30. omitted
31. See documentary section: "On the Political Economy of the Identity Suicide = Murder" p. 90.

32. “On Sunday, March 21, 1971 at 6:00 pm a death threat was received by telephone in the Socialist Patients’ Collective (SPK) against SPK member Wolfgang Huber. The caller stated his intention to shoot Huber within the week in the event that his daughter, an SPK member, did not leave the SPK and return home. This death threat had a progressive and a reactionary moment. Progressive, insofar as it contained protest. - Protest against the existing, cannibalistic means of production. The principle of competition - the big eat the small (as can be seen in the fact that the caller’s company went bankrupt last week). Reactionary insofar as the protest is directed against those who are combating these toxic, cannibalistic relations and who have organized themselves in the SPK – instead of fighting against those who are responsible for these relations.

Lately through such threats and their execution it’s apparent how the prevailing ideology turns into a material power. Each person who uncritically reads the *Rhein-Neckar Zeitung*, or *Bild*, or watches television becomes a *potential* accomplice who is led to such actions by the ideology injected into him.” (From SPK - Documentation II, p. 108-110, Patient Info no. 33).

33. All of the dynamics that came up in the activist work between individual agitation partners and within the group encounters and that would be understood in standard psychoanalytic terms as transference, counter-transference, projection, resistance, etc., as well as conflicts over authority, were taken up, understood, and transformed under the categories of use value and exchange value, and used in the process of emancipation, cooperation, and solidarity.
34. See, for instance, *Listen, Little Man!* by Wilhelm Reich, 1946.

35. On the weekends - Saturday and Sunday - 3 group agitations and 3 work groups took place, because many were unavailable during the week on account of work and family obligations.
36. Spinoza *Ethics* - Chap. III "On the Emotions."
37. The agitation was repeatedly discussed within the SPK's work groups and also publicly. For instance, one day in a work group two patients decided to eliminate the doctor's function altogether from their care-givers. To the rest it seemed these two had continuously longed for the "doctor" as had been shown in their intensive discussion of methods. This contradiction reappeared suddenly in this group situation; but not - as one might have thought - in the form of a critique of the "erroneous perspective," on the "mistaken behavior" of the two, or even on the concoctions of "fixation" or "transference," rather on the equally acute problem, until now not recognized, that in the individual and group agitation and in the work groups we reciprocally make each other into agents, consumers and deceived deceivers, because there's literally nothing else there to affect us. The main purpose of the agitation was consumer and political attitudes and their connection with the commodity-producing society.
38. The error of Freudian thought, to put it simply, consists in the fact that it poses an idealistic solution for a problem which it originally posed as a material one. As with everything about it, psychoanalysis's critique of bourgeois society ultimately remains trapped in bourgeois ideology. All of Freud's thought swings back and forth between mechanical materialism on the one hand and metaphysical ideology on the other. Also, the hypostasizing of the bourgeois social order through the "reality principle" hinders the development of the historical dimension. These are the epistemological premises of Freud's pessimism, as is pointed out repeatedly in the relevant literature.

39. The exclusion of Wilhelm Reich from the Communist Party and his consequent isolation from the socialist movement has had the result that he could not further develop the beginning of his material-dialectical theory of sexuality. This explains his falling back into a mechanical materialism which he presents in his later years as a theory of the Orgone. On the side of the Communist Party its refusal to understand sexual misery as an abstract political datum has led to the genesis of puritanism in the party organization which is the emotional basis of its being doctrinaire and bureaucratic and which rears its ugly head again today as leftist groups oppress the anti-authoritarian movement in the name of the Communist Party's fundamental claims.
40. In original society the organization of the social group is determined by the necessity of defending itself against nature. In this context Reich's work "The Imposition of Sexual Morality" based on Malinowski, is of great epistemological importance:
1. It demonstrates the connection between natural power and power within the social group. Where nature, as with the Trobrianders of New Guinea - an exceptional case - isn't hostile to humans, no social forces arise immediately within the social group.
 2. It shows how autonomous economic development (transition to agriculture) led to the rise of private property and thereby to property-related monogamy and its drive-shrinking results. It is of decisive importance to emphasize here that it obviously lies in the determination of the "original paradise" to transition to another, economically higher stage without - as with the Trobriander - impulses coming from outside, e.g. commercial exchange with a more highly developed group led to a qualitative change in the social structure.

3. Reich's work shows the rise of drive suppression as the result of the growth of private ownership and simultaneously as the premise for its maintenance and expansion. Reich's essay "The Imposition of Sexual Morality" is one of the most significant rejections of those theories which depict so-called mental illness as the existential ground of being (pseudophilosophy) or as genetic determinism (natural science). The symptoms classified as mental illness are not anthropological categories but rather moments of *Anthropology* - understood as the totality of the human experience, and which Marxism knows as alienation and the overcoming of alienation.
41. Frantz Fanon showed in *The Wretched of the Earth* with the example of the Algerian struggle for liberation how in the process of revolution not only did psychiatric symptoms clear up for the freedom fighters but also seemingly chronic physical ailments disappeared, such as spinal disc disease, gastric ulcers, muscle spasms, etc.
42. For explanation of the concepts of "partial drives," "genitality," etc. we refer to the writings of Wilhelm Reich: "The Imposition of Sexual Morality," "The Sexual Revolution," "The Function of the Orgasm," "The Mass Psychology of Fascism."

It's not possible in the scope of this book to develop a coherent materialistic theory of sexuality. With regard to praxis, though, we see it as important to note that with the most progressive work of Reich's we've consciously and increasingly traced psychoanalytic concepts back to dialectical-material categories.
43. K. Marx - *Capital* I, p. 381-82 and p. 384 - MEW 1971; emphasis by publisher.
44. "The functionaries of the American health care system well know the influence of the labor market situation on the demand for medical care which determines the work and course of the

hospital's welfare. If unemployment is high, chronic illnesses can expand without threat to the economy; that is the situation in America since the Second World War; and that was the situation in the world economic crisis of 1929." (J.C. Polack, *La Médecine du Capital*, Paris 1971 p. 35).

45. Here the effect of the legal deprivation of the sick contributes essentially in the development. For how this legal deprivation manifests in the historical development of the SPK, see the excerpts pp. 28-38.
46. From a flyer, distributed by the "Committee for Health Action" in February, 1969, with Renault in Flins.
47. K. Marx - *Capital* I, p. 384 - MEW 1971.
48. J.C. Polack - *La Médecine du Capital*, Paris 1971, p. 35-36.
49. Slogan on wall in Paris 1968.
50. Hegel.
51. Compare also the Justice Department's ringleader's action towards the SPK in the "Historical Section," p. 21.
52. Not protection of territorial borders but rather protection of the borders between exploiters and exploited.
53. We cite the paragraphs here so that it will be clear that the state continuously violates those laws they purport to enforce. Enforcement can only happen through law-breaking.
54. Beck-Text, 11th ed., May 1971, dtv:
 Sec. 129 Criminal Organizations
 (1) Whoever founds a criminal organization whose goal or activity is directed towards actions punishable by law, or whoever participates in, applies for, or supports such an organization, will be punished with up to five years imprisonment.
 (2) Part 1 does not apply:

1. If the organization is a political party which has not been declared hostile to the constitution by the German Constitutional Court;
2. If the commission of punishable acts is only a secondary goal or activity for the group; or
3. Insofar as the goals or activities of the organization affect sections 84 through 87.

(3) The attempt to found an organization as defined in section 1 above is punishable.

(4) If the perpetrator belongs to the ringleaders or the instigators or otherwise presents a an especially egregious case then punishment may be imposed from 6 months for up to 5 years. In addition probation may be assessed.

(5) The court can mitigate the punishment (Sec 15) or overlook a punishment according to sections 1 and 3 for defendants whose guilt is minimal and whose contribution is of secondary importance.

(6) The court can mitigate the punishment according to its judgment or excuse an offense if the defendant:

1. Freely and earnestly strives to hinder the continued existence of the organization or the commission of one of its goals that corresponds to a punishable crime.
2. Freely shares his knowledge in a timely manner with a government agency so that criminal acts whose planning he's aware of can still be prevented; if the perpetrator achieves his goal of hindering the continuation of the organization or if it is reached without his effort then he will not be punished (see also "Police State" p. 73-74!)

Sec. 81 Treason against the Federal Republic

(1) Whoever undertakes by force or threat of force

1. To compromise the existence of the Federal Republic of Germany or
 2. To alter the constitutional order which is based on the fundamental law of the Federal Republic of Germany will be punished for treason against the nation with life imprisonment or with imprisonment for not less than 10 years.
- (2) In less severe cases the punishment is imprisonment from 1 to 10 years.
55. Northern Irish fighters without depression:
 “Since the civil war has raged in Northern Ireland the number of depression cases and suicide attempts have gone down in great numbers, about 50%. This is seen in men who among social groups are most active among fighters. Men of the upper classes in Belfast and various quieter parts of northern Ireland suffer on the other hand increasingly under depression, Dr. H.A. Lyons of Purdysburn Hospital in Belfast explained.” *Frankfurter Rundschau*, Aug. 21, 1972.
56. The same applies for the dialectic of accusation and defense in the so called “rule of law” state, but with the difference that here the “defense” is limited to the purported and coerced judicial formalism, doesn’t go beyond the specific content of the charge, and as long as the instruments of punishment are in the hands of those exercising a monopoly over legal rights.
57. The documentation is meanwhile available in the SPK-Documentation II, Giessen p. 148-170, recently published in an edition of 1,000 copies and in bookstores.

Bibliography

Dokumentation zum Sozialistischen Patientkollektiv an der Universität Heidelberg, Teil I. Herausgeber: Basisgruppe Medizin, Giessen; Fachschaft Medizin, Giessen.

Dokumentation zum Sozialistischen Patientenkollektiv an der Universität Heidelberg, Teil II. Herausgeber: Basisgruppe Medizin, Giessen; Fachschaft Medizin, Giessen. (Dokumentation: Oktober, 1970-August 1971)

Kleinkrieg gegen Patienten. Dokumentation zur Verfolgung des Sozialistischen Patientenkollektivs an der Universität Heidelberg. Herausgeber: Sozialistischer Heidelberger Studentenbund (SHS).

Kursbuch 28: "Das Elend mit der Psyche."

Afterword

The present text of the Heidelberg Socialist Patients' Collective tries to provide a theoretically general description of a revolutionary collective movement side by side with a historical account of the ruling class's systematic strategy of destruction towards the SPK and its agitation methods. This text arose under the conditions of political work which is marked by pressure from extreme external repression and the necessarily intensified concentration and conceptual clarification of the collective experience that results from that pressure. Its specific historical conditions consist in the fact that it started from the experience of systematic legal deprivation and the oppression of patients in the prevailing health care regime. This regime is identical to an organization that merely repairs and reproduces labor power to make it exploitable again in the interest of capitalist profit maximization. An experience which in the present case gets made known not only to those supplied with medical "therapy" by doctors but also by certain medical functionaries. This leads to the approach of a collective and progressive transcendence of the capitalist health care system between both ruling contradictions. From this historical conditionedness we can determine the greater historical significance of this work. Starting from the needs and necessities of those immediately affected, here the patients - and of course inside as well as outside the group, which already works as an organized political group - leads to calling capitalist health care into question, and to a fundamental questioning of capitalist relations of production as such - a process which is here characterized by the concept of the development of a political identity.

The concrete conditions of this text's origins, a background of systematic persecution and an unprecedented campaign of harassment,

are the reasons why despite intensive processing and discussion about the content stretching over weeks, nevertheless sketchy formulations, minor contradictions, repetitions, and other errors of a formal nature may still be present. Unavoidable mistakes are genuine mistakes; they are knowable and avoidable only through one's own praxis, including the essential moment of revolutionary praxis itself.

The question posed here is the following: How was it possible and necessary that in one sector of our society – one that is viewed by all politically active groups as the territory of a “fringe group strategy” – and even if not dismissed, certainly viewed with considerable doubt in light of the unleashing of political forces, a socialist collective not only organized itself but grew into a material power? The key to answering this question seems to us to lie in the concrete assessment of the so-called ‘subjective factor,’ that is not (only) the abstract engagement with objective economic conditions provided the impetus for the active politicization of patients, but also the experience, the sensual experience of a situation in which the contradictions of the capitalist system, driven to excess, brings forth a pressure on life which carries in itself the necessity of change. The unbearable of the pressure of this need for change on the individual - above all unconscious - leads to the search for complete responsibility for oneself, which in the extreme case can end in suicide: suicide as change, with which one eliminates oneself as a nuisance factor. Only in the experience of collective praxis is it possible for the need for necessary conscious change to grow out of such a doubt, namely from the knowledge that the struggle against the life-destroying relations of production is identical to one's own change in this struggle with life.

The total legal deprivation of those who, saddled with the stigma of illness and outcast by society, deviate from the social norm, exposes the absolute object state of the isolated individual in full clarity: in capitalism the person only has value to the extent that he has the value of his commodity, labor power. If he no longer has power over this property

then he can no longer exchange himself, then the certification of “free individual” in a “democratic society” is fully destroyed: he who has no exchange value has no rights. Over against this object role stands the other side of the contradiction: the need for life as it’s here formulated, the need not to be a case or a number but rather to be a subject, a self-determining subject who has “value” just for being a subject.

The knowledge of the impossibility of the prospective fulfillment of this need is the first step to politicization, that is a consciousness change which in itself carries the germ of transformative action.

Many political groups have failed to unify subjective needs and collective political work. But that process has been realized here in a certain historical situation - out of the need to survive, and not only that: the need to live and to fight for a life with *human* value (not “commodity value”).

The history of the SPK has shown that struggle is the decisive moment. There the development of the individual is propelled forward and unfolds its collective powers. There it’s also decided who participates as a revolutionary subject in the class struggle and who takes a reactionary stand. And only the concrete struggle against capitalism which focuses on the needs of the mass of isolated individuals really advances.

This is not the place to criticize in detail the theory of the Socialist Patients’ Collective, a theory which has been derived from praxis and can only be modified with further praxis. Against the background of various historical conditions and therefore of a different experiential background – we won’t break the assessment up into all points: the concept of illness is stringently developed as the starting point and, in its progressive moment, as the engine of revolution. But it seems to us even if one would accept it generally as the social determination of human existence under capitalism, for instance for white-collar work – which according to our understanding has to be presented as the strategic leverage point

of revolutionary work, in its previous version it's hardly universally applicable. For white-collar office work the consciousness of contradictions, for example, which arise out of the hierarchical structure of the capitalist organization of production is of central importance: contradictions between "sick people" in various hierarchies which lead immediately to the awareness of fundamental contradictions (worker – foreman and "timekeeper"). Here the corresponding concrete examples have to be found in the further development of practical work.

"Not being sick," a category which is described in the present text with the concepts of struggle, cooperation, emancipation, and solidarity, must serve as an ideal and give concrete content to practical work. How the relationship of agitator and agitated is to be seen through the perspective of universal change is a question which can only be answered in this concrete situation and therefore also depends on the evolving situation of the mass movement's struggle.

The category of "not being sick" can't, however, be realized in the evolution as either pre-capitalist – this would be a regression – or beyond the scope of what is already present in the capitalist system since it's the propelling contradiction.

It's important, though, to see theory in the space in which it arose. The decisive thing isn't interpretations but transformative praxis. Praxis will show us how theory has to take shape; with it, theory will change.

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